

LIMITATIONS AND LIABILITIES:
FLANNER HOUSE, PLANNED PARENTHOOD,
AND AFRICAN AMERICAN BIRTH CONTROL
IN 1950S INDIANAPOLIS

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Department of History,
Indiana University

September 2017

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

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ACKNOWLEDGMENTS

Writing this thesis has been the biggest project that I have ever completed and I would never have been able to finish it without the support and guidance from family, friends, and the IUPUI history department faculty.

First and foremost, I would like to thank my thesis committee, Dr. Robertson, Dr. Morgan, and Dr. Labode for all of their ideas for and dedication to my project over the last two years. Many times when inquiring minds would find out who my thesis committee was, they would comment, “Oh, that sounds like the dream team!” These people were absolutely correct in saying this; I really did have the trifecta; and I am so grateful to have been able to work with each of them. I would also like to thank Wilma Moore, from the Indiana Historical Society, for her invaluable insights and her unwavering interest in my project. My advice, if you ever have any questions about the history of Indianapolis, especially if the questions regard African Americans, ask Wilma, she knows everything! The four of these women together were better than any source that I could have found.

Second on the list, but just as important, are my family and friends who encouraged me the whole way through. I would like to thank my mom, Kristy, for assuming the role—and quite impressively—of wedding planner during this past year when I was most busy researching, writing, and revising. The wedding day was truly everything that we had hoped it would be. A big thank you to my sister, Lauren, who, even in the midst of completing final rotations in order to become a nurse practitioner, always found the time not only to read the chapters I sent her (which grew increasingly longer), but to discuss the chapters from a medical standpoint. Finally, I would like to thank Austin. Throughout this process, he has transitioned from being my boyfriend, to

fiancé, to husband, but has never changed from being my brainstorming partner, proofreader, and number-one supporter. I am sure one day we will look back on this time when our lives consisted of due dates and law exams fondly, but that will be years from now. Still, with you by my side I know that I could do it again. Thank you.

Rachel Christine Brown

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This thesis analyzes the relationship between Flanner House, an African American settlement house, and Planned Parenthood of Central Indiana to determine why Flanner House director Cleo Blackburn would not allow a birth control clinic to be established at the Herman G. Morgan Health Center in 1951. Juxtaposing the scholarship of African Americans and birth control with the historiography of black settlement houses leads to the conclusion that Blackburn's refusal to add birth control to the health center's services had little to do with the black Indianapolis community's opinions on birth control; instead, Flanner House was confined by conservative limitations imposed on it by white funders and organizations.

The thesis examines the success of Blackburn and Freeman B. Ransom, Indianapolis's powerful black leaders, in working within the system of limitations to establish the Morgan Health Center in 1947. Ransom and Blackburn received monetary support from the United Fund, the Indianapolis Foundation, and the U.S. Children's Bureau, which stationed one of its physicians, Walter H. Maddux, in Indianapolis. The Center also worked as a part of the Indianapolis City Board of Health's public health program. These organizations and individuals did not support birth control at this time and would greatly influence Blackburn's decision about providing contraceptives.

In 1951, Planned Parenthood approached Blackburn about adding birth control to the services at Morgan Health Center. Blackburn refused, citing the Catholic influence on the Flanner House board. While acknowledging the anti-birth control stance of Indianapolis Catholics, the thesis focuses on other factors that contributed to Blackburn's decision and argues that the position of Flanner House as a black organization funded by conservative white organizations had more impact than any religious sentiment; birth control would have been a liability for the Morgan Health Center as adding contraceptives could have threatened the funding the Center needed in order to serve the African American community. Finally, the position of Planned Parenthood and Flanner House as subordinate organizations operating within the limitations of Indianapolis society are compared and found to be similar.

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Introduction

At first glance, Planned Parenthood of Central Indiana and Flanner House seemed to have little in common with each other, especially in the 1950s. Planned Parenthood was a white, upper-middle class organization that supported birth control and had women in most leadership positions. Flanner House was an African American settlement house, notably conservative, and directed at the ground level by a conservative African American male. For a brief moment in 1951, these two organizations interacted, an event that was noted only in Planned Parenthood's records and not mentioned in Flanner House's extensive collection. Examining this interaction reveals that Planned Parenthood and Flanner House were not as different from each other as they first appeared.

Instead, both organizations operated on the fringes of Indianapolis conservative, white society—Planned Parenthood because of the controversial nature of birth control and Flanner House because it was a black organization in a segregated city. Both organizations, facing limitations, had to work within the structures of power in Indianapolis society which determined what was acceptable and what was not. In order for each to accomplish its goals to bring the most good to the greatest number of people, Planned Parenthood and Flanner House could not work together in the 1950s. Their interaction in 1951 provides historians a window through which to view not only Indianapolis's systems of power in the mid-twentieth century but also the ability of dependent and controversial organizations, such as Planned Parenthood and Flanner House, to find autonomy within the limitations imposed upon them.

On March 26, 1951, Planned Parenthood of Central Indiana decided at its monthly board meeting to try to integrate its organization with Flanner House's public health

program in order to expand access to birth control into the Indianapolis African American community.¹ Flanner House, established in 1898, provided services, training, and, in 1947, health care at its Herman G. Morgan Health Center. Planned Parenthood believed that Flanner House's Morgan Health Center would be the perfect place to install a clinic to reach more black families and train African American physicians in contraceptive work.² Planned Parenthood members voted to meet with Cleo Blackburn, Flanner House's director, and with this decision, the meeting adjourned.³

At the meeting on March 28th, Blackburn turned down Planned Parenthood's request, stating that because of Catholic influence on the Flanner House board of directors, "making an issue" out of putting in a clinic at the Morgan Health Center "might do more harm than good."⁴ On April 11th, a member of Planned Parenthood visited the Morgan Health Center and Flanner House with family planning literature. Flanner House and the Morgan Health Center did not permit her to leave the literature. After

¹ The Indiana Birth Control League was established in 1932 and in 1934 became a part of what would become the national Planned Parenthood Association. The Planned Parenthood Association of Central Indiana was primarily concerned with establishing birth control clinics that would supply medical services, marriage counseling, and contraceptive supplies. Flanner House was a settlement house established in 1898 that provided social services to Indianapolis's African American population. Flanner House stressed self-help solutions to the lack of housing, poor health care, and unemployment.

² The Morgan Health Center was established in 1947 and featured well-baby, maternity, and dental clinics. The Center also focused on eradicating venereal disease and tuberculosis.

³ Board of Directors' Minutes, 1946-1949, Box 1, Folder 1, March 28, 1951, Planned Parenthood Association of Central Indiana Records, 1932-1985. Indianapolis: Indiana Historical Society. Collection #M0468 BV 2252-2254 OMB 0053. Hereafter, Board of Directors' Minutes, Date, Folder, Date, PPACI.

⁴ Board of Directors' Minutes, Box 1, Folder 2, March 28, 1951, PPACI. David J. Bodenhamer, Robert G. Barrows, and David Gordon Vanderstel, *The Encyclopedia of Indianapolis* (Bloomington: Indiana University Press, 1994), 323-324. Cleo W. Blackburn (September 27, 1909 to June 6, 1978) was the executive director of Flanner House from 1936 to 1976. Blackburn, an African American, was involved in ministry and social work. Born in Mississippi, he came to Indianapolis to attend Butler University, where he graduated from the school of religion and subsequently became an ordained minister in the Disciples of Christ Christian church. Before returning to Indianapolis in 1936 to begin his career as the Flanner House executive director, Blackburn earned an M.A. in social work from Fisk University in Nashville, Tennessee. Blackburn would also be awarded other honorary doctorates and would be a Rosenwald Fellow at Indiana University in 1941. Along with being the executive director at Flanner House, Blackburn was president at Jarvis Christian College in Texas and held leadership positions in the Theological Seminary and other local organizations in Indianapolis.

commenting on the attempt to leave literature at the Morgan Health Center, Planned Parenthood board minutes ceased to mention Flanner House or the Morgan Health Center.

The interaction about African American access to birth control between Planned Parenthood members and Cleo Blackburn from Flanner House reveals an interesting relationship between white control and black autonomy. To fully understand this relationship, two historiographies must be juxtaposed: the first about the historical relationship between African Americans and health care, especially how African Americans have experienced mistreatment through reproductive control, and the second on African American settlement houses and the ways that they were controlled by white sponsors and philanthropists through funding. Together, these historiographies present the necessary backdrop for the analysis of Flanner House's response to Planned Parenthood's proposal to establish a birth control clinic at the Morgan Health Center. They allow us to understand Blackburn's perspective, while revealing that there were many more aspects than the Catholic influence on the Flanner House board that factored into his decision.

Scholarship on the birth control movement, especially regarding the establishment of clinics and African American access to health care, falls into two opposing categories: successes and failures. The first category, hereinafter referred to as "success stories," presents black and white women working together and details a history of African American women actively participating in birth control clinics, either as patients or volunteers. This "success story" category concludes that African American women were offered access to reproductive health care and took advantage of this access. It is based

on research that primarily relies on the papers of organizations and their founding members. The other category, deemed “failure stories,” is based on editorials in black papers and experiences of black women. A “failure story” can be characterized mainly by historical distrust, reporting that, instead of birth control clinics successfully reaching black communities and African American women accepting the clinics’ information on reproductive choice, black women were skeptical based on the historically unethical treatment of African American women by white medical professionals. The account of birth control in Indianapolis, however, does not fit into either of these categories. Instead, another historiography must be added, that of African American settlement houses and their dependency on white funding, in order to understand why Blackburn decided that a birth control clinic could not be added to the Morgan Health Center.

Harold Smith, in “‘All Good Things Start with the Women’: The Origin of the Texas Birth Control Movement, 1933-1945,” relied on the “success story” narrative that African American women had access to reproductive health care and took advantage of this access. Smith described the beginning of the birth control movement in Texas and used correspondence between Margaret Sanger and Texas birth control leaders to show how the movement grew and clinics developed. He asserted that Texas leaders at the state and local levels had to decide how best to “sell” birth control to conservative white community leaders.⁵ As a result of Texas’ strict segregation laws and social policies, female leaders determined which racial groups would be served by the newly established birth control clinics and how they would be served in a way that abided by state laws. Texas birth control workers decided that the best way to reach minorities, particularly

⁵ Harold Smith, “‘All Good Things Start with the Women’: The Origin of the Texas Birth Control Movement, 1933-1945,” *Southwestern Historical Quarterly*, 114, no. 3 (January 2011): 254.

African American and Mexican American women, would be to open clinics on different days of the week for different races. For instance, “‘Mexican’ women came on Tuesday, white women on Thursday, and ‘colored’ women on Saturday.”⁶ This method was successful for the Texas clinics, and Smith noted that by 1936 an African American female physician worked at the Houston clinic and her presence brought in many black patients.⁷ Texas birth control clinics all experienced some level of success in reaching African American women, although some clinics had greater attendance by and retention of black patients than others. The Waco clinic was the most encouraging to the movement, with 47% of its patients being African American women.⁸ Based on the papers of founding Texas members and correspondence with Sanger, the start-up of Texas birth control clinics fits securely in the “success story” category.

Carole R. McCann, in *Birth Control Politics in the United States, 1916-1954*, also illustrated the “success stories” of African Americans’ support for birth control clinics. According to McCann, the African American community of the 1930s was receptive to birth control, and she went on to posit that modern theories which stated the white birth control movement “imposed social control” on the African American population disregarded the interest in birth control that existed in African American communities.⁹ Birth control was successful because African Americans used it as a tool of racial betterment that could lead to improved economic standing and racial progress. To McCann, birth control offered African Americans a way to prosper in a segregated

⁶ Smith, “All Good Things Start with the Women,” 262.

⁷ Ibid., 265.

⁸ Ibid., 266.

⁹ Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1999), 168.

society. She explained that birth control provided African Americans with solutions against the “barriers imposed by racist America.”¹⁰ Birth control would not offer answers to all the hardships experienced by African Americans in the twentieth century, but it was a partial answer to the economic and health needs of blacks. African Americans willingly participated in the birth control movement as patients and later as members of advisory boards and councils.

Similar to McCann, Mary S. Melcher, in *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona*, revealed that African American women joined the birth control movement in many different ways: “as patients, volunteers, employees, and backers” because they believed in birth control’s capacity to improve their lives.¹¹ African Americans in Arizona, much like those in Howard Smith’s segregated Texas, faced harsh and extensive segregation policies that resulted in a lack of hospitals and health education. In this way, both Smith and Melcher described the means through which women’s reproductive lives were affected by their race.¹² Beginning in the 1930s, however, the birth control movement expanded and began to concentrate on reaching black women. By the 1940s, African American women were patients, paid employees, and administrators of Planned Parenthood clinics.¹³ Melcher’s study of the Arizona birth control movement fits in the “success stories” category because she shows that, even though the movement began with middle-and upper-class white women as leaders,

¹⁰ McCann, *Birth Control Politics in the United States*, 171.

¹¹ Mary S. Melcher, *Pregnancy, Motherhood, and Choice in Twentieth-Century Arizona* (Tucson: University of Arizona Press, 2012), 15.

¹² Melcher, *Pregnancy, Motherhood, and Choice*, 14.

¹³ *Ibid.*, 15.

African American women quickly became involved because they valued the benefits offered by birth control.

In contrast, the scholarship in the “failure stories” category emphasizes African American skepticism based on unethical treatment of African American women by medical professionals. Written about different time periods and different sections of the country, the failure stories show how wide-spread sentiments against birth control were for African Americans in the United States. Simone M. Caron offered a potent argument in her article, “Birth Control and the Black Community in the 1960s: Genocide or Power Politics?”¹⁴ She argued that African Americans in Pittsburgh did not readily participate in birth control clinics—either as patients or volunteers. Instead, African Americans viewed birth control advocates as supporters of black genocide. Caron, unlike the authors of “success stories,” did not study the papers of organizations and their founding members. She examined editorials written by African American community members—the public’s opinion—not the viewpoints of women or men who had a stake in making sure that birth control clinics survived. Caron, and other authors that follow, did not reach the conclusion that reproductive choice, medical access, and treatment of African Americans during the 1950s produced a success story.

Caron asserted that African Americans had an entirely different reception to birth control than that described by Smith, McCann, and Melcher. In Pittsburgh, the black community rejected federal funds for a birth control clinic because some segments of the community mistrusted the intentions of government and private efforts regarding

¹⁴ Simone M. Caron, “Birth Control and the Black Community in the 1960s: Genocide or Power Politics?” *Journal of Social History* 31, no. 3 (Spring, 1998): 545-569.

contraception.¹⁵ African Americans became increasingly skeptical of the push for birth control in poor communities, and, instead of believing in birth control's economic and health benefits that were stressed by newspapers and birth control clinics, some blacks began to fear that birth control was part of a white plot to decimate the black race—birth control promoted black genocide.¹⁶ This fear only grew stronger as publicly-funded birth control clinics increasingly began to appear in areas that were demographically poor and black.¹⁷ The belief in black genocide grew from the historical distrust of white people, especially those in the medical profession, and their treatment of African Americans. Caron described the fear of genocide as being the result of a history of “abuse by whites” that manifested in rape, castration, and reproductive control through slave breeding and forced eugenics on African Americans.¹⁸ Birth control, in turn, was viewed by some as a tool of white supremacy and racism: “a ‘white man’s plot’ to ‘contain’ the black population.”¹⁹ Because of this concern, birth control clinics failed to expand into the black community and African American women did not participate in the birth control movement.

Edward J. Larson's *Sex, Race, and Science: Eugenics in the Deep South* examined the history of sterilization of African Americans in that region, although he argued that “deep south” was as much of a state of mind as it was the geographical entity.²⁰ Larson, who focused more on eugenics than birth control, linked the two in his discussion of Clarence Gamble. In the 1930s, Gamble had initiated and funded a series of studies and

¹⁵ Caron, “Birth Control and the Black Community,” 545.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid., 548.

²⁰ Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1996), 3.

demonstration projects that resulted in a greatly expanded eugenic sterilization program run by state institutions and county welfare agencies.²¹ He also worked with Margaret Sanger’s developing eugenic birth control programs for the South, one of which—the “Negro Project”—specifically targeted African Americans.²² Larson noted that African Americans considered both eugenic sterilization and birth control with distrust and hostility, although only a small number of programs had explicitly racist intentions. Still, explicitly racist or not, the treatment of African Americans in the Deep South could create a similar skepticism to what Caron described. At a state mental hospital in South Carolina, 102 out of 104 patients sterilized between 1949 and 1960 were African American females, even though the hospital had two-times the number of white patients as black patients.²³ Further, the language of eugenics and birth control that Gamble utilized when he described African Americans as “still breed[ing] carelessly and disastrously” would not have assuaged black fears and could have instead brought up past experiences between whites and blacks, the same presented by Caron about the “centuries of abuse by whites.”²⁴ The Deep South was the first region to support federally-funded birth control that was used by a large number of African Americans, but this opportunity was “stimulated by racism” instead of African Americans seeking out birth control for advancement.²⁵

Like Larson, Rebecca Marie Kluchin, in *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980*, linked the distrust of African Americans

²¹ Larson, *Sex, Race, and Science*, 156.

²² Ibid.

²³ Ibid., 155.

²⁴ Ibid., 156; Caron, “Birth Control and the Black Community,” 545.

²⁵ Ibid., 157.

towards birth control to the historical relationship between eugenics and African Americans.²⁶ Kluchin asserted that eugenics, based on the science of racial betterment, sought to preserve white, native-born Americans' social, economic, and political power.²⁷ Beginning in the 1950s, thoughts about the standards of eugenics, Kluchin argued, “shifted in response to contemporary social anxieties, including blacks’ demands for racial equality.”²⁸ As a result of the Civil Rights movement and organizations such as the Black Panther Party, whites began to see threats to the white power structure and white privilege.²⁹ According to Kluchin, eugenics, including birth control, began to target the black community. Some states took reproductive control even further than that imagined by African Americans in Pittsburgh who were skeptical about birth control; Kluchin described how southern black women in the 1950s became targets of forced sterilization via hysterectomies, termed “Mississippi Appendectomies” because of the way women would have their uteruses removed, unknowingly and without their consent, during abdominal surgery.³⁰ African Americans recognized federally funded family planning programs as a part of historic forced reproductive control. Kluchin, Larson, and Caron revealed a very different side to the birth control conversation. When sources from African American perspectives were consulted, such as editorials in black newspapers or testimonies from black women affected by sterilization policies, distrust based on the historical actions between the white medical field and African American women is emphasized.

²⁶ Rebecca Marie Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick, NJ: Rutgers University Press, 2009).

²⁷ Kluchin, *Fit to be Tied*, 1.

²⁸ *Ibid.*, 3.

²⁹ *Ibid.*

³⁰ *Ibid.*, 6.

The differing conclusions of these groups of authors may be reflected in the tension that existed in the relationship between Planned Parenthood of Central Indiana and Flanner House. Planned Parenthood board members envisioned a future akin to the “success story” narrative—where African American women would voluntarily take part in the reproductive choices the clinic offered and birth control would be supported by African American leaders like Blackburn. Planned Parenthood’s goal for Indianapolis was not reached. The primary opposition, however, stemmed from something other than the historical distrust presented by historians in the “failure story” category. It was not distrust that Planned Parenthood had to contend with, but the limitations imposed on Flanner House due to the latter’s dependence on funding from conservative whites. This case study of the relationship between Planned Parenthood and Flanner House provides an alternative view to existing literature on the subjects of reproductive choice, medical access, and the treatment of African Americans historically in relation to reproduction. When it comes to understanding Blackburn and his rejection of a birth control clinic, we must turn to the history of black settlement houses.

The reasons for Blackburn’s refusal to establish a clinic at the Morgan Health Center were rooted in the relationship between African American organizations and white benefactors. African American settlement houses were dependent on continued white financial support to ensure that the needs of the black communities would be met. As a result, white boards of directors, philanthropists, and sponsors maintained control of what the settlement house could do and what policies it could support. African American leaders had to understand this relationship and work within the limits that whites imposed. Black leaders needed to walk a fine line between serving the needs of their

community—the African American community—and being careful to remain inside the conservative boundaries created by whites who provided much needed funding.

Leslie Brown's monograph, *Upbuilding Black Durham: Gender, Class, and Black Community Development in the Jim Crow South*, described African American organizations as dependent upon white benefactors who had the capital to fund black projects.³¹ Due to the lack of resources, African American leaders had to request funds and other assistance from a coalition of white philanthropists, politicians, and officials.³² Like the African American organizations that Brown studied in Durham, the Herman G. Morgan Health Center, established in 1947, relied heavily on white philanthropists for support. The Indianapolis Foundation was integral to the Morgan Health Center because it supplied much of the start-up funds and also pledged \$7,500 per year to the Center.³³ By accepting the Indianapolis Foundation as a sponsor, the Morgan Health Center also had to work with the Federal Works Agency. The Federal Works Agency stipulated that to receive this funding the Morgan Health Center had to concentrate on eradicating venereal disease in the black Indianapolis community.³⁴ The focus on venereal disease almost caused a fracture between the Morgan Health Center and another primary donor, the U.S. Children's Bureau, which wanted the Center to devote more resources to the maternity section of the clinic.³⁵ Just as Brown described in *Upbuilding Durham*, the

³¹ Leslie Brown, *Upbuilding Black Durham: Gender, Class, and Black Community Development in the Jim Crow South* (Chapel Hill: University of North Carolina Press, 2008), 150.

³² Brown, *Upbuilding Black Durham*, 150.

³³ Harvey N. Middleton Papers, "Letter from Cleo Blackburn to Katherine Lenroot, U.S. Children's Bureau," September 12, 1944. Indianapolis: Indiana Historical Society. Collection #M0441. Box 3, folder 2. Hereafter, "Source," date, HNMP.

³⁴ "Statement of Application to the Board of Health for an Enlarged Health Program in Cooperation with the Board of Directors of Flanner House," January 9, 1944, HNMP

³⁵ Brown, *Upbuilding Black Durham*, 151; "Letter from Dr. Walter H. Maddux to Cleo Blackburn," November 17, 1944, HNMP.

leaders of Morgan Health Center had to “nurture a workable consensus” with various local white officials or risk losing funding for their organization.³⁶ Perhaps Flanner House’s relationship with the white Indianapolis community who supported them was nowhere more visible as in black leaders’ decision to name their hard-fought for and long-awaited health center after Herman G. Morgan—the white City Board of Health Director (1912-1946) who had supported expanding public health into the black community.³⁷

Ruth Crocker provided additional context for Blackburn’s decision about Planned Parenthood’s proposed relationship with the Morgan Health Center in *Social Work and Social Order: The Settlement Movement in Two Industrial Cities, 1889-1930*. Crocker stated that Flanner House’s relationship to community funding organizations like the Indianapolis Foundation imposed strict regulations on the black organization’s decisions. She asserted that, for African American settlement houses, membership in community chests ensured the viability of the settlement house but also “guaranteed that its activities would not stray outside the parameters of conservative ‘adjustment’ programs.”³⁸ Community chest involvement and black organizations’ tenuous position in twentieth-century white-dominated society resulted in Flanner House’s African American leaders not holding the ultimate decision-making power. For example, Flanner House offered valuable services to the black community in Indianapolis, visible in the public health program run from the Morgan Health Center, but did not offer a challenge to racism.

³⁶ Brown, *Upbuilding Black Durham*, 151; “Letter from Cleo Blackburn to Dr. Walter H. Maddux,” November 22, 1944, HNMP.

³⁷ Bodenhamer, *The Encyclopedia of Indianapolis*, 1,139.

³⁸ Ruth Hutchinson Crocker, *Social Work and Social Order: The Settlement Movement in Two Industrial Cities, 1889-1930* (Urbana: University of Illinois Press, 1992), 85.

Crocker described the compromises that had to take place between white interest and black demands and how, although community chests provided support that allowed a settlement house to increase and maintain its programs, white sponsorship also “shaped the agency’s agenda.”³⁹ Crocker's study supports Brown’s assertion about black organizations needing to create a workable consensus with white benefactors.⁴⁰ Flanner House was a perfect example of the compromises and restrictions that made up this process of creating a workable consensus. Establishing a birth control clinic fell outside of the conservative agenda that white donors and the community chest had established for Flanner House.

While Cleo Blackburn said he rejected the establishment of a Planned Parenthood clinic at the Morgan Health Center because of Catholic influence on the Flanner House board, historian Daniel K. Williams, in *Defenders of the Unborn: The Pro-Life Movement before Roe v. Wade*, described Catholics as having only a small connection to African Americans. Still, African Americans tended to hold beliefs that were similar to those offered by Catholicism in regards to birth control.⁴¹ Williams found that, while both Catholics and African Americans denounced birth control, Catholics viewed birth control as morally wrong while African Americans viewed birth control as a product of racism and a system of reproductive control.⁴² Of the 22 member Flanner House board, all but one member were Protestants, primarily Episcopalian, Baptists, Unitarians, Methodists, Presbyterians, Congregationalists, or Quakers.⁴³ The lone Catholic member, interestingly,

³⁹ Crocker, *Social Work and Social Order*, 85.

⁴⁰ Brown, *Upbuilding Black Durham*, 151. Crocker, *Social Work and Social Order*, 71. Crocker referred to African American leaders working with white philanthropists as a process of “careful accommodation.”

⁴¹ Daniel K. Williams, *Defenders of the Unborn: The Pro-Life Movement before Roe v. Wade* (Oxford: Oxford University Press, 2016), 170.

⁴² Williams, *Defending the Unborn*, 171.

⁴³ See Appendix A: Flanner House Board 1951 for board members’ names, race, and religious affiliation.

was African American. On December 6, 1931, Protestants in the Federal Council of the Churches of Christ in America had released a pamphlet that listed the reasons why their denominations supported birth control and birth control clinics.⁴⁴ The Protestant churches' reasons for supporting birth control that pertained to health and economic welfare would be the same reasons stressed by Indianapolis's African American press in the mid-twentieth century. Blackburn's decision on birth control, however, had more to do with funding than faith.

As Flanner House's director, Blackburn was the middleman in the relationship between Flanner House (and with it, the Morgan Health Center) and the white benefactors and organizations who funded Flanner House. Indiana historian Emma Lou Thornbrough, in *Indiana Blacks in the Twentieth-Century*, described Blackburn as Flanner House's "powerful director," and asserted that Blackburn was supported by the "ultra-conservative white members" who comprised the Flanner House board.⁴⁵ As the mediator between the white members of the board and the African American community members whom Flanner House served, Blackburn needed to balance black autonomy and

⁴⁴ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, Indianapolis Foundation Records, 1916-2000, Ruth Lilly Special Collections and Archives, IUPUI University Library, Indiana University Purdue University Indianapolis. Hereafter, "Grant Requests: Planned Parenthood Association, Box, Folder, Date, Indianapolis Foundation Records." The pamphlet listed five main points that each denomination stressed: "1. Birth control does not necessarily mean family limitation alone but planning for and spacing children as the whole welfare of the family may indicate. 2. The proper use of approved contraceptive methods may contribute to the social and economic welfare of the home, and to the physical and mental health of parents and children. 3. Sex expression for spiritual and physical reasons as well as for procreation is essential to normal family life. This relation is beautiful and sacred and should be exercised through the full span of married life. It should lead to the integration of personality by linking the spiritual with the physical and making them one in a way that no other single act in life can. 4. Young people should know the physical and spiritual facts about sex experience at the time of marriage so that they can more intelligently face their new lives and make the adjustments which are necessary to their happiness. 5. Modern society has need for more Maternal Health clinics to deal with matters of disease prevention, conception control, sexual adjustment and other problems of married life."

⁴⁵ Emma Lou Thornbrough, *Indiana Blacks in the Twentieth Century* (Bloomington: Indiana University Press, 2000), 166.

white financial support. According to historian Richard Pierce, in *Polite Protest: The Political Economy of Race in Indianapolis, 1920-1970*, Blackburn understood that continued financial support from white benefactors depended on Flanner House's remaining inside conservative limits, and, as a result, "Blackburn made a conscious effort to avoid any issue that was overtly political."⁴⁶ Pierce described Flanner House as widely accepted by the Indianapolis white community as the "sole voice for black concern."⁴⁷ Indianapolis conservative white leaders often applauded and supported Flanner House's initiatives while distancing themselves from more controversial groups and policies.⁴⁸ Because of Flanner House's position in the eyes of the white community, Blackburn had to remain inside conservative limits.⁴⁹

Further, Blackburn himself was conservative, graduating from Butler University's School of Religion in the early 1930s and becoming an ordained Disciples of Christ minister.⁵⁰ Blackburn would subsequently be appointed president of Jarvis Christian College in Hawkins, Texas in 1953 and held a leadership position in the Indianapolis Christian Theology Seminary, all while he was the executive director of Flanner House.⁵¹ Even if Blackburn's personal conservatism did not have an effect on his decision about a Planned Parenthood clinic at the Morgan Health Center, his practical experiences as director of a black organization dependent on white support had taught him that stepping

⁴⁶ Richard Pierce, *Polite Protest: The Political Economy of Race in Indianapolis, 1920-1970* (Bloomington: Indiana University Press, 2005), 89.

⁴⁷ Pierce, *Polite Protest*, 89

⁴⁸ Ibid.

⁴⁹ Brown, *Upbuilding Durham*, 152.

⁵⁰ Bodenhamer, *The Encyclopedia of Indianapolis*, 323.

⁵¹ Ibid., 324.

outside of the boundaries imposed by whites could lead to the decrease or refusal of financial support, which Flanner House and the Morgan Health Center could not risk.⁵²

Examining primary sources from Indianapolis organizations suggests that the establishment of a birth control clinic at the Morgan Health Center failed because of the restrictiveness of Indianapolis society toward Flanner House and the conservative limitations within which Flanner House leaders had to remain. This analysis indicates that the Morgan Health Center's funding explicitly excluded birth control programs; that birth control itself had little support from African American leaders in Indianapolis and was excluded from the City Board of Health's public health program; and that Indianapolis's Catholics were staunch opponents of birth control programs. Combined, these factors explain why Cleo Blackburn told Planned Parenthood at the meeting on March 28, 1951, that a birth control clinic could not be established at the Morgan Health Center. Even though birth control could have been beneficial to Indianapolis's African American community, if it would have come at the cost of the Morgan Health Center's primary funders pulling their support, then a clinic would have done more harm than good.

Chapter 1: "We Must be Sure They are Going to Stay Hitched": Indianapolis African American Leaders' Negotiations with White Funders," discusses the 1944-1947 campaign of Freeman Ransom, president of the board of directors of Flanner House during this time, and Cleo Blackburn to establish a medical center for Indianapolis African Americans.⁵³ Since the black community did not have the capital for such a

⁵² Pierce, *Polite Protest*, 89.

⁵³ Bodenhamer, *The Encyclopedia of Indianapolis*, 1,165. Freeman Bailey Ransom (F.B. Ransom) (July 7, 1884 to August 6, 1947) was an African American lawyer, businessman, and civil activist. Ransom, from Mississippi, graduated from the law department of Walden University in Nashville, Tennessee, and

project, Ransom and Blackburn attracted white funders by focusing the medical center on issues that whites cared about, mainly ending venereal disease and tuberculosis. As a result, when the Herman G. Morgan facility opened on February 24, 1947, much of the decision-making power was held by white funders instead of black leaders. With the stipulation that funding go to fighting venereal disease and tuberculosis, Ransom and Blackburn were hard pressed to secure a place in the medical facility for even health education, a black physician, and a “Well Baby Program.” Establishing a birth control clinic could have risked the Morgan Health Center’s funding and stability.

Chapter 2: “‘Making an Issue of it Might do More Harm than Good’: Indianapolis African American Leaders’ Assessment of the Risks in Promoting Birth Control,” examines the reasons behind why Blackburn, after he and Ransom had spent three years convincing white donors that they should care about and support black health, would refuse the help of a white organization that advocated for the health of the Indianapolis African American community. Associating with birth control proved to be too great of a liability for the Morgan Health Center, as birth control was not supported by the Indianapolis City Board of Health, the U.S. Children’s Bureau, the Indianapolis Foundation, or the United Fund—each of which financially supported the Morgan Health Center. Although Planned Parenthood was a white organization made up of affluent white women from Indianapolis, birth control was too controversial for the conservative

completed post-graduate work at the School of Law at Columbia before moving to Indianapolis in 1910, where he became the attorney and general manager of the Madam C.J. Walker Company. Ransom was actively involved in the Indianapolis community professionally and through leadership positions held at Flanner House, the Senate Avenue YMCA, and the Phyllis Wheatley YWCA. He was a city councilman, alternate delegate to the Democratic National Convention, and a trustee of both the Indiana School for the Blind and the Bethel African Methodist Episcopal Church. Of his many accomplishments, Ransom is most remembered for his dedication to civil rights and work against racism and segregation in Indiana. He died almost seven months after the establishment of the Morgan Health Center and thus did not have to contend with the question of establishing a birth control clinic at the Morgan Health Center.

Flanner House board and financial backers to support. To ensure the financial future of the Center, Blackburn chose to turn down the help of an organization seeking to improve the health of the people whom the Morgan Health Center served.

Conclusion: ““Even Though We Heartily Disagree with Them, We Understand Them”: Operating within the Structures of Power in Indianapolis Society,” places the success/failure narratives of African American women and birth control in the context of Indianapolis in the 1950s and shows that, because of the systems of power that existed in Indianapolis society, black women’s access to birth control would be influenced by more than African American support for or rejection of contraceptives. The conclusion examines the subsequent experiences of Flanner House and Planned Parenthood in the restrictive and conservative society of Indianapolis and reveals that the two organizations encountered similar limitations and had to work within these limiting systems and make decisions based on what each thought would do the most good for the greatest number of people.

Chapter 1: “We Must be Sure They are Going to Stay Hitched”:

Indianapolis African American Leaders’ Negotiations with White Funders

Operating a black settlement house with limited means, the leadership of Flanner House usually had to make tough decisions between continuing to use outdated medical facilities or asking white philanthropists for capital to expand and improve its medical centers.⁵⁴ When the State Fire Marshall condemned its medical buildings for being unsuitable to house clinics in 1944, Flanner House found itself with only one option.⁵⁵ It had to raise funds from white philanthropists, all the while realizing that the funds would enable white philanthropists, instead of the black community, to determine the policies of what would become the Morgan Health Center.

So has been the historical relationship between white funders and black settlement houses. Historian Ruth Hutchinson Crocker studied Flanner House during the Progressive Era and found that Flanner House, from its inception in 1898, revealed the connection between racism and reform by how it “balanced precipitously” between serving the black community and appeasing whites who believed that Indianapolis African Americans should be “kept in their place.”⁵⁶ Crocker examined settlement houses and the social control exhibited by their services to immigrants and African Americans. While she found that reform through settlement institutions featured an interplay between social control and racism, Crocker clarified that white philanthropists were not *only* interested in social control, many were concerned with helping those in need.⁵⁷ My study of Flanner

⁵⁴ Crocker, *Social Work and Social Order*, 7.

⁵⁵ “Statement of Application to the Board of Health for an Enlarged Health Program in Cooperation with the Board of Directors of Flanner House,” January 9, 1944, HNMP.

⁵⁶ Crocker, *Social Work and Social Order*, 9.

⁵⁷ *Ibid.*, 69.

House in the mid-twentieth century with the establishment of the Morgan Health Center revealed much the same: white philanthropists wished to help the Indianapolis black community; they just wanted to do it on their own terms.

In his examination of settlement houses, sociologist Charles Hounmenou asserted that settlement houses operated under either limited autonomy or pronounced autonomy.⁵⁸ On one hand, settlement houses with limited autonomy had staff members who were black, but the majority, if not the entirety, of the board was white people. The settlement houses that he regarded as having limited autonomy were created and funded by whites, and, in some cases, the settlement houses were established with the purpose of exerting social control over the growing black community in urban locations. The boards of directors and other leaders in settlement houses with pronounced autonomy, on the other hand, were made up entirely of African Americans.⁵⁹ In contrast to settlement houses which experienced limited autonomy, the decision making power for settlement houses with pronounced autonomy was held by members of the African American community who shared cultural and social values with the people whom the settlement house served.⁶⁰

Flanner House fell into the limited autonomy category. Historian Richard Pierce described the management of Flanner House as never made up entirely of African Americans and noted that the Flanner House board “was consistently largely composed of white community leaders who solicited funds and oversaw operations.”⁶¹ Even with

⁵⁸ Charles Hounmenou, “Black Settlement Houses and Oppositional Consciousness,” *Journal of Black Studies* 43 no. 6 (Sept 2012): 654-5.

⁵⁹ Hounmenou, “Black Settlement Houses,” 654.

⁶⁰ *Ibid.*, 657.

⁶¹ Pierce, *Polite Protest*, 89.

Cleo Blackburn in the position of director, white Flanner House board members pursued their own preferences and specific interests. Pierce supported Crocker's findings. Crocker clarified that, although Flanner House had African Americans in positions of leadership, they worked alongside a staff of white people. Crocker defined the relationship between the black and white workers more fully when she explained, "The biracial Board of Directors ensured white control."⁶² Black leaders in Flanner House, then, had to primarily work not only with white donors, but also a white-dominated board of directors.

As evident in the historical relationship between settlement houses and social control, there were many things for black leaders, such as Cleo Blackburn and F.B. Ransom, to consider before asking for and accepting white benefactors' funding. On the one hand, such funding helped settlement houses succeed and offer programs that uplifted the African American community. On the other hand, funding did not simply help, but influenced.⁶³ As described by historian Vanessa Northington Gamble, accepting funds from endowments mandated that organizations comply with the vision and goals of the white philanthropists—doing so removed control of the direction in which the organization was going from black leaders' hands and placed control firmly in the hands of the white community.⁶⁴ Further, the racialized social climate determined which services received funding in the settlement houses and which services were denied or

⁶² Crocker, *Social Work and Social Order*, 84.

⁶³ Michiko Hase, "W. Gertrude Brown's Struggle for Racial Justice: Female Leadership and Community in Black Minneapolis, 1920-1940" (Ph.D. diss., University of Minnesota, 1994), 10. Hase, using Crocker's *Social Work and Social Order*, described the "paradoxical roles" played by Flanner House and Stewart House (in Gary). Black settlement houses, according to Crocker, brought benefits and helped improve black communities, yet reinforced segregation and inequality.

⁶⁴ Vanessa Northington Gamble, "Black Autonomy versus White Control: Black Hospitals and the Dilemmas of White Philanthropy, 1920-1940," *Minerva: A Review for Science, Learning, and Policy* 35 no. 3 (Fall 1997): 258.

ignored.⁶⁵ Flanner House's struggle and eventual success in securing funding for building and funding the Morgan Health Center showcased that push-and-pull, along with the compromises that Flanner House leaders Cleo Blackburn and F.B Ransom had to agree to in establishing a medical facility suitable for treating the Indianapolis black community.⁶⁶ Their endeavor, which began in 1944, set the stage for why Blackburn would subsequently refuse to accept Planned Parenthood's proposal to install a clinic.

In January 1944, Cleo Blackburn and F.B. Ransom released the "Statement of Application to the Board of Health for an Enlarged Health Program" to the board of directors of Flanner House.⁶⁷ In this document, Blackburn and Ransom explained the predicament: the Fire Marshall had deemed the buildings that Flanner House had been utilizing for clinics too hazardous for operation and no other buildings could be renovated for use. Blackburn and Ransom's purpose, listed on the first line of the five-page document, stated that Flanner House was seeking to work with the City Board of Health to obtain an enlarged health program that would "more adequately meet the problem of health in the Flanner House community."⁶⁸ A budget request was sent to the Indianapolis Foundation on January 14, 1944, for the "Promotion and Development of the Flanner House Plan with Particular Emphasis in the Division of Health Education."⁶⁹ Here, Flanner House asked for "sufficient funds" to insure the development of the programs; Blackburn and Ransom estimated that such support would come to \$5,200 to \$7,500 a

⁶⁵ Hounmenou, "Black Settlement Houses and Oppositional Consciousness," 662.

⁶⁶ The importance of the Morgan Health Center to Blackburn and Ransom also revealed that health care was fundamentally a civil rights issue for African Americans.

⁶⁷ "Statement of Application to the Board of Health for an Enlarged Health Program in Cooperation with the Board of Directors of Flanner House," January 9, 1944, HNMP.

⁶⁸ Ibid.

⁶⁹ "A Budget Request to the Indianapolis Foundation for the Promotion and Development of the Flanner House Plan with Particular Emphasis on the Division of Health Education," January 14, 1944, HNMP.

year.⁷⁰ Flanner House needed a new medical building, but first it needed funding—funds that could not be found in the black community.

Flanner House had an established relationship with the Indianapolis Foundation and depended on the Foundation as one of its major donors.⁷¹ Between 1939 and 1944, the Indianapolis Foundation had provided Flanner House with \$16,000. Regarding the relationship between Flanner House and the Indianapolis Foundation, Blackburn later remarked, “The programs could not possibly have been developed without the interest of the Indianapolis Foundation,” and importantly, “It will be absolutely impossible for them to mature without their [the Indianapolis Foundation’s] continuing interest.” Blackburn and Ransom envisioned that funding from the Indianapolis Foundation would provide for both the first and second aspects of the new health care facility, outlined in a “Memorandum Concerning the Relationship of Flanner House and the Indianapolis Foundation.” For the first aspect, the Indianapolis Foundation was asked to assume “the responsibility for operating and maintaining an efficiently run, well managed social agency to meet the needs of the current community problems.” The second aspect was planning programs, implementing programs, and strengthening the operational program of the agency.⁷²

Blackburn and Ransom also set out to gain money from the United Fund.

Although its role was not as critical as that of the Indianapolis Foundation, the United Fund was included as a major donor. The Indianapolis Foundation and the United Fund

⁷⁰ Ibid.

⁷¹ Bodenhamer, *The Encyclopedia of Indianapolis*, 780. The Indianapolis Foundation was created on January 5, 1916 as a result of a joint resolution of trust companies. It is a philanthropic institute supported by the public and the Indianapolis Foundation’s “assets are made up of combined gifts and bequests from hundreds of donors.”

⁷² “Memorandum Concerning the Relationship of Flanner House and the Indianapolis Foundation,” January 14, 1944, HNMP.

were thus seen as linchpins in the establishment of the new health center.⁷³ Their continual support came with continual interference in the operations of Flanner House.

Flanner House's dependency on white financial support mirrored other black settlement houses' historical lack of funds. As Hounmenou has noted, a substantial part of the resources of many black settlement houses came from white donors and reformers.⁷⁴ In *Upbuilding Black Durham*, historian Leslie Brown observed that African Americans, even the elite, did not command the material means to build community institutions so the critical demand for health care compelled black leaders to call upon white philanthropists for help.⁷⁵ White benefactors often were unconvinced by the claims of black leaders (such as Blackburn and Ransom's stating a new health center was needed because the old one was condemned), which forced African Americans to provide alternate rationale that met whites' goals.⁷⁶ Black leaders, Blackburn and Ransom included, knew that white authorities would do almost anything to maintain racial segregation, and used this knowledge in negotiations with whites to build separate institutions for the African American community.⁷⁷ In Indianapolis, this was the Morgan Health Center.

⁷³ Bodenhamer, *The Encyclopedia of Indianapolis*, 1,371. The United Fund was begun in 1920 and was called the Community Chest. It went through a series of name changes between 1923 and 1970, becoming first the "Community Fund" in 1923, the "Indianapolis Community Chest" in 1950, the "Indianapolis United Fund" in 1958, the "United Fund of Greater Indianapolis" in 1962, and finally, in 1970, the "United Way of Greater Indianapolis." For consistency, the organization will be referred to as the United Fund. Bodenhamer, *The Encyclopedia of Indianapolis*, 1,372, stated that the United Fund's "income comes from contributions, private and governmental grants, investment income, and service fees ... [and is a] local citizen-funded organization dealing with human services." Crocker, *Social Work and Social Order*, 82. Flanner House had gained the support of the United Fund in 1923.

⁷⁴ Hounmenou, "Black Settlement Houses and Oppositional Consciousness," 653.

⁷⁵ Brown, *Upbuilding Black Durham*, 150-151.

⁷⁶ *Ibid.*, 152.

⁷⁷ *Ibid.*

Like other African American leaders in the history of the black settlement house movement, Blackburn and Ransom created an institution by assuring whites that black facilities benefitted both white and black causes.⁷⁸ To convince Indianapolis whites, Flanner House leaders focused on the health center's supposed purpose of controlling communicable diseases—mainly venereal disease, and, to a lesser extent, tuberculosis.⁷⁹ Flanner House leaders' own motives, however, were visible in the statement of application to the Federal Works Agency. In the statement, they described the population of the Flanner House neighborhood, twenty square miles populated by 40,000 people of low income. Blackburn and Ransom concluded that a medical center built in an area with such a density of population “would not only serve in meeting the medical needs of the citizens of that particular community,” but would also “provide facilities for case findings of such diseases as tuberculosis, syphilis, and other communicable diseases.”⁸⁰ Blackburn and Ransom found the first part of their statement—meeting medical needs (which they wanted to connect with an educational program)—to be the primary issue that faced the black community. But in order to receive the funding they needed for such a large project, they had to redirect its main purpose to gain white attention and financial support

⁷⁸ Ibid. While Ransom and Blackburn used this arrangement to their advantage, some members of the black community chafed at the segregation entailed. Crocker, *Social Work and Social Order*, asserted, “They [the members of the Indianapolis African American community] were not impressed with a program of black uplift that aimed to lift blacks to a position decidedly below that of whites.” (78)

⁷⁹ The reasoning behind Ransom and Blackburn's choosing tuberculosis as one of the illnesses white people would support financing a new black medical center can be found in Crocker's *Social Work and Social Order* where she included the findings of experts from a 1918 National Bureau of Municipal Research about African American patients being admitted to public hospitals, such as the Indianapolis City Hospital. The research stated that in planning hospitals and health clinics, “One cannot give the first consideration to ideals of social equality and justice Experience shows that in order to make the hospital treatment of tuberculosis effective, separate institutions or at least separate units must be provided for groups who are differentiated by prejudice of color or social habits.” (88)

⁸⁰ “Letter from F.B Ransom to Louis Ludlow, House of Representatives,” July 6, 1944, HNMP.

and guarantee the facility would be separate from clinics used by Indianapolis's white population.

After reaching out into the local community for support, Flanner House leaders approached the Federal Works Agency on July 6, 1944. Blackburn and Ransom first reiterated the ways that the health center would help alleviate communicable diseases. They then stressed the resulting benefit of social uplift. The memorandum described the Indianapolis African American community as one of low income, of low education, and with limited access to health clinics. It noted, "A special effort should be made to teach them [African American community members] the value of early diagnosis and medical care, and to eliminate the mental fear of hospitals which seem to prevail among quite a percentage of the population."⁸¹ Once again, Flanner House leaders' main goals for the clinic were mentioned after the goals of the white benefactors for the clinic, but for the first time Blackburn and Ransom referred to the skepticism of the African American community towards the predominately white medical profession.

Even after they approached the white community—both locally and nationally—with the idea of a new health center for Indianapolis African Americans, Blackburn and Ransom remained vigilant by frequently writing letters to supporters to make sure that the health center received the proposed funds. In one letter, written by Ransom and sent to Louis Ludlow, an Indianapolis congressman in the U.S. House of Representatives, Ransom employed the same strategies as in earlier fundraising attempts, and also used the racist social climate to his advantage. He began by stating Flanner House's twenty-year history of cooperation with the City Board of Health and followed this observation with a

⁸¹ Ibid.

description of the tough position that Flanner House leaders were in with the State Fire Marshal's condemning the old buildings that Flanner House had used for health clinics, and there being no space that was readily available which could house health clinics for the African American community. Ransom explained that the situation was "made particularly urgent" because of the "increase of venereal disease in this area due to war." He continued, asking Ludlow to speak to the administrator of the Federal Works Agency about the health program and reiterating the "critical war needs from the standpoint of venereal disease control."⁸² Ransom had identified an effective way to ask for federal funding: connecting the health center to World War Two's effects at home.

Securing the amount of money that a new health center would require was no easy feat, especially since the money was going to a health center to be used by African Americans. Ransom acknowledged that fact and wrote his letter accordingly. First, he mentioned the critical community need and the undeniable predicament Flanner House faced without a building. Ransom then termed this already critical situation "urgent" due to the outbreak of venereal disease, and, since it was 1944, blamed the war for the problem and implied that soldiers were not receiving quality medical care. Finally, Flanner House's plan to obtain a large amount of funding from the Federal Works Agency was found in the last sentence of Ransom's letter, when he linked venereal disease control to "critical war needs" in Indianapolis. While addressing venereal disease was not first in Flanner House's black leaders' goals for the new clinic, it was stated first in their request for funding from the government and white philanthropists for a black health center.

⁸² Ibid.

Despite arguments that likely appealed to whites, a major hiccup almost sidelined the entire project. The U.S. Public Health Service decided the amount of money that Flanner House asked for to build the health center was too extravagant for a clinic which would focus on venereal disease and tuberculosis. Ransom, writing to the U.S. Public Health Service, fumed, “You can imagine my surprise, however, to learn suddenly ... that the request being processed is for a \$50,000 health clinic, instead of the \$131,000 project originally planned by the city Board of Health and approved by you.”⁸³ He described the way the project met a critical health problem and how the budget cut would make the project “virtually worthless in meeting the community need.”⁸⁴ Flanner House found itself in a predicament. In a negotiating process described by Leslie Brown, its leaders “had to induce goodwill and appeal to whites’ humanitarianism, and even then, they could never be grateful enough. They could ill afford for whites to infer discontent or insult on their part, so easily done with a single, indelicate step.”⁸⁵ Ransom ended the letter by pleading that the final decision about funding not be made in haste. He repeated the urgency of the situation, and sought compassion for a community of people who could literally not afford to help themselves.

Dr. Cameron, from the U.S. Public Health Service, replied a week later and simply explained that when they reviewed the plans for the Indianapolis health center, the U.S. Public Health Service decided that “there is an excessive amount of wasted space in the building which could be eliminated without any reduction in the functional usefulness

⁸³ “Letter from F.B. Ransom to Dr. Don S. Cameron, Director of U.S. Public Health Services,” August 15, 1944, HNMP.

⁸⁴ Ibid.

⁸⁵ Brown, *Upbuilding Black Durham*, 152.

of this building.”⁸⁶ The wasted space did not have any role to play in the fight against venereal disease and tuberculosis. But for Blackburn, Ransom, and others fighting for the clinic, that space had a major role: it was for an auditorium where all health education would take place.

The day before they received Dr. Cameron’s letter, members of Flanner House’s Special Committee on Health met at the Central YMCA. At the August 21st meeting, the committee discussed the reduced funding due to the U.S. Public Health Service’s “turning hands down on the auditorium.”⁸⁷ Blackburn, who, as director of Flanner House had been the middleman between white donors, a mostly white board, and the African Americans whom Flanner House served, acknowledged the situation and noted that space for the auditorium might be secured by saying that health center staff would use the auditorium for mass clinics.⁸⁸ A committee member explained, “The real value will be for health education but the U.S. Health Services are not particularly interested in health education at this point. The idea is whether we stick to our guns or modify our plans.”⁸⁹ The committee members decided that they would keep to the original plan, the one that declared the need for a \$131,000 health center. As F.B. Ransom concluded, “If we accept just the bare essentials of the clinic it will mean for all time to come that is all we will have.”⁹⁰ Flanner House’s Special Committee on Health could not concede education when education was the health center’s true purpose.

⁸⁶ “Letter from Dr. Don S. Cameron, Director of U.S. Public Health Services, to F.B. Ransom,” August 22, 1944, HNMP.

⁸⁷ “Minutes of Meeting of Special Committee on Health,” August 21, 1944, HNMP.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

With his experience as an intermediary between whites and blacks, Cleo Blackburn saw that drawing such a line in the sand could result in a stalemate, much to the detriment of the black community. One of the most revealing statements about the relationship between black organizations and white funding was articulated by Blackburn at the Special Committee meeting. After the Committee decided that it would stay the course for the health center that the black community needed, Blackburn stated three strategies that Flanner House had to utilize from that point forward. He explained:

1. We must work out and retain our working relationship with the City Board of Health.
2. We must be sure they are going to stay hitched.
3. We must be careful not to make any scars which will jeopardize future relationships.⁹¹

For Flanner House's medical center to succeed, it would have to have the support of the City Board of Health, support that waxed and waned even though a health center was obviously needed in the Indianapolis African American community. Here, Blackburn, a man considered by many then and now to be deeply conservative and traditional, revealed the motives behind many of the decisions he would make as director.

Blackburn's reaction to this situation showed much more about black settlement houses and white funding than just the precarious position in which black settlement houses found themselves. Pierce has contended that Flanner House and Cleo Blackburn were conservative and attributed the conservatism to financial support coming primarily from white benefactors and donors. Pierce argued that "Blackburn made a conscious decision to avoid any issue that was overtly political," and further clarified Flanner House's position in Indianapolis society when he described the settlement house as being

⁹¹ Ibid.

“widely accepted” by whites in the community as the “sole voice for black concerns.”⁹²

Whites, for their part, distanced themselves from controversial groups and policies.

Because of this arrangement (whether agreed upon or not), Blackburn had to remain inside conservative limits. Pierce’s interpretation is confirmed by Indianapolis historian Emma Lou Thornbrough when she described Blackburn as needing to retain the support of the “ultra-conservative” white members of the Flanner House board.⁹³ Blackburn, in his position as director, understood that stepping outside of traditional boundaries could have led to the decrease in financial support, which Flanner House and the Morgan Health Center could not risk.

Blackburn’s decision fits with a larger phenomenon in the history of black settlement houses. Historian Judith Ann Trolander stated that the presence of support from community chests or community funds determined whether settlement houses were actively involved in any type of political activity.⁹⁴ She argued that when issues arose that had to do with economics in settlement houses that were primarily supported by community chests, the decision and attitude of the director usually were determined by whether the main financial backer supported or rejected the issue.⁹⁵ For her part, Crocker observed that by the 1920s, community chest contributions “amounted to \$15,020 out of Flanner House’s annual budget of \$17,712.”⁹⁶ Settlement houses, like Flanner House, that received the majority of their funding from community funds rarely challenged the status quo and remained largely inactive in social action. Similar to Pierce, Crocker stated

⁹² Pierce, *Polite Protest*, 89.

⁹³ Thornbrough, *Indiana Blacks in the Twentieth Century*, 166.

⁹⁴ Judith Ann Trolander, *Settlement Houses and the Great Depression* (Detroit: Wayne State University Press, 1975), 10.

⁹⁵ Trolander, *Settlement Houses and the Great Depression*, 10.

⁹⁶ Crocker, *Social Work and Social Order*, 84.

that while community chest funding allowed for the viability of Flanner House, it also ensured that Flanner House's activities resided within the parameters of the community chest's conservative beliefs.⁹⁷ This idea of conservatism being promoted by community chests is substantiated by Trolander, who found that the conservatism imposed by community chests impeded agencies' programs and involvement with political or controversial issues.⁹⁸ Jane Addams, a progressive who had established Hull House in Chicago, refused financial support from community chest organizations, claiming that community chests would make Hull House "lose its individuality" along with its "right to guide its own destiny."⁹⁹ Community chests, although providing for financial security, imposed limitations on the actions of settlement houses.

With its connection to the Indianapolis Foundation, Flanner House was in a similar position to that of the Phyllis Wheatley Settlement House in Minneapolis. The Phyllis Wheatley Settlement House, as described by historian Michiko Hase, received most—90%—of its budget from the Community Fund of Minneapolis.¹⁰⁰ The board for the Phyllis Wheatley Settlement House was ruled completely by whites who asserted social control through running the institution; many blacks perceived the House to be designed by whites in order to maintain segregation and racism. Crocker described Flanner House in much of the same way, as Flanner House received just under 85% of its financial support from community chest and community fund contributions and had a board that was partially made up of powerful white people seeking social control.¹⁰¹

⁹⁷ Ibid.

⁹⁸ Trolander, *Settlement Houses and the Great Depression*, 55.

⁹⁹ Ibid., 57.

¹⁰⁰ Hase, "W. Gertrude Brown's Struggle for Racial Justice," 176.

¹⁰¹ Crocker, *Social Work and Social Order*, 84.

Blackburn definitely understood the conservative limits in which Flanner House existed as well as how to operate in racially charged Indianapolis. He knew Flanner House needed financial support and just how easily the funds could dissipate. As director, Blackburn had to make sure that Flanner House's funding remained secure, or it could be the end not only of the fledgling health center, but of Flanner House itself.

On August 29, 1944, Ransom sent another letter to Flanner House's powerful supporter in the U.S. House of Representatives, Democrat Louis Ludlow. Ransom addressed the budget cut and the need for extra space for the auditorium, and proved his skill in managing this delicate area. Ransom, instead of explaining the needs and desires of the African American community, emphasized the stipulations of the Indianapolis Foundation. The Indianapolis Foundation had pledged \$7,500 a year for the development of the medical center, but, as Ransom noted, the Indianapolis Foundation's support was contingent "upon getting the complete and enlarged program rather than the modified program suggested by the Chicago officials."¹⁰² By mid-September, Flanner House leaders had not heard from the Federal Works Agency and the health center's future remained undecided. Even with the correspondence between Ludlow and Ransom, the process was slow. Ransom and Blackburn continued their plan by contacting the U.S. Children's Bureau in Washington, D.C., in order to consult with acclaimed physicians and procure a physician for the health center when it opened. All the while they may have wondered if they, the leaders of a black organization, had pushed white philanthropists too far.

¹⁰² "Letter from Cleo Blackburn to Louis Ludlow, House of Representatives," August 29, 1944, HNMP.

Flanner House received a letter typed on the stationery of the Committee of Appropriations of the United States House of Representatives on October 25, 1944, containing the news that Ransom and Blackburn had hoped to receive.¹⁰³ The Federal Works Agency decided to fund Flanner House's new medical center as one of nine state projects approved nationally, a statement made even more remarkable since it was regarding a black project. Notable, however, was the title for the appropriations: "The following projects are for construction of facilities in war impacted areas."¹⁰⁴ Ransom, by linking the health center to venereal disease and venereal disease to war, had gained \$74,624 in federal funding for a black health center. This money, combined with the \$56,376 pledged from the Indiana Board of Health, gave Flanner House a budget of \$131,000 to build and operate a medical clinic that was up to code. It did not take long for Ransom and Blackburn to acknowledge that the happiness and sense of accomplishment were marred by the white control that accompanied the funds.

With the money in hand, Blackburn turned his full attention to the U.S. Children's Bureau and Dr. Walter H. Maddux.¹⁰⁵ Maddux was a physician for the Bureau and helped the Children's Bureau establish maternal and well-baby clinics in the South for both black and white women.¹⁰⁶ Blackburn saw Maddux as the perfect candidate for getting

¹⁰³ "Letter from E.M. Pillen, Secretary to Louis Ludlow, to F.B. Ransom," October 25, 1944, HNMP.

¹⁰⁴ Ibid.

¹⁰⁵ Walter H. Maddux Collection, 1915-1986, Indianapolis: Indiana Historical Society, Collection #M0510, Collection Guide. Walter Henry Maddux (1892 to 1978) was born in Kansas City, Kansas. After serving in WWI, he attended the University of Kansas at Lawrence and the University of Chicago. He began his medical career in Missouri, worked from 1930 to 1933 in Chicago, and then worked on behalf of the U.S. Children's Bureau in the South, where he conducted clinics on child care and maternal health. Blackburn and Ransom hired Maddux in 1946 to run the Morgan Health Center; Maddux remained at the Center for the rest of his career—35 years. In 1975, the Indiana State Medical Association honored Maddux for his outstanding service to the Indianapolis community.

¹⁰⁶ Elizabeth Fee, Theodore M. Brown, and Roxanne L. Beatty, "A Well Baby Clinic in Indianapolis," *American Journal of Public Health* 93 no. 2 (February 2003): 271.

the new health center “off on a smooth and sure footing.”¹⁰⁷ Maddux could advocate for public health awareness in Indianapolis by creating relationships with both public and private agencies. Further, as an African American physician, he could work with black and white physicians to achieve a working partnership. Blackburn presented to Maddux the same plan that he had explained to the members of the Special Committee on Health, and the same strategy that black organizations historically have had to take with white funding. When it came to the City Board of Health, Flanner House had to maintain a working relationship and make sure that, in Blackburn’s words, “they [the City Board of Health] were going to stay hitched” and continue to provide financial support for the health center.

Correspondence between Blackburn and Maddux revealed, once again, the relationship between white funders and black organizations, a relationship that was made up of pushing and pulling and compromises. Ransom and Blackburn had achieved their goal of raising \$131,000 for a new medical center. They stressed the centrality of communicable diseases—a cause that white philanthropists and organizations deemed worthy of massive financing. Now that the funding was in hand, Ransom and Blackburn had to work with a medical center that, outwardly, was dedicated to the eradication of venereal disease. Accepting white financial assistance had assisted the black community by allowing for the construction of a medical center that met high standards. It had also tied black leaders’ hands in the decision-making process.

Dr. Maddux, writing from Meharry Medical College in Nashville, Tennessee, assured Blackburn that he was honored that Flanner House wanted him to come to

¹⁰⁷ “Letter from Dr. Walter H. Maddux to Cleo Blackburn,” November 17, 1944, HNMP.

Indianapolis and assist in the opening of the new health center for African Americans. He observed that the plans for the center were impressive when it came to venereal disease and tuberculosis, but wondered why more space was not projected in the plan for maternity and child care, since both maternity and child care offered many health and educational opportunities for the black community.¹⁰⁸ Maddux's boss, Katherine F. Lenroot, chief of the U.S. Children's Bureau and in charge of placement of Children's Bureau's physicians, like Dr. Maddux, also expressed concern about whether the new health center provided enough resources and space to fully allow for Dr. Maddux's health education and demonstrations.¹⁰⁹ Because of the control held by federal agencies, white philanthropists, and white organizations that had supplied the funds, it increasingly seemed as if Ransom and Blackburn would not be able to provide the medical services—services in which Dr. Maddux and the U.S. Children's Bureau excelled—to the Indianapolis African American community.

Blackburn assured Maddux that his (Blackburn's) own interests strongly coincided with those of Maddux. He then explained that, because the health center had to meet stipulations of the U.S. Public Health authorities and secure Federal Works Agency funds, both of whose interests were "chiefly in the field of venereal disease control," Flanner House leaders had to "make compromises indicated in the blueprints."¹¹⁰ Blackburn once again described the liabilities faced by being a black organization supported by white funding. As he and the Special Committee on Health did after finding out in late August that the health center's budget had been cut by more than half,

¹⁰⁸ "Letter from Dr. Walter H. Maddux to Cleo Blackburn," November 17, 1944, HNMP.

¹⁰⁹ "Katherine F. Lenroot, chief of U.S. Children's Bureau, to Cleo Blackburn," November 20, 1944, HNMP.

¹¹⁰ "Letter from Cleo Blackburn to Dr. Walter H. Maddux," November 22, 1944, HNMP.

Blackburn assured Maddux that Flanner House was back at the drawing board figuring out ways that the services which both the U.S. Children's Bureau and Flanner House leaders wanted to provide could be configured into the medical center. Blackburn ended his letter saying that he did not know if the "public health authorities" would "relax their traditional standards," but Flanner House leaders were "going to make every effort in that regard."¹¹¹ Once again, Blackburn and Ransom succeeded because of their knowledge of how to work the system. A pre-natal and well-baby clinic was added to the new health center because venereal diseases often led to dangerous pregnancies and complications.

The U.S. Children's Bureau ultimately assigned Dr. Maddux to Flanner House's health clinic and, with his help, on February 24, 1947, the Herman G. Morgan Health Center was opened.¹¹² The Center offered programs to address health education, prenatal care, maternal health, infant care, child care, nutrition, mental hygiene, dental care, tuberculosis, venereal disease, adult health, special medical services, social services, and industrial hygiene.¹¹³ The Morgan Health Center had an advisory board which oversaw the Center's health endeavors; nutrition, mental hygiene, dental care, tuberculosis, and venereal disease each had separate subcommittees along with a general advisory board. That nutrition, mental hygiene, and dental care made this list pointed to the perseverance and the ultimate success of Blackburn and Ransom who had fought a three-year battle, first to establish a clinic and then to make it a clinic not focused solely on tuberculosis and venereal disease.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ "Better Health Care, Longer Life is Aim of New Health Center," *Indianapolis Recorder*, 24 February 1947: 1-2. "Morgan Health Center Pamphlet," September 11, 1945, HNMP.

The process of establishing the Morgan Health Center in 1947 is imperative to understanding the interaction between Flanner House, namely Cleo Blackburn, and Planned Parenthood that would take place four years later. Ransom and Blackburn had accomplished what had to have seemed impossible at times: they raised \$131,000 for the creation of a health center for African Americans in Indianapolis. As was true for most black communities during the mid-twentieth century, African American individuals and organizations there did not have the capital to build such a tremendous project and, therefore, had to ask white philanthropists for funding. White funding came at a steep price. The control and decision making power of the project were held by the white groups which had provided the funds. Ransom and Blackburn envisioned a health center focused on health education and preventative medicine for the African American community, but they realized that to get the level of financial appropriations the center needed, they needed to focus the goals of the health center on issues that whites deemed pertinent. The eradication of venereal disease and tuberculosis were causes that white philanthropists were willing to support. Masking their goals for the health center with a focus on venereal disease and tuberculosis, however, at times threatened to ruin the impact black leaders envisioned for the center. It cannot be doubted that Ransom and Blackburn—especially Blackburn since he was the Flanner House director—acknowledged the precarious position. Paid for by white philanthropists, the Morgan Health Center served both its African American patients' health problems and its white donors' agendas.

As shown by the interaction between Dr. Maddux of the U.S. Children's Bureau and Blackburn, the Morgan Health Center's funding centered on venereal disease, and, as

made clear by Blackburn, continual funding centered on the focus remaining there. The Morgan Health Center altered its original plans to make room for Dr. Maddux and a maternity and well-baby clinic, but even this modification was due to a link between communicable diseases and unhealthy pregnancies and babies as a result to exposure to sexually transmitted diseases. It is possible that, if Flanner House leadership had chosen to, birth control could have been cast in the same light by supporting that women who suffered from either venereal disease or tuberculosis should not have children until they were healthy or cured, but that did not happen. Birth control, in the 1950s, was still a liability for an organization that survived on funding from conservative white individuals and organizations.

Perhaps most importantly was Flanner House's relationship to both the Indianapolis Foundation and the United Fund.¹¹⁴ Planned Parenthood had tried to gain the support of public charitable funds beginning in the early 1930s, but was unsuccessful.¹¹⁵ In 1951, the year that Planned Parenthood approached Flanner House about installing a clinic at the Morgan Health Center, the United Fund had declined Planned Parenthood's application to join.¹¹⁶ The racialized social environment of Indianapolis in the mid-twentieth century created an environment in which Flanner House was already in a disadvantageous position due to being a black organization. Blackburn, in declining Planned Parenthood's proposition of establishing a clinic at the Morgan Health Center, made what was probably a simple decision. If Flanner House and the Morgan Health Center's main financial backers did not support Planned Parenthood, then allowing a

¹¹⁴ Crocker, *Social Work and Social Order*, 82.

¹¹⁵ Carrie Louise Sorenson, "'One of the Proudest Achievements': Organized Birth Control in Indiana, 1870s to 1950s" (Master's thesis, Indiana University Purdue University Indianapolis, 2006), 70.

¹¹⁶ Sorenson, "'One of the Proudest Achievements'," 88.

birth control clinic at the Center could prove a problematic, if not terminal, decision.

After the long fought battle to get the Morgan Health Center, Cleo Blackburn could not let that happen.

Chapter 2: “Making an Issue of it Might do More Harm than Good”:

Indianapolis Black Leaders’ Assessment of the Risks of Promoting Birth Control

The creation of the Morgan Health Center was the result of Flanner House leaders Cleo Blackburn and F.B. Ransom’s demonstrating a method best understood as a workable consensus. This term described the position that African American leaders of Flanner House found themselves in: as a result of financial need, the black settlement house was in a disadvantaged position where accepting funding from white benefactors and philanthropic organizations limited the agency and decision-making of black leaders while, at the same time, allowed for the settlement house to survive. The Flanner House board, made up partially of white Indianapolis community members, and Flanner House’s main financial backers, the Indianapolis Foundation and United Fund, were conservative in nature and mandated that Flanner House programs remain inside the conservative boundaries they imposed—with the unspoken threat being that if Flanner House stepped outside of those limits, funding would be removed and the settlement house could be forced to close. Blackburn and Ransom, in their 1944-1947 campaign to create a new health center for Indianapolis African Americans, had worked within this system and successfully established for the black community the Morgan Health Center, an impressive health clinic that operated within the City Board of Health’s public health approach and focused on venereal disease, tuberculosis, *and* health education.

The Morgan Health Center’s focus on venereal disease and tuberculosis revealed the way that Blackburn and Ransom complied with the white community’s visions and goals for the direction of the clinic. Flanner House leaders envisioned the health center as focusing on preventative health through education for the Indianapolis African American

community that it would serve. When Blackburn and Ransom began to raise funds for the clinic, however, it became clear that the only issue that white funders deemed important or worthy of financing was control of venereal disease and tuberculosis. Blackburn and Ransom found themselves in a predicament with the future of the health center caught between black leaders' ideas about what was important for their own community and white people's ideas about what was important for the black community. Blackburn and Ransom's eventual success in creating the Morgan Health Center and establishing a clinic that did not focus solely on venereal disease and tuberculosis showed the knowledge and abilities that the African American leaders had to have in order to work within the racialized social climate of mid-twentieth-century Indianapolis.

Blackburn and Ransom, between 1944 and 1947, had worked hard to convince the Indianapolis white community and white people at the national level that black health care was something that they should care about. The Flanner House leaders had written letters to their U.S. Representative, the U.S. Children's Bureau, and the City Board of Health, explaining the dire need that Indianapolis African Americans found themselves in as regards to health. By 1947, Blackburn and Ransom had achieved success. But the conservative limitations that had been imposed on the health center when it was still in its planning stages were not removed once the Morgan Health Center was operational. Instead, white organizations and philanthropists who had provided funding for the center remained in control of the services the Morgan Health Center could provide to the African American community. Cleo Blackburn, who as director of Flanner House provided the face of the decision making power for the Morgan Health Center, had to

operate within the conservative limits set by the Flanner House board and financial backers.

The Morgan Health Center came into existence because of funds provided by white people who did not care about the health of African Americans but were willing to contribute to curtailing the spread of diseases that they saw as related to the black community. Beginning in 1947, however, another white-led Indianapolis organization began working towards improving the overall health of African Americans in Indianapolis. The Planned Parenthood Association of Central Indiana believed that all women should have access to birth control as a tool to improve their health and the health of their offspring and sought to expand its program into the Indianapolis African American community. When leaders of Planned Parenthood approached Blackburn about establishing a birth control clinic at the Morgan Health Center, Blackburn turned their proposition down. Upon first consideration, it may seem inconsistent that Blackburn, who had recently had to convince white people to care about black health, would reject the help offered by a white organization that expressed concern about the health of African Americans. The interaction between Planned Parenthood and Cleo Blackburn in 1951 reveals much about the complicated structures of power in mid-twentieth century Indianapolis. Although Planned Parenthood was a white organization composed of affluent white women from Indianapolis society, birth control was too controversial for the Flanner House board to support. Creating a partnership with Planned Parenthood would have been a liability for the Morgan Health Center because of the views of its white financial backers. To turn down the help of an organization that offered birth

control to improve the health of the people whom the Morgan Health Center served likely protected the future—financially and otherwise—of the Center.

Flanner House leaders would have been aware of the complex history African Americans had with birth control. On the one hand, this was a negative history, with stories of forced reproductive control enacted on unsuspecting black women by whites who wished to curtail the African American population. On the other hand, as early as 1932, white birth control leaders had sought to persuade the black community to revise its views with an issue of the *Birth Control Review* dedicated to African American readers. This issue included articles written by African American leaders such as W.E.B. Du Bois who described the ways that the black community could benefit from birth control use. In many ways, the benefits of birth control that Planned Parenthood wanted to bring to the African American community and the ways that Blackburn and Ransom saw the Morgan Health Center as improving the lives of Indianapolis African Americans directly aligned with each other. The similar goals for the improved health shared by Planned Parenthood and the Morgan Health Center led to Planned Parenthood's envisioning the Morgan Health Center as a place that would be supportive of providing birth control.

The *Birth Control Review* issue that was released specifically for African Americans contended that the state of poverty and degradation that African Americans had to face every day as a result of racism was compounded by the high fertility of the race.¹¹⁷ George Schuyler reflected on this premise in his article, "Quantity or Quality." He argued that the African American need for birth control was apparent: the black death

¹¹⁷ George Schuyler, "Quantity or Quality," *Birth Control Review* (June 1932), 163. S.J. Holmes came to the same conclusions in his article, "The Negro Birth Rate," found later in the issue.

rate, rate of blacks who suffered from tuberculosis, and number of still births and child deaths that African Americans experienced were all higher than what whites experienced.¹¹⁸ According to Schuyler, the only thing that African Americans experienced at a lower rate than whites was life expectancy—a full ten years below white Americans.¹¹⁹ Birth control would improve the lives of African Americans because having fewer children would allow black families who dealt with poverty to improve the social and physical wellbeing of the children they already had. The central idea of Schuyler’s article was found in the title. He wanted to convince African American readers that it was fallacious to think that the black population would increase only if more and more African American babies were born. Instead, he argued that scientific birth control would help increase the black population because even though fewer children would be born, more would survive.

W.E.B. Du Bois, in his article, “Black Folk and Birth Control,” supported Schuyler’s argument about quality over quantity and stated his belief that African Americans needed health education classes to teach them about birth control. Du Bois asserted that among the black population, many “mis-apprehensions” and a “great deal of fear” existed at the mention of birth control because of past white efforts of reproductive control.¹²⁰ According to Du Bois, if African Americans were re-educated about birth control, then many African Americans would willingly begin to implement birth control’s use. Using birth control would give black people a chance to improve their standard of living. Young African Americans could get married and then not start a family until they

¹¹⁸ Ibid., 165.

¹¹⁹ Ibid.

¹²⁰ W.E.B Du Bois, “Black Folk and Birth Control,” *Birth Control Review* (June 1932), 167.

were economically able to provide for children, thereby escaping the problem currently encountered by many African Americans where an income reduced by prejudice and large families restrained families from ever moving out of poverty.¹²¹

While Schuyler and Du Bois talked about the economic benefits that African Americans could experience by using birth control, Dr. M.O. Bousfield stated that in order for African Americans to be able to use birth control, birth control should be included in cities' public health programs. Bousfield argued that already existing public health services which pertained to infant welfare and maternal care should be connected to birth control, as the "appalling loss of life" of mothers and children could be significantly decreased by the promotion of scientific birth control by public health systems.¹²² In the article, "Negro Public Health Work Needs Birth Control," Bousfield clarified that birth control was legitimate, ethical, and an important part of preventative medicine.¹²³ To Bousfield, providing birth control would soon become one of the most important ways that black social workers could assist in improving the lives of those whom they helped. The importance of social workers' involvement with birth control was reiterated in Constance Fisher's article, "The Negro Social Worker Evaluates Birth Control," which was found towards the back of the issue. Public health programs needed to realize that birth control was one of the most effective ways to save lives.¹²⁴ The Morgan Health Center, as the main black health clinic within Indianapolis's public health

¹²¹ Du Bois, "Black Folk and Birth Control," 166.

¹²² M.O. Bousfield, "Negro Public Health Works Needs Birth Control," *Birth Control Review* (June 1932), 170.

¹²³ Bousfield, "Negro Public Health Works Needs Birth Control," 171.

¹²⁴ Constance Fischer, "The Negro Social Worker Evaluates Birth Control," *Birth Control Review* (June 1932), 174.

system, was the optimal place where birth control could be implemented to improve the lives of the African American community.

While the *Birth Control Review* was a national publication, Indianapolis's main black newspaper, the *Indianapolis Recorder*, had begun championing birth control by 1945. It may have supported birth control for the Indianapolis African American community for the same reasons orchestrated by the writers for the *Birth Control Review* more than a decade earlier: limiting the number of children born to socio-economically poor black families would both improve the health of mothers and children and increase African Americans' chances to escape from poverty and an endless cycle of poor health. According to the *Indianapolis Recorder*, birth control was one way that African Americans could begin to improve their lives in segregated Indianapolis, a city that made good housing and well-paying jobs difficult commodities for its African American residents to procure. The *Recorder*, like the nationally published *Birth Control Review*, also believed that birth control should be incorporated in the Indianapolis City Board of Health's public health system.

Articles about birth control printed in the *Indianapolis Recorder* in 1945 conveyed three themes: birth control's positive effect on family economics, the physical well-being of African Americans which could result from birth control use, and birth control's connection to public health services. The *Indianapolis Recorder* sought to educate the black community about misconceptions of birth control, namely associated with race suicide (the historically rooted fear held by many African Americans that white offers of birth control were actually intended to reduce the African American population), and stressed the benefits that contraceptives held for African Americans. The attention

that the newspaper paid to discussing race suicide may have been a result of the “mental fear of hospitals” that Blackburn claimed “to prevail among quite a percentage of the population.”¹²⁵ Blackburn and the editors of the *Indianapolis Recorder* saw the value that health education could have for the black community: Blackburn envisioned a health center disseminating information while the editors used the press.

The *Indianapolis Recorder* revealed both sides of the debate between black scholars on the potential effects of birth control so that readers would see that the positive aspects of contraceptive use outweighed the negative. In May of 1945, the *Recorder* featured a response from Edward Peterson to the writings of Dr. Julian H. Lewis. Lewis had just been featured in the *Negro Digest* lamenting how birth control would be the end of African Americans. Lewis’s article, noted as “controversial,” stated that the high death rate of blacks meant that they could not afford to practice birth control.¹²⁶ Lewis concluded that the greatest safety factor that the African American community had in the racist society of the United States was “its high birth rate.”¹²⁷ To Lewis, African Americans needed to protect themselves by steadily increasing the black population.

Edward Peterson, in response, maintained that birth control had never been intended to reduce the birth rate of any given group of people, attempting to separate birth control in the mid-twentieth century from the history of reproductive control that African Americans had experienced. Instead, birth control’s aim was to reduce the large number of babies who were born into the world only to grow up in ignorance, poverty,

¹²⁵ “Letter from F.B Ransom to Louis Ludlow, House of Representatives,” July 6, 1944, HNMP.

¹²⁶ Julian H. Lewis, “Says Birth Control Would be Suicidal for Negro Race,” *Indianapolis Recorder* (28 April 1945): p.9.

¹²⁷ *Ibid.*

and disease.¹²⁸ Peterson examined what he saw as the most fallacious part of Lewis' argument—Lewis' assertion that African Americans' ability at escaping poverty lay in their ability to produce children. Peterson replied to this contention by stating, "Could it not be that the disease rate is due to too many children on too low wages" in "dirty, uncomfortable, shabby, and grimy surroundings?"¹²⁹ Peterson worked to convince black people that contraceptives would not reduce the population so much as increase it, since babies who were born would have a better chance of survival, the same argument that George Schuyler had put forward in the *Birth Control Review*.

As the *Indianapolis Recorder* could not state often enough, birth control would not cause race suicide, but would assist in race building.¹³⁰ A front-page feature in the *Indianapolis Recorder* in July 1945 entitled, "Planned Parenthood for Better Human Beings in Tomorrow's Small World," described the way that the birth control movement had received a special grant to design a program which would be dedicated to improving southern African American lives through birth control.¹³¹ The program included doctors as supervisors, and one goal of the program was to show how birth control should be an integral part of existing health services provided for the public.¹³² The article described the way that the Planned Parenthood Federation of America was focused on clinics run by black doctors and black nurses and used predominately by African American patients. The *Recorder* connected the message of birth control to the issues that public health services typically sponsored, most importantly, tuberculosis and venereal disease. The

¹²⁸ Edward Peterson, "Birth Control," *Indianapolis Recorder* (12 May 1945): p. 10.

¹²⁹ *Ibid.*

¹³⁰ "Planned Parenthood for Better Human Beings in Tomorrow's Small World," *Indianapolis Recorder* (7 July 1945): "Victory Progress Edition," p. 20; "Birth Control Urged to Increase Negro Population in US," (21 July 1945).

¹³¹ "Planned Parenthood for Better Human Beings in Tomorrow's Small World," 20.

¹³² *Ibid.*

article explained that, while not due to any difference between the races (stressed by white racist thought at the time), venereal disease and tuberculosis were 4-5% more prevalent among African Americans than whites.

The Planned Parenthood Federation maintained that the increased prevalence of disease was due to black people being “crowded into city slums” and “other social evils,” both of which were true of Indianapolis’s African Americans who experienced a “lack of decent housing.”¹³³ The article explained that, while birth control would “not cure all the health and economic problems faced” by African Americans, it would “reduce the national death rate by enabling mothers with tuberculosis, heart disease, and other serious ailments to avoid pregnancy.”¹³⁴ Further, birth control would improve maternal health by spacing pregnancies out so that mothers could recover their health between births.¹³⁵ Once again, the theme was the benefits offered by birth control. “Planned parenthood,” in 1945, meant exactly that: enabling parents to have only the number of children that could be cared for (“every child a wanted child”).¹³⁶ Margaret Sanger, leader of the birth control movement, was interviewed by the *Chicago Defender* in 1945. She made the connection between public health and birth control clear when she explained that “planned parenthood” was no different than “x-rays for tuberculosis, penicillin for other maladies, venereal disease control and other health measures”: all were created to improve lives, and all could be used to help African Americans “attain a position of greater strength and security” in the United States.¹³⁷

¹³³ Ibid; Thornbrough, *Indiana Blacks in the Twentieth Century*, 132-133.

¹³⁴ “Planned Parenthood for Better Human Beings in Tomorrow’s Small World,” *Indianapolis Recorder* (7 July 1945): “Victory Progress Edition,” p. 20.

¹³⁵ Ibid.

¹³⁶ Earl Conrad, “American Viewpoint: On U.S. Birth and Bias Control,” *Chicago Defender* (22 September 1945): p. 11.

¹³⁷ Conrad, “American Viewpoint: On U.S. Birth and Bias Control,” 11.

The articles during the 1940s about birth control in the *Indianapolis Recorder* consistently stated the economic and health benefits that could be derived from African Americans using birth control. In this way, they made clear that the acceptable uses for birth control were for improvement of the race and not the sexual pleasure of individuals. Birth control, as advocated by the *Recorder*, was for families. It offered African Americans a facet of control in an era when discrimination and segregation ruled large parts of black lives. The editors of the *Indianapolis Recorder* explicitly supported birth control and believed that birth control should be a part of the public health program offered to African Americans in Indianapolis.

The articles published by the *Indianapolis Recorder* in 1945 about the benefits of birth control educated the African American community, including the leaders of Flanner House, about contraceptive use. The leaders of Planned Parenthood would have likely been aware of both the *Recorder's* birth control coverage in 1945 and the Morgan Health Center's establishment in 1947. They also would have known that the Morgan Health Center had programs for maternal and infant health. Furthermore, it would have been common knowledge that the Morgan Health Center was a part of the Indianapolis City Board of Health's public health program, and the *Indianapolis Recorder* had made the argument that birth control needed to be incorporated into the public health system. Perhaps as a result of the articles published about birth control being added to public health programs that supported maternal and infant health and the creation of a health center especially for African Americans that supported programs for both maternal and infant health, in 1947 Planned Parenthood began to try and establish a presence in the Indianapolis black community.

In the year that the Morgan Health Center was established to provide health care to the Indianapolis African American community, Planned Parenthood changed its mission to: “The services of the clinic are given to both white and colored women.”¹³⁸ Planned Parenthood leaders may have viewed the opening of the Morgan Health Center as the perfect place to establish a birth control clinic that would be easily accessible to African American women, therefore doing the most good for the black community. The actions that they took could have been to show Flanner House leaders that Planned Parenthood cared about African American health, just as Blackburn and Ransom did. Beginning in 1947, Planned Parenthood dedicated itself to promoting African American women’s access to birth control.

Planned Parenthood’s first order of business was to form a committee to focus on educating the African American community about birth control. In February 1947, it formed a “bi-racial committee” that worked with the African American community, instructed black women on forms of birth control, and sought to reassure them that birth control was not provided out of racist intent.¹³⁹ The official purpose of the bi-racial committee was to recruit black patients and spread the word about the benefits of birth control throughout the black community.¹⁴⁰ In April of 1947, Dr. Goodwin, a Planned Parenthood member, reported on the committee, explaining that, “This committee incorporates promotions for new patients, especially colored.”¹⁴¹ By the end of the

¹³⁸ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, December 19, 1946, PPACI.

¹³⁹ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, February 5, 1947, PPACI.

¹⁴⁰ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, March 3, 1947, PPACI.

¹⁴¹ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, April 2, 1947, PPACI.

month, Planned Parenthood had received a few more African American patients, but hoped to be able to help more.¹⁴²

To alleviate the historical fears that existed about reproductive control being imposed by white people on African Americans, Planned Parenthood next added a respected black Indianapolis community member to the bi-racial committee and to the Health Board as a guest. Naomi Thomas, a prominent social worker and advocate of birth control, was nominated at the May meeting, and in September her name appeared in the “members present” section of the minutes.¹⁴³ Planned Parenthood’s decision to incorporate Thomas into its campaign to reach African Americans was similar to the tactic that was used by Blackburn in hiring Maddux to be the main physician at the Morgan Health Center. African Americans were most likely to visit health centers and clinics if the staff was not made up entirely of white people. African Americans on medical staffs assuaged the historical distrust between African Americans and a medical profession that had been primarily white.

Throughout 1947, the bi-racial committee remained focused on educating the black community. It ordered 1,000 public relations pamphlets to give to black patients and to distribute within the African American community.¹⁴⁴ Planned Parenthood met

¹⁴² Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, May 7, 1947, PPACI. In April, although the minutes did not reveal how many were new patients who came to the clinic, the clinic received thirty-one black patients. Black patients made up just over 10% of all women who had used the clinic that month, not nearly as many as Planned Parenthood had hoped to see.

¹⁴³ “1st Woman Vice President of Planned Parenthood from Indianapolis,” *Indianapolis Recorder*, 11 May 1968. Naomi Thomas (Gray) (May 18, 1922 to December 29, 2006) grew up in Indianapolis and earned a degree in social work from Hampton University and a Master’s degree from Indiana University. Thomas joined the Planned Parenthood Federation of America in 1952 and worked as a field consultant until 1961 when she became a field consultant for PPF. In 1968 she became the Federation’s first female vice president. Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, May 29, 1947 and September 17, 1947, PPACI.

¹⁴⁴ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, May 29, 1947, PPACI.

only once between the summer months of June, July, and August; the minutes from this meeting showed the dedication of Planned Parenthood to expanding birth control services to black women because “most of the discussion” focused on bi-racial problems and “how they might best be solved.”¹⁴⁵ At the end of the year, Planned Parenthood had treated more African American patients than in any preceding years, but had not yet been incorporated either into the City Board of Health’s public health program or the Morgan Health Center. It was these two places that could give Planned Parenthood the greatest access into the African American community.

Between 1948 and 1949, Planned Parenthood remained dedicated to expanding into the black community. It continued to distribute informational pamphlets and Naomi Thomas remained on the Medical Health Board. In February of 1948, the clinic treated thirty new patients and almost half—thirteen—were black.¹⁴⁶ In March, the national Planned Parenthood Federation’s review of the Indianapolis clinic “considered it especially good in its bi-racial approach.”¹⁴⁷ Planned Parenthood expanded its efforts in May to reach leaders from “heterogeneous” groups, apparently a term for, based on the groups they visited, predominately African American groups.¹⁴⁸ On May 26 and May 27, 1948, Planned Parenthood staff conversed with social workers from the Central YMCA, doctors and nurses from the public health program at the Morgan Health Center, and ministers from the Phyllis Wheatley YWCA, as well as visited Flanner House.¹⁴⁹ Just less than a year later, “April [1949] had brought sixty new Negro patients, the new Negro

¹⁴⁵ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, September 17, 1947, PPACI.

¹⁴⁶ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, February 11, 1948, PPACI.

¹⁴⁷ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, April 4, 1948, PPACI.

¹⁴⁸ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, May 12, 1948, PPACI.

¹⁴⁹ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, May 12, 1948, PPACI.

patients probably due to educational work among negro groups.”¹⁵⁰ Most important to Planned Parenthood was that a staff member at Flanner House had acknowledged the benefit that birth control could have for the Indianapolis African American community. “Dr. Smith, a temporary pediatrician at Flanner House takes our literature every month, tells of bad situations, thinks literature is not enough, suggests we see Dr. Maddux at Morgan Health Center.”¹⁵¹ Planned Parenthood, after three years of seeking to demonstrate its dedication to improving the health of African Americans, had finally found an opening into Flanner House’s Morgan Health Center if not the City Board of Health’s public health program.

Cleo Blackburn met with members of the Planned Parenthood Medical Advisory Board to discuss Planned Parenthood’s proposition of establishing a birth control clinic at the Morgan Health Center on March 28, 1951. For Planned Parenthood leaders, “integrating” birth control “with the public health program through Flanner House centered around the need of a place to train negro doctors in contraceptive work, as well as meeting the needs of more negro families.”¹⁵² Partnering with Flanner House seemed like the logical answer—both organizations were concerned about the health and welfare of Indianapolis’s African American community. Blackburn, however, declined Planned Parenthood’s proposal of establishing a birth control clinic at the Morgan Health Center, saying that “due to the Catholic influence” that existed on the Flanner House board, “he believes they would not favor including a birth control program in the Morgan Health Center, and that making an issue of it might do more harm than good.”¹⁵³ He then assured

¹⁵⁰ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, June 10, 1949, PPACI.

¹⁵¹ Board of Directors’ Minutes, 1946-1949, Box 1, Folder 1, September 14, 1949, PPACI.

¹⁵² Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, March 26, 1951, PPACI.

¹⁵³ Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, March 28, 1951, PPACI.

the Planned Parenthood members that the Morgan Health Center would “do all it could to advance” Planned Parenthood’s program through referrals, and that “in time it might be received more favorably.”¹⁵⁴ Blackburn—responsible to the conservative white members of the Flanner House board—was either placating Planned Parenthood or subsequently forced to change his mind, for when members tried to drop off informational pamphlets at the Morgan Health Center at a later date, no pamphlets were allowed to be left.¹⁵⁵

Planned Parenthood, an organization that had worked hard to help the African American community, had been denied entry into the one place that Planned Parenthood could have reached the most people; and they had been denied it by one man.¹⁵⁶

Whether or not Blackburn was expressing the real reason for why a birth control clinic could not be established at the Morgan Health Center when he mentioned the dissent of one Catholic Flanner House board member, Indianapolis did have a powerful Catholic population that overtly denounced Planned Parenthood. In November of 1952, Planned Parenthood removed a display at Union Station because of “complaints made by Catholics.”¹⁵⁷ The next year, Planned Parenthood decided to forgo a luncheon speaker on birth control at the State Conference on Social Work and instead proposed to show continuous slide-shows and movies about Planned Parenthood’s work and birth control information on the hotel balcony. The idea of showing slide-shows or movies was turned down by the Board of the State Conference due to “many Catholics being on this Board.”¹⁵⁸ In 1953, Planned Parenthood invited Margaret Sanger to speak at a luncheon

¹⁵⁴ Ibid.

¹⁵⁵ Thornbrough, *Indiana Blacks in the Twentieth Century*, 166; Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, April 11, 1951, PPACI.

¹⁵⁶ F.B. Ransom died in 1947.

¹⁵⁷ Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, November 6, 1952, PPACI.

¹⁵⁸ Board of Directors’ Minutes, 1953-1955, Box 1, Folder 3, September 1953, PPACI.

meeting in Indianapolis, but decided that since birth control's "situation in Indianapolis is delicate enough as it is" only a few interested friends would be invited to the luncheon.¹⁵⁹ Planned Parenthood and Flanner House functioned similarly in the way that each walked a tightrope between advocating for what it believed the community needed (for Planned Parenthood this was birth control and for Flanner House, better health services for African Americans) and not offending powerful white Indianapolis society. Even with Catholic resistance in Indianapolis, Blackburn more than likely turned down the establishment of a birth control clinic because of the sentiments of the Morgan Health Center's main financial backers rather than as a result of the disapproval of a Catholic on the Flanner House board.

Blackburn's response to Planned Parenthood illustrated both the Catholic opposition to birth control, but also a larger issue in the phrase "more harm than good." Blackburn, in his rejection of Planned Parenthood's proposal, revealed that the conservative limits imposed on the Morgan Health Center from its establishment in 1947 still remained in 1951. Even if Blackburn had personally supported birth control and believed it could have improved the lives of the Indianapolis black community, politically he had to contend with the powerful conservative forces that determined the practices of the Morgan Health Center that would not support something as controversial as birth control. Associating with Planned Parenthood, with all its good intentions and similar aspirations to the Morgan Health Center for the improved health of African Americans, was too much of a liability for Flanner House. Blackburn had to look out for the interests of the organization.

¹⁵⁹ Board of Directors' Minutes, 1953-1955, Box 1, Folder 3, September 1953, PPACI.

Birth control was not supported by powerful individuals and organizations in mid-twentieth century Indianapolis. Throughout the period, Planned Parenthood sought to expand into multiple clinics in different parts of the city, but was unable to do so for a multiplicity of reasons. One of the reasons was that some of the donations that Planned Parenthood received were limited as to what programs could be funded. In 1951, Planned Parenthood received a grant from the Lilly Endowment that was “strictly for educational purposes.”¹⁶⁰ Two years later, the Lilly Endowment donated to Planned Parenthood a “gift for restricted funds.”¹⁶¹ Both times, Planned Parenthood sent letters of thanks to the Lilly Endowment but at Lilly’s request, did not make any public announcements about the donations.

Another factor that limited Planned Parenthood was the unwillingness of the United Fund and the Indianapolis Foundation to sponsor Planned Parenthood. While Blackburn may not have known about the Lilly Endowment’s restricted funding to Planned Parenthood, he could have been fully aware that Planned Parenthood remained outside of the United Fund’s and Indianapolis Foundation’s funding. He also would have known that the Morgan Health Center working with Planned Parenthood could have jeopardized the former’s working relationship with the United Fund and the Indianapolis Foundation.

The United Fund and the Indianapolis Foundation were not the only groups that did not support birth control in Indianapolis. The City Board of Health, which directed the Indianapolis public health program, also opposed birth control. Further, Katherine Lenroot from the national Children’s Bureau, with whom Blackburn had worked when

¹⁶⁰ Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, June 13, 1951, PPACI.

¹⁶¹ Board of Directors’ Minutes, 1953-1955, Box 1, Folder 3, January 14, 1953, PPACI.

establishing the Morgan Health Center, was against birth control.¹⁶² Lenroot feared that the already limited funds with which the Children's Bureau was provided would be stretched even further if the Children's Bureau added birth control to its public health program. She thought that including birth control services would jeopardize programs that promoted maternal and child welfare, and, for this reason, adamantly opposed birth control.¹⁶³ Blackburn may have read and been aware of the benefits of birth control presented in the *Indianapolis Recorder*. In his position as the director of an African American health center, adding birth control could have come at the cost of the Morgan Health Center's funding since all the Center's main benefactors opposed birth control.

Despite Blackburn's mention of Catholic opposition to a clinic, the City Board of Health's opposition to birth control would likely have been more important than Catholic sentiment since the City Board of Health had been paramount in establishing the Morgan Health Center and remained connected to its everyday operations. The Morgan Health Center was considered by birth control advocates to be the perfect location for a clinic because the Center was where the City Board of Health operated the Indianapolis public health program for African Americans. Public health and birth control shared a history, but policies varied among states and among counties within states. Public health and city health departments often dispensed birth control supplies and services, but with the absence of a federal birth control policy, birth control distribution was often contingent upon the personal beliefs of the local public health official.¹⁶⁴ In cities that did support

¹⁶² Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 57-58.

¹⁶³ Schoen, *Choice and Coercion*, 58.

¹⁶⁴ Jessie May Rodrigue, "The Afro-American Community and the Birth Control Movement, 1918-1942" (Ph.D diss., University of Massachusetts, 1991), 163-164.

birth control, public health officials believed that birth control was just as essential to women's health as any other medical procedure.¹⁶⁵ Public health officials could legitimize contraceptive use, according to birth control historian, Johanna Schoen, "as long as the program is held on a sound scientific public health and medical basis," which Planned Parenthood did with its staff of Indianapolis physicians.¹⁶⁶ Further, according to Schoen, "the integration of birth control advice into public health programs, officials held, served as evidence of a 'civilized, enlightened and a forward-looking citizenship' that knew to turn to science and medicine to cope with urgent public health need."¹⁶⁷ Birth control, though still controversial, was beginning to be seen as having a strong connection to better health. As a result, support for birth control began to take place even in many conservative spaces, just not in Indianapolis.

George Kempf, director of the Indianapolis City Board of Health, did not support birth control. When Planned Parenthood approached him in 1951 about incorporating birth control into the public health system ran out of the Morgan Health Center, Kempf asserted that "such a clinic" could not be placed at the Morgan Health Center or indeed any public health center in Indianapolis.¹⁶⁸ Kempf and the City Board of Health's decision regarding birth control directly influenced Blackburn's own decision. According to Blackburn, Flanner House and the City Board of Health enjoyed a "wholesome working relationship" that had "developed over a number of years."¹⁶⁹ Although Blackburn stated that the relationship between Flanner House and the City Board of

¹⁶⁵ Schoen, *Choice and Coercion*, 37.

¹⁶⁶ *Ibid.*

¹⁶⁷ *Ibid.*, 37-38.

¹⁶⁸ Board of Directors' Minutes, 1950-1952, Box 1, Folder 2, March 28, 1951, PPACI.

¹⁶⁹ "Letter from Cleo Blackburn to Katherine Lenroot at the U.S. Children's Bureau," February 17, 1945, HNMP.

Health was a “mutual undertaking,” being a black settlement house made Flanner House much more dependent on the City Board of Health than the other way around.¹⁷⁰ Further, Blackburn had clarified Flanner House’s reliance on the City Board of Health when he had stated that Flanner House needed to retain its relationship with the City Board of Health, make sure the relationship was maintained, and, most importantly, that Flanner House “must be careful not to make any scars which will jeopardize future relationships.”¹⁷¹ Blackburn, taking his own advice, denied the establishment of a birth control clinic at the Morgan Health Center in order to retain Flanner House’s alliance with the City Board of Health.

The U.S. Children’s Bureau was another organization that had contributed greatly to the establishment of the Morgan Health Center and maintained a say in the Center’s actions through its federal funding and placement of Walter Maddux, a physician on loan from the Children’s Bureau, at the Morgan Health Center. Lenroot, whom Blackburn had to convince in 1944 that the Morgan Health Center would treat more than venereal disease and tuberculosis, held the decision making power in appointing physicians to medical centers and allotting funds. She was also publicly anti-birth control. According to historian Johanna Schoen, the U.S. Children’s Bureau opposed state-supported birth control and Lenroot, as the director, would cut funding for infant and maternal programs that gave out birth control advice and remove federal funds completely if states incorporated birth control into state-supported public health clinics.¹⁷² For the Morgan Health Center, the Children’s Bureau provided funding, and more importantly, controlled

¹⁷⁰ Ibid.

¹⁷¹ “Minutes of Meeting of Special Committee on Health,” August 21, 1944, HNMP.

¹⁷² Schoen, *Choice and Coercion*, 56-57.

Maddux, the African American physician whose position Blackburn saw as paramount to convincing black Indianapolis community members to trust in and utilize medical services. Adding birth control to the Morgan Health Center, then, would have risked the Center's funding from the Children's Bureau and risked the future of the Center's most important physician. Blackburn had worked hard to get Maddux appointed to the Morgan Health Center. He would not have jeopardized the future of the Center by adding birth control and losing Maddux.

While Blackburn may have valued the relationship between the U.S. Children's Bureau and the Morgan Health Center because the Center needed Maddux to be successful, Blackburn valued the relationship between the Morgan Health Center and the Indianapolis Foundation and the United Fund because of financial reasons. The two not-for-profits were the largest funders for the Center. Blackburn had championed the importance of the Indianapolis Foundation and United Fund when establishing the Morgan Health Center and announced that their continued assistance was paramount to the future of the Center. Planned Parenthood had begun applying to the United Fund in 1950 and been denied funding every year. In 1959, Helen McCalment, Planned Parenthood's executive director, was presented with the reason why the United Fund annually dismissed Planned Parenthood's request when a United Fund member revealed to her that the Archbishop of the Indianapolis Catholic church had been consulted about the United Fund's sponsoring Planned Parenthood, and the Archbishop had replied that "he of course had no choice but to again threaten to withdraw all the Catholic agencies if [Planned Parenthood] were admitted."¹⁷³ This letter confirmed the logic in Blackburn's

¹⁷³ "Correspondence Regarding United Fund," 1957-1970, Box 5, Folder 2, August 20, 1959, PPACI.

decision to not allow a birth control clinic to be established at the Morgan Health Center. Maybe the Catholic on the Flanner House board would have voted against birth control, but cooperating with Planned Parenthood would most definitely have called the relationship between the United Fund and the Morgan Health Center into question, since the United Fund could not support any organization that supported birth control. For its part, the Indianapolis Foundation would not begin to support Planned Parenthood until 1966.¹⁷⁴ With the Morgan Health Center's dependence on the United Fund and the Indianapolis Foundation, Blackburn may have determined it more prudent to not associate with organizations that they did not support, instead of risk losing the Morgan Health Center's funding.

Although many scholars have maintained that black opposition to birth control developed out of concern over race suicide, the case of Indianapolis presents a case where African American leaders did not support birth control because white conservative funders did not support birth control. In 1951, Blackburn refused the help of a white-led organization that promoted the health of the Indianapolis African American community after he had spent three years convincing white people that a health center should be created for African Americans. In the mid-twentieth century, Planned Parenthood and birth control were too much of a liability for a black organization to partner with. Adding birth control would have risked the relationship between Flanner House and the City Board of Health, the future of Walter Maddux at the Morgan Health Center, and the ongoing funding needed from the United Fund and the Indianapolis Foundation.

¹⁷⁴ Grant Requests, 1924-1986: Planned Parenthood Association, 1928-1984, Box 70, Folder 19, March 21, 1973, Indianapolis Foundation Records.

Although birth control could have benefitted the black community in the ways that the *Indianapolis Recorder* had identified, the Morgan Health Center was not in a position to step outside of the strict limitations imposed by conservative white benefactors and funders, and as a result the Center could not work with Planned Parenthood. In 1951, Blackburn had to consider the future of the Morgan Health Center and make the decision that would benefit the African American community the most. We may never know whether Blackburn thought it more strategic to blame Catholics than white funders, but Blackburn clearly weighed the benefits and consequences of Planned Parenthood's proposal and likely realized that for the Morgan Health Center to continue to thrive, a birth control clinic could not be established for Indianapolis African Americans.

Conclusion: “Even Though We Heartily Disagree with Them, We Understand Them”:

Operating within the Structures of Power in Indianapolis Society

Examining the encounter between the leadership of Planned Parenthood of Central Indiana and Cleo Blackburn from Flanner House about whether to establish a birth control clinic at the Morgan Health Center reveals much about 1950s Indianapolis, responses to the mid-twentieth century American birth control movement, and the challenges facing black settlement houses. Race, religion, and the history of reproductive control were the factors that came to mind when this project first developed, but subsequent research revealed that the factors that most impacted Planned Parenthood and Blackburn’s interaction, and especially Blackburn’s final decision, had much more to do with race and control—but not reproductive control—than with religion. Race, when thinking about birth control and black access to it, is usually thought of in a context that relates it to the history of white reproductive control of African Americans. When race is considered with respect to birth control and black access to birth control in 1951 Indianapolis though, the way that race played out had little to do with white control over black women’s reproductive capacity.

Instead, race impacted Indianapolis African Americans because of white control over the decision making power affecting the establishment of a birth control clinic in the African American community. This power was formed from whites’ funding black institutions, such as Flanner House and the Morgan Health Center. Indianapolis, then, offers a distinct perspective on the history of the birth control movement in regards to African American access to birth control in the mid-twentieth century. White control,

although taking a different form and created mainly through donated funds, still influenced African American's reproductive decisions and capacities.

The scholarship about birth control and African American women's access to birth control usually falls into two categories: one that could be labeled "success stories" and the other "failure stories." In the success stories category, African American women willingly got involved with the birth control movement as patients receiving birth control, volunteers staffing birth control clinics, or as leaders shaping the efforts of birth control clinics. In this analysis, black women actively pursued birth control and worked to increase the availability of and access to contraceptives for other women. The other category, failure stories, takes a decidedly different stance to blacks' response to birth control. In this narrative, African American women denounced birth control use and viewed birth control as a tool of white racism that worked to decrease the black population. The failure stories are based on the concept of race suicide and the history of reproductive control that whites had exerted over black Americans since the time of slavery. Combined, these historiographies subsequently produce one train of thought about African American women and birth control: either African American women supported birth control or they denounced it—and their views shaped the black communities' access to contraception.

The experience of Planned Parenthood of Central Indiana in 1951 does not support the success story/failure story dichotomy. Indianapolis African Americans did not have a unified viewpoint about birth control that was evident in existing documents or newspapers. Planned Parenthood received black patients who came of their own volition to procure contraceptives and contraceptive information, but its records reveal a limited

number of African American patients and not the large number of black women desiring birth control that was presented in the success story portion of the historiography. The *Indianapolis Recorder*, which was the main newspaper for African Americans, supported birth control and the benefits that birth control could bring to the black community. It also explicitly rejected the idea of race suicide and promoted birth control as an opportunity for racial betterment for black people.

Still, even though the Indianapolis birth control movement seemed to favor the success stories narrative in regards to the fact that it showed more of a positive and accepting sentiment towards birth control by the black community, no birth control clinic targeting African Americans was established in 1951. The failure of Planned Parenthood to create this clinic reveals that, regarding African Americans and birth control, there is more to the story than just the success or failure narrative. It also demonstrates that African Americans' perspectives about birth control were not the only, or even the most important, factor when it came to deciding if a birth control clinic would be created or not. Instead, a system of power existed, not explained in either the success or failure story narratives, which influenced decisions about black women's access to birth control.

To understand why Planned Parenthood was unsuccessful in creating a birth control clinic for Indianapolis African Americans in 1951, the relationship between black settlement houses and white pre-Civil Rights society must be recognized. This relationship was one of power and control. In a settlement house with limited autonomy, such as Flanner House, the board of directors consisted mostly or entirely of white people, the people in leadership positions were primarily white, and the decisions for the community that the settlement house served were made by people who did not belong to

the black community. These black settlement houses, since they did not have sufficient financial support available from the black community, had to secure funds from white philanthropists and organizations. As a result, African American leaders of settlement houses had to accept funds from white philanthropists, all the while realizing that accepting these funds enabled white philanthropists, instead of African American leaders, to make decisions and determine the policies of black settlement houses.

For African American leaders, there was really never a choice of whether or not to accept white funding, since without funding the settlement house would close. Because of this situation, African American leaders accepted white money knowing full well the stipulations that were attached to that money. This relationship between white control and black autonomy was viewed by African American leaders as providing both limitations and opportunities.

By the mid-twentieth century, if not before, black leaders in Indianapolis had learned to work within the limitations imposed on them by the white community. They had figured out how to benefit even within the confines of segregation. This relationship between black leaders and white philanthropists functioned as a workable consensus: African American leaders acting within the system of limitations imposed by whites for the betterment of the black community. This project shows how a workable consensus could play out in a specific policy area—access. This framework—rather than the success/failure narratives—best explains why Flanner House director Cleo Blackburn’s rejected a birth control clinic at a black settlement house facility.

The reason had less to do with the black community’s acceptance or rejection of birth control than it had to do with African American leaders’ working inside the

restrictions placed upon them by white funders. In fact, the viewpoint of Indianapolis African Americans about birth control seemed to play little, if any, part in the decision that Blackburn made about the establishment of a clinic. It may be accurate to say that, even if the black community had publicly supported birth control and worked to establish a birth control clinic at the Morgan Health Center, a birth control clinic still would not have been created because the Morgan Health Center's white donors denounced birth control and did not support creating a clinic.

At the meeting on March 28, 1951, Cleo Blackburn turned down Planned Parenthood's proposal to establish a birth control clinic at the Morgan Health Center. Planned Parenthood members had approached Blackburn because they had determined that the Morgan Health Center was the premier location for a clinic to be established that would be accessible to the most African Americans, therefore doing the most good for the health of the black community. Like the *Indianapolis Recorder*, Planned Parenthood viewed the African American community as one that could prosper from birth control use, both socially and economically. Indianapolis African Americans, as a result of segregation and discrimination, suffered from poor housing conditions, health conditions, and financial conditions. The Morgan Health Center and Planned Parenthood shared many of the same goals for the African American community; the Morgan Health Center focused on health education and clinics while Planned Parenthood focused on birth control. When Blackburn denied Planned Parenthood's request, he stated that establishing a birth control clinic would do "more harm than good." The leaders of a white Planned Parenthood may have wondered, with all the benefits that they foresaw birth control bringing to the black community, what harm could be greater than birth control's

benefits. Blackburn, a seasoned veteran at knowing how to operate inside the workable consensus that defined blacks' relationships to white society, had to weigh the benefits that birth control would bring to the black community against the probable response of Flanner House's conservative white funders who did not support birth control. He determined that, in order for Flanner House and the Morgan Health Center to keep doing the most good for the African American community, no birth control clinic would be established.

Blackburn's experience with working with the white power structures that controlled aspects of black settlement houses was evident in his and Ransom's 1944-1947 campaign to establish a new, updated health center for African Americans. As black leaders, Blackburn and Ransom operated with the knowledge that the white community would help the black community only if the white community could do it on its own terms. Although Blackburn and Ransom envisioned the health center as focusing primarily on health education, they realized that the issues that whites were most concerned with were the spread of venereal disease and tuberculosis. As a result, Blackburn and Ransom pitched the health center to white benefactors by talking about the way the health center would lead to the eradication of venereal disease and tuberculosis. It is here that the (limited) opportunities allowed in the workable consensus theory are most visible: Blackburn and Ransom agreed that, in order for the black community to benefit the most people, the health center would outwardly appear to concentrate on venereal disease and tuberculosis, however, the money garnered from the multitude of white philanthropists and organizations that would ultimately donate money would also be used for what the black leaders thought was most pertinent to their own

community, health education. Blackburn and Ransom understood the power structure, understood their limits as leaders of an African American association, and understood how to work within the limiting system for the benefit of the black community.

The precarious position that black settlement houses were in with their dependence on white aid for funding was also shown by Blackburn and Ransom's campaign to create the Morgan Health Center and revealed that even black leaders with experience working inside the limits imposed by white control had to remain vigilant, as funding proposed by whites was not guaranteed until actually received. Blackburn and Ransom, organizing the fundraising for the Morgan Health Center under the guise of a health center focused on venereal disease and tuberculosis, came close to losing a large portion of funding that had been proposed when the blueprint that they presented was considered too extravagant for a center focused on such goals. Much of the space that was considered unnecessary by whites was the same space that Blackburn and Ransom considered to be the most important; it was there that the educational health clinics would be held for the black community.

Blackburn and Ransom came to a solution to the dilemma, but another predicament arose regarding Dr. Maddux. Blackburn had written to Maddux asking him to come to Indianapolis to help get the Morgan Health Center off to a good start. Maddux wrote back that the focus of the health center on venereal disease and tuberculosis concerned him, as he was more focused on maternal and child health. Once again, the way that African American leaders had to address white concerns for the black community before their own concerns for the black community had caused friction. That the Morgan Health Center received the entirety of the funding that white philanthropists

and organizations had proposed yet held the multitude of clinics that Blackburn and Ransom had envisioned was a feat that showed the aptitude of black leaders to operate inside the limits imposed by white power structures.

Planned Parenthood approached Blackburn about establishing a clinic at the Morgan Health Center only four years after the center opened, so the trials that Blackburn and Ransom faced raising the money to open the health center would not have been far from Blackburn's mind. Nowhere were the limits that black settlement houses faced or the white power structure that black leaders worked within more visible than in Blackburn's decision to turn down Planned Parenthood's proposal to incorporate birth control into the maternal clinics held at the Morgan Health Center. Birth control was much too controversial for the conservative white benefactors who funded Flanner House and the Morgan Health Center. As a result, even if Blackburn had agreed with Planned Parenthood about the benefits that birth control could bring to the black community, his position as an African American leader who had to act within whites' imposed limitations required that he turn down Planned Parenthood's offer.

Flanner House was conservative and Blackburn was noted by Pierce as a conservative, too. Conservatism was frequently found as a defining factor of black settlement houses. Settlement houses with limited autonomy, such as Flanner House whose board consisted of white people, were often conservative, and settlement houses that received a lot of money from community chests were often very conservative. Flanner House and the Morgan Health Center were connected to the Indianapolis Foundation and the United Fund; in fact the two organizations made up the Morgan Health Center's biggest funders. Black settlement houses were limited in that they could

offer those programs or policies that their white funders supported. Blackburn, when Planned Parenthood proposed the creation of the clinic, would have known that he had to stay within the conservative limits established by whites—and he would have likely been aware that both the Indianapolis Foundation and the United Fund did not support birth control or fund Planned Parenthood. Blackburn, thus, had only one decision that he could make. Since the Morgan Health Center’s main financial backers did not support birth control, neither could the Morgan Health Center.

It is interesting to note that Blackburn did not state the conservatism of the Morgan Health Center’s funders or the conservatism of Flanner House when he told Planned Parenthood that a birth control clinic could not be established. Instead, Blackburn mentioned Catholic sentiment against birth control, claiming that the Catholic member on the Flanner House board would not support a clinic. Blackburn’s statement could have been the truth, and it would have been an answer that Planned Parenthood was not surprised to hear. There was staunch anti-birth control sentiment propagated by many Indianapolis Catholics during the 1950s, a sentiment that intensified in the 1960s. Planned Parenthood had multiple experiences with Indianapolis Catholics which resulted in Planned Parenthood’s removing displays or in some way adapting to the limits that Catholics imposed on Planned Parenthood’s spreading the word on contraceptives and contraception.

Regarding the Morgan Health Center, it seems more probable that Blackburn denied Planned Parenthood for reasons beyond the religious views of a few (at most) board members. White board members held power over the programs that were supported by Flanner House and the Morgan Health Center, but something that was continually

brought up in the historiography on settlement houses was their need for financial support—and once they got the support, the desire to maintain it. With settlement houses' need for financial support in mind, Blackburn's statement about birth control doing "more harm than good" seemed to signify consequences that were greater than those that would result from an angered board member, white or not. Blackburn's statement instead pointed to the power held by white conservative organizations that provided funding for the present and the future of the Morgan Health Center. Incorporating birth control into the maternal clinics at the Morgan Health Center would have meant supporting controversial contraceptives and partnering with Planned Parenthood. As Planned Parenthood and birth control were not supported by the Morgan Health Center's major donors—the Indianapolis Foundation and United Fund—doing so would have risked the funding of the Morgan Health Center. When Blackburn stated that adding a clinic would "do more harm than good," he could have been thinking about the fact that the Indianapolis Foundation and United Fund might pull their support, and the Morgan Health Center would be forced to close. In this perspective, Blackburn was thinking about the greater good, and a health center that operated, but did not provide birth control, did more than a health center that was no longer operational since its funding had been removed.

No biography has yet been written about Cleo Blackburn, and, even if one did exist, it probably would not delve into Blackburn's 1951 decision in the midst of all of his accomplishments as an Indianapolis African American leader and director of Flanner House. Blackburn was religious, and he was noted to be conservative. He is considered from many different perspectives for the part that he played as Flanner House's director,

some viewpoints more critical than others. Blackburn, more than anything, understood his role in the black and white community—and there was a different role in each. He was a champion for the black community who had to work with the white community, knowing the limits imposed on him by being an African American working for the African American community. Blackburn, as a conservative, may not have supported birth control. But his decision to deny birth control access at the Morgan Health Center likely had far more to do with his political expertise than his individual opinion.

Blackburn understood the liability that birth control presented for Flanner House and the Morgan Health Center. He acted with the interest of the black community in mind by declining Planned Parenthood's offer, since, as a black community leader, Blackburn had to act strategically to maintain relationships to white donors. Declining to establish a birth control clinic at the Morgan Health Center ensured the health center's financial future. His action is supported by the historiography of black settlement houses—black leaders had to act within conservative white limitations while serving the black community to the best of their ability.

While leaders of Flanner House had to remain inside the conservative limits imposed by the conservative white community, the women of Planned Parenthood in the mid-twentieth century experienced similar limitations, perhaps to an even greater extent. Planned Parenthood faced many hardships in procuring sponsorships, and, unlike Flanner House, was never able to convince the United Fund that birth control was worthy of funding—even to this date! The 1960s, almost a full decade after Planned Parenthood approached Blackburn about establishing a birth control for African Americans at the Morgan Health Center, brought the expansion of Planned Parenthood of Central Indiana

in both funding and clinics, but Planned Parenthood would never receive the same amount of support that Flanner House did.

Planned Parenthood never opened a birth control clinic at the Morgan Health Center, but it succeeded in establishing a birth control clinic in the African American community. Before Planned Parenthood expanded, however, it had to be supported by the City Board of Health. It would be more than ten years before the Indianapolis City Board of Health supported birth control. In August 1963, Gene Slaymaker, a radio host on the Indianapolis station WFBM, presented a series on birth control and the City Board of Health's refusal to add birth control to Indianapolis's public health system and provide contraceptive services to patients.¹⁷⁵ Shortly after the radio show aired, Wishard Medical Center invited members of Planned Parenthood to talk to all Wishard patients and a Planned Parenthood representative was stationed at the hospital for two hours a day.¹⁷⁶ By January 1964, the City Board of Health revised its policy concerning birth control, lifted all restrictions, and nurses were, for the first time, allowed to give patients contraceptive advice. Planned Parenthood began to be reimbursed for its services by the City Board of Health, and birth control became an important part of public health.¹⁷⁷

A birth control clinic was establishment in Lockefield Gardens in 1963.¹⁷⁸ It had taken 12 years, but Planned Parenthood created a clinic that gave Indianapolis African

¹⁷⁵ Joseph F. Thompson, M.D., *The Faithful Few: A History of Planned Parenthood of Central Indiana*, (Indianapolis: Planned Parenthood of Central Indiana, Inc, 1995): 71; "Gene Slaymaker Obituary," *Indianapolis Star* (15 December 2012). Slaymaker was known as "the voice for those who had no voice," and a champion for human rights, especially African Americans in urban areas.

¹⁷⁶ Bodenhamer, *The Encyclopedia of Indianapolis*, 1,432. Wishard Memorial Hospital began as the Indianapolis City Hospital in 1866. During the 1920s to the 1930s, it was the only hospital in Indianapolis that treated African American patients. Wishard, now Eskenazi, as the city hospital, accepted all patients and was associated with the indigent.

¹⁷⁷ Thompson, *The Faithful Few*, 71.

¹⁷⁸ Bodenhamer, *The Encyclopedia of Indianapolis*, 926. Lockefield Gardens was the first major public housing project in Indianapolis. It was started during the 1930s to provide housing to low-income

Americans greater access to birth control.¹⁷⁹ The Lockefield Gardens birth control clinic received patients the first and third Wednesday of each month.¹⁸⁰ Apartment complex management supported the clinic and were “most cooperative.”¹⁸¹ Planned Parenthood members approvingly described how Lockefield managers “hand notices of each clinic to each family when they pay their rent.”¹⁸² The managers were so cooperative that they also asked the grocer “in the project to put a notice in each grocery bag.”¹⁸³ The Lockefield clinic, although established inside of the apartment complex, was available to anyone from the community. Planned Parenthood were able to open this birth control clinic because the City Board of Health had (finally) approved birth control. Other clinics came about because large financial donors decided that they too, like the City Board of Health, would support the cause of birth control.

Planned Parenthood’s first major funder after the City Board of Health approved birth control as a part of the public health initiative was Eli Lilly & Company. Planned Parenthood’s initial relationship with Lilly was similar to the beginning of the Morgan Health Center. Blackburn and Ransom had been able to raise \$130,000 for the health center by making the health center’s programs reflect what white philanthropists and organizations thought were most important, in this case, venereal disease and tuberculosis. With the creation of the birth control pill in 1960, a competitive market opened to all drug manufacturers to create and perfect an effective oral contraceptive. In 1965, Lilly gave Planned Parenthood \$5,000 to open a new clinic at Broadway Christian

Indianapolis citizens. Lockefield Gardens was racially segregated with its residents being African American and was in the heart of the African American community in Indianapolis.

¹⁷⁹ Board of Directors’ Minutes, 1962-1965, Box 1, Folder 6, September 25, 1963, PPACI.

¹⁸⁰ "Birth Control Clinic Opened in Lockefield Apts," *Indianapolis Recorder* (12 October 1963): 3.

¹⁸¹ Board of Directors’ Minutes, 1962-1965, Box 1, Folder 6, September 25, 1963, PPACI.

¹⁸² Ibid.

¹⁸³ Ibid.

Church—with the stipulation that the clinic be used for clinical trials of Eli Lilly’s new birth control pill.¹⁸⁴ The donated funds may have come because Lilly decided that Planned Parenthood’s programs were worthy of support, or Lilly may have donated the funds since a birth control clinic benefited Lilly by being a trial center for the company’s oral contraceptives. Planned Parenthood may have acted as Blackburn and Ransom had in the 1940s and approached Lilly and explained why and how supporting Planned Parenthood would be beneficial for the company. With this funding, Planned Parenthood was able to open another clinic and provided access to birth control to a wider audience.

Before Lilly donated money for the new clinic, it had given very few funds to Planned Parenthood. What funds it did provide were restricted in how they could be used. Shortly before Lilly began funding Planned Parenthood, Planned Parenthood solicited the sponsorship of Jack Killen, the Executive Director of the Indianapolis Foundation. Killen wondered why Planned Parenthood did not support local businesses, especially Eli Lilly & Company. Killen noted that Planned Parenthood of Central Indiana did not use Lilly’s product, and asked why would Planned Parenthoods in different cities use it?¹⁸⁵ In response, Helen McCalment, Planned Parenthood’s director, explained to Killen that the Lilly pill was one of seven birth control pills that had recently received FDA approval. Since Planned Parenthood of Central Indiana had “not received the financial support from this community, which included the Lilly Company, to make it possible to expand into neighborhoods with clinics,” Planned Parenthood simply did not have the staff to review

¹⁸⁴ Thompson, *The Faithful Few*, 71.

¹⁸⁵ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, August 20, 1965, Indianapolis Foundation Records. Killen claimed that PPCI not using the contraceptive manufactured by Lilly would make other Planned Parenthoods say, “Why even Planned Parenthood Association in Indianapolis doesn’t use their product,” therefore hurting Lilly’s sales. Low sales negatively affected Killen, as he was a stockholder in Lilly & Company. Killen then declined to donate to Planned Parenthood.

Lilly's new pill.¹⁸⁶ Instead, it worked with the contraceptive pill that the FDA had approved first.

Lilly's donation in late 1965 seemed to be more of a result of McCalment and Planned Parenthood members making Lilly see how promoting birth control could benefit the company rather than the company seeing how birth control benefitted the community. McCalment's response to Killen had provided the very tactic that would benefit Lilly while also benefitting Planned Parenthood. She stated, "If we are ever to expand into neighborhood clinics, we probably will then be able to use additional product and get some comparison of its effectiveness and our patients' ability to use it consistently. Until that time we have no choice but to continue our present policy."¹⁸⁷ Planned Parenthood had tried to establish new clinics for some time, but did not have the means to do it. Just as Blackburn and Ransom fundraised for the Morgan Health Center by focusing on venereal disease and tuberculosis, McCalment expanded neighborhood birth control clinics by appealing to Lilly's need to test its new contraceptives. Planned Parenthood, of course, supported neighborhood clinics because of the access to birth control that would be opened up to more Indianapolis women, but when Lilly saw the clinic's usefulness for the company, the company offered its support.

After 1963, Planned Parenthood gained the support of City Board of Health, Eli Lilly & Company, and finally the Indianapolis Foundation. Beginning in 1966, the Indianapolis Foundation became a large supporter of Planned Parenthood, possibly because Planned Parenthood was unable to gain membership in the United Fund. Every

¹⁸⁶ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, August 27, 1965, Indianapolis Foundation Records.

¹⁸⁷ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, August 27, 1965, Indianapolis Foundation Records.

letter that Planned Parenthood wrote to the Indianapolis Foundation concerning its financial support for the oncoming year stressed this point. In 1973, Planned Parenthood members wrote, “We do not receive United Fund support. Our new board president, who is a business man, has made an effort to get business support this year but with very limited success since the large companies concentrate their efforts on United Fund giving.”¹⁸⁸ The Indianapolis Foundation Application Board noted this and on Planned Parenthood’s 1973 application stated, “Planned Parenthood Association does not hold membership in the United Fund of Greater Indianapolis.”¹⁸⁹ The Indianapolis Foundation then funded Planned Parenthood with \$134,000 for the seven-year period of 1966 to 1973.¹⁹⁰

The United Fund in Indianapolis had been a generous, longtime supporter of Flanner House and was paramount in the establishment of the Morgan Health Center. Similar support, however, did not extend to Planned Parenthood. The United Fund was not explicitly opposed to Planned Parenthood, but, as revealed in the minutes of the Planned Parenthood board, the United Fund did not, and would not, provide financial support. In February 1950, a year before Planned Parenthood's meeting with Blackburn, Planned Parenthood minutes reveal the first reference to a correspondence that would last for almost a decade.¹⁹¹ There is no indication as to whether Planned Parenthood actually sent any letters to the United Fund, and a full year went by before the United Fund was brought up again at a meeting. On June 13, 1951, the minutes showed that, “After a

¹⁸⁸ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, December 28, 1967, Indianapolis Foundation Records.

¹⁸⁹ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, March 21, 1973, Indianapolis Foundation Records.

¹⁹⁰ Grant Requests: Planned Parenthood Association, Box 70, Folder 19, March 21, 1973, Indianapolis Foundation Records.

¹⁹¹ Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, March 8, 1950, PPACI.

lengthy discussion on whether we should press our entrance into the United Fund at this time, it was decided to table the issue until a later date.”¹⁹² This meeting took place three months after the meeting with Blackburn, but since Blackburn had specified that sentiments of Catholic Flanner House board members made it impossible for Planned Parenthood to establish a clinic, it is not possible to say whether or not Planned Parenthood knew of a possible role by the United Fund in Blackburn's decision.

Two years later, when Planned Parenthood applied for funding in September 1953, it did so with a plan. Although no documents state directly that the United Fund had denied membership to Planned Parenthood in its early endeavors (1950-1953) to receive funding, board minutes indicate that they had been unsuccessful. Planned Parenthood decided to use the denials to its advantage, stating “that we would probably be rejected and that we could then use that fact in our campaign.”¹⁹³ Unable to receive the benefit of funding from the United Fund, Planned Parenthood decided to campaign by pointing this out—since they were not funded by the United Fund, they were in desperate need of sponsorship and hoped that other organizations would see this and donate. Planned Parenthood used that tactic for the next thirty years and it proved to be successful, especially with the Indianapolis Foundation.

Beginning in 1957, Planned Parenthood’s annual rejections from the United Fund revealed the sentiment that swirled behind the generalities of the United Fund rejection letters. In May 1957, Planned Parenthood sent a letter to Frank Hoke, President of the United Fund, and officially began what would be a concentrated effort by Planned Parenthood to gain the support of the United Fund. The letter was practical in its

¹⁹² Board of Directors’ Minutes, 1950-1952, Box 1, Folder 2, June 13, 1951, PPACI.

¹⁹³ Board of Directors’ Minutes, 1953-1955, Box 1, Folder 3, September 1953, PPACI.

descriptions, indicating what Planned Parenthood thought would be important to the United Fund Acceptance Board and what would present Planned Parenthood in the best light. The letter stated that Planned Parenthood was composed of "respected and able citizens," all working their hardest to "benefit the community."¹⁹⁴ Since Planned Parenthood had only a "modest budget," raised from annual individual subscriptions, Planned Parenthood could benefit immensely from United Fund membership.¹⁹⁵ In response to this letter, the United Fund's September response stated, "We regret to inform you that your organization is not being so included this year. Certainly, consideration will be given your request for affiliation in future years."¹⁹⁶ The final line of the rejection letter, which may have appeared hopeful to Planned Parenthood, said that the United Fund "trusted that we will be able to work together on this matter in future years."¹⁹⁷ Whether Planned Parenthood believed this line or not, members remained dedicated to becoming a member of the United Fund.

By 1959 Planned Parenthood learned that the reason behind the United Fund's rejection was the same as the reason that a clinic could not be placed at the Morgan Health Center, the Planned Parenthood display had to be removed from Union Station, and why Sanger was not invited to speak to a broad Indianapolis audience: Catholic resistance to birth control. In 1958, Planned Parenthood once again sent a letter about joining the United Fund. Helen McCalment invited Richard Fague, Executive Director of the United Fund, to come to a Planned Parenthood meeting, and she noted in a letter to another Planned Parenthood member that he had "talked her through all the usual

¹⁹⁴ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, May 24, 1957, PPACI.

¹⁹⁵ Ibid.

¹⁹⁶ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, September 23, 1957, PPACI.

¹⁹⁷ Ibid.

arguments.”¹⁹⁸ She also mentioned that he took informational pamphlets to give to board members so that they would have a better understanding of what Planned Parenthood of Indianapolis did and what they worked to accomplish. The meeting and the pamphlets made little difference. Once again, Planned Parenthood received the same general rejection letter.

In 1959, however, Planned Parenthood got much more than the general rejection letter—they got an insider’s perspective. Planned Parenthood applied to the United Fund on April 22, 1959.¹⁹⁹ On August 20th, Helen McCalment wrote a letter to fellow Planned Parenthood member, Edith Clowes. She revealed that Planned Parenthood's request for membership to the United Fund had been initially accepted, and the “Admissions Committee actually voted unanimously to admit us.”²⁰⁰ The request had then been forwarded to the Executive Committee of the United Fund. Two of the committee members “again went to see the Archbishop of the Catholic Church in Indianapolis” and asked his opinion of whether or not the United Fund should include Planned Parenthood as a member, to which “he of course had no choice but to again threaten to withdraw all the Catholic agencies if we were admitted.”²⁰¹ McCalment finished the letter by stating the “Archbishop would have much preferred not to have been asked and would have said nothing at all had they just admitted us.”²⁰² Planned Parenthood, so close to receiving the amount of funding that they needed, was in the same position that it had been in the previous year and the year before.

¹⁹⁸ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, June 24, 1958, PPACI.

¹⁹⁹ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, April 22, 1959, PPACI.

²⁰⁰ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, August 20, 1959, PPACI.

²⁰¹ Ibid.

²⁰² Ibid.

Once again, Catholic forces in Indianapolis had converged to impede Planned Parenthood. The letter that McCalment wrote to Clowes makes Blackburn's decision to not allow a birth control clinic at the Morgan Health Center seem strategic. Maybe the Catholic on the Flanner House board would have dissented, but cooperating with Planned Parenthood would have called the relationship between the United Fund and the Morgan Health Center into question. Blackburn was prudent to see the relationship, or lack thereof, between the United Fund and Planned Parenthood. Based on the response of the Archbishop in McCalment's letter (even if there really was a reluctance), if the Morgan Health Center would have partnered with Planned Parenthood, the United Fund would have had little choice but to cease funding the Center.

After 1959, Planned Parenthood lost any sense of energy to join the United Fund. In 1960, it made no move to apply for membership. In 1961, it applied for membership, but had little confidence it would be funded. The letter stated, "Although we still desire membership in the Fund, we do not wish to create further embarrassment to your members or to ourselves by continuing to make a formal application."²⁰³ It continued, "We are fully aware of the major reasons for our refusal and even though we heartily disagree with them, we understand them."²⁰⁴ Planned Parenthood stated that unless there was a "possible change in attitude of the committee toward our admission" it was not going to continue to submit a formal application and instead would present an informal request each year.²⁰⁵ True to its word, in 1962 Planned Parenthood's application for admission consisted of a short memo which stated, "Our Board of Directors voted to

²⁰³ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, June 8, 1961, PPACI.

²⁰⁴ Ibid.

²⁰⁵ Ibid.

again make application for admission to the United Fund. We feel that Planned Parenthood renders a basic service to this community and should be included in the agencies making up the United Fund.”²⁰⁶ A decade later, in 1973, its request simply said, “Planned Parenthood is making its annual request for admittance to the United Fund. We hope that at some time the thinking of the Executive Committee may change and they will see fit to include us in the Drive.”²⁰⁷ Both years, and the years in between, Planned Parenthood received rejection letters. Disappointed in the United Fund, but not disheartened in their movement, Planned Parenthood members used the rejection of the United Fund to its advantage in fundraising elsewhere. Planned Parenthood would never become a member of the United Fund.

Planned Parenthood and Cleo Blackburn shared a single interaction on March 28, 1951 which did not result in a birth control clinic being established in the Indianapolis African American community. Blackburn’s decision complicates the usual historiography that surrounds birth control and African Americans—the success/failure narrative—because the opinions of African Americans about birth control had very little impact on the ultimate decision of whether or not a birth control clinic would be created. The interaction between Planned Parenthood and Flanner House revealed that more was at play than just African American sentiments about birth control that the success/narrative historiography rests upon. Instead, an assessment of Blackburn's response to Planned Parenthood's proposal shows the structures of power that existed in Indianapolis and affected both Planned Parenthood and Flanner House. Planned Parenthood members and black leaders had to operate within the limits imposed by a conservative city to do the

²⁰⁶ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, April 19, 1962, PPACI.

²⁰⁷ Correspondence Regarding United Fund, 1957-1970, Box 5, Folder 2, April 4, 1963, PPACI.

best for their individual causes. Unlike studies of other cities, it appears that maintaining funding was the biggest factor when it came to expanding the access of birth control to African Americans. Because Flanner House was a black settlement house whose future was dependent on establishing and then maintaining funding from white conservative philanthropists and organizations, Blackburn, the veteran middleman between the black and white communities, believed that adding birth control would do more harm than good for the African American community. Planned Parenthood waited another decade, but it would use similar tactics to Blackburn to expand birth control in the Indianapolis community. Both organizations and leaders understood their limits: Planned Parenthood because of the controversial nature of birth control and Flanner House because it was a black settlement house. Members of both organizations had in mind doing the most good for the greatest number of people. For Planned Parenthood this goal meant attempting to expand into the Morgan Health Center. For Blackburn, however, it meant that the Morgan Health Center could not partner with Planned Parenthood, and birth control would not be expanded into the African American community, at least not in 1951.

* * *

Juxtaposing the historiographies of birth control and settlement houses not only expands the examination of a specific interaction, but has implications for the scholars of each. Framing the history of African Americans and birth control as either a narrative of success or failure based primarily (or only) on their attitudes towards contraception does not explain the ultimate outcome. The focus of the history of black settlement houses on

social control does not make clear what form that social control will take. The sustained analysis of one example (e.g. Indianapolis) raises the question of whether revisiting other studies would prompt changes in the analysis of those case studies. Perhaps, just like there turned out to be in my study of Planned Parenthood of Central Indiana and Flanner House in 1951, there was more to the story.

What started out originally to be about the history of Planned Parenthood in the 1950s instead ended up relying on and contributing to the history of multiple fields and topics: black settlement houses, birth control, the strategies of African American leaders, African Americans and birth control, Indianapolis in the 1950s, and the impact of philanthropic funders. It is my hope that someone someday will stumble across this thesis and it will work as a spark to ignite their own idea for a research project that they will enjoy completing as much as I enjoyed writing this. Points to expand on include examining other ways that Blackburn and Ransom or other African American leaders were able to work around the limitations of Indianapolis's segregated society, and other cases where subordinate organizations, like Planned Parenthood, prospered even with reluctant community support. To conclude with a thought, in his family Cleo Blackburn was one of eleven, and Freeman Ransom was one of sixteen. In their own families, Blackburn had three children and Ransom two. I look forward to a future study completed over Indianapolis African Americans and birth control, because it seems quite possible that it was utilized by two of Indianapolis's most prestigious African American leaders.

Appendix A: Flanner House Board 1951

Harry T. Ice (President):		
	Disciples of Christ	[White]
William H Book (Vice-President):		
	Third Christian Church	[White]
Mrs. OA Johnson (Secretary):		
	Second Christian Church	[African American]
Francis W. Dunn (Treasurer):		
	likely Presbyterian	[White]
W. Rowland Allen:		
	All-Souls Unitarian	[White]
Mrs. Lionel F. Artis:		
	St Philip's Episcopal Church	[African American]
Dr. Paul A. Batties:		
	University United Methodist Church	[African American]
Robert Lee Brokenburr:		
	Jones Tabernacle AME	[African American]
Dr. James A Crain:		
	Disciples of Christ	[White]
Frank B. Flanner:		
	Second Church of Christ Science	[White]
Dr. S.A. Furniss:		
	Baptist	[African American]
A.H. Gisler:		
	United Church of Christ	[White]
Wallace O. Lee:		
	First Christian Church	[White]
Sumner A. Mills:		
	Society of Friends	[White]

Dr. Alexander M. Moore:	St. Luke's Catholic Church	[African American]
Eugene S. Pulliam:	Trinity Epsicopal	[White]
Mrs. FB Ransom:	Bethel AME	[African American]
Dr. W.F. Rothenburger:	Third Christian Church	[African American]
Mrs. John A Towns:	Second Christian Church	[African American]
Dr. Homer L. Wales:	Second Christian Church	[African American]
Mrs. Harold B. West:	First Congregational	[White]
Mrs. Beard H. Whiteside:	Methodist	[African American]

Appendix B: Planned Parenthood of Central Indiana Members 1951

Mrs. Alfred Maschke: President

Mrs. Emmett S. Huggins: 1st Vice President

Mr. John E. Peacock: 2nd Vice-President

Mr. William F. Shafer: Treasurer

Mrs. Don Carlos Hines: Secretary

Mrs. Adler

Mrs. Edward Banks

Mrs. Batiste

Mrs. Batties

Mrs. Frances Brown

Dr. Burney

Mrs. JW Carter

Mrs. Clowes

Rev. Connor

Mrs. Craft

Rev. Crain

Mrs. David

Mrs. Davis

Mr. Dunn

Mrs. Dyer

Mr. Evans

Mrs. Evans

Mr. Fenstermaker

Mrs. EW Harrison

Dr. Hoffman

Miss Knisely

Mrs. Donald Mattison

Mrs. McClamroch

Dr. McCormick

Mrs. McCormick

Dr. Mothersill

Mrs. Nelson

Mrs. Osborne

Dr. Rader

Dr. Stygall

Dr. Talbott

Mrs. Wilson

Mrs. Wymhoff

Mrs. Faye Yakey

Note about Sources

The manuscript collections that I consulted for this thesis ranged from being fairly full collections to very incomplete, especially regarding the time period that I was researching (primarily 1946 to 1951). A brief explanation about the manuscript collections notes the nature of the collections.

Flanner House Records, 1906-1979, located at the Indiana Historical Society. These records contain the Monthly Reports from Flanner House from June of 1948 to June of 1952, but the reports from 1951 are missing—forming the only gap in this collection. Much of this collection consists of photographs, official fundraising letters, and commemorative material. There is very little personal materials that could be found here; for correspondences I had to look at other collections. This manuscript collection was, for the most part, institutional records.

Flanner House Records, 1906-1979, located at IUPUI. These records, similar to the ones at the IHS, also had very little to offer about 1951. The collection at IUPUI offers a large array of Board Minutes and Administration Records, but the Board Minutes are incomplete and do not have any records between 1940 and 1957 and the Administration records are the same. I was able to find the Flanner House Board from 1951 in the IUPUI Flanner House material, but I chanced upon this while looking through an online folder labeled “Canning.” The records did have a nice array of material on the Morgan Health Center, but for the most part the collection is very incomplete for the time period of this thesis.

Harvey N. Middleton Papers, 1929-1980 include the correspondences and personal papers of Harvey Middleton, Blackburn, and Ransom from when they were all working towards establishing the Morgan Health Center. This was one of the only collections that I examined which included the thoughts of the people involved, most of the other collections were composed of official minutes. The Middleton Papers also included both sides of correspondences—the letters sent from Blackburn or Ransom from Indianapolis and then the letters that were returned. This manuscript collection offers an inside view in 1944 to 1947. It is the only place I found any personal papers from Blackburn.

Indianapolis Foundation Records, 1916-2000. The institutional records of the Indianapolis Foundation are divided into different folders for each organization that it funded. The Planned Parenthood folder contained the letters that Planned Parenthood sent to the Indianapolis Foundation and the official papers that said whether or not the Foundation had decided to fund Planned Parenthood, and if they did, the amount of money that was to be given. The collection also included clippings from newspapers of articles that pertained to Planned Parenthood and birth control. This collection offered no personal papers, just newspaper articles, official letters from Planned Parenthood, and official forms filled out by the Indianapolis Foundation.

Planned Parenthood of Central Indiana Records are incredible in how complete the collection is, especially in the years that I was researching. I primarily used the Board Minutes, which contained minutes which, for the most part, recorded official business, but the records were at times so detailed that they offered a descriptive explanation of what PPCI was working on in that given month. While there are no gaps in the Board

Minutes, there was a brief amount of time when the notes are handwritten instead of typed on a typewriter. The notes that are handwritten are much less descriptive.

Fortunately, the dates that I looked into most extensively were typed. The other section of the PPCI Records that I used was the folder pertaining to the United Fund. This part of the collection was much different than the Board Minutes because it contained correspondence and personal thoughts of the Planned Parenthood executive director to some of the Planned Parenthood members, along with official letters sent to the United Fund, and letters received from the United Fund. The differences between the Board Minutes and the United Fund collection shows the differences between institutional records and personal papers.

Walter H. Maddux Collection, 1915-1986. The Maddux Collection has a folder on the development of the Morgan Health Center that contains a few personal papers, but mostly newspaper clippings and some official files. Its collection guide offers an excellent introduction to Walter H. Maddux.

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White, Joseph M. *An Urban Pilgrimage: A Centennial History of the Catholic Community of Holy Cross, Indianapolis, 1896-1996*. Indianapolis: GAC Shepard Poorman, 1997.

Williams, Daniel K. *Defenders of the Unborn: The Pro-Life Movement before Roe v. Wade*, New York: Oxford University Press, 2016.

Curriculum Vitae

Rachel Christine Brown

EDUCATION

Indiana University Purdue University Indianapolis Indianapolis, IN
Master of Arts Degree, Concentration in History, September 2017

Indiana University Purdue University Indianapolis Honor's College Indianapolis, IN
Bachelor of Arts, May 2015, Graduated with Highest Academic Distinction
History major, Women's Studies minor

PROFESSIONAL EXPERIENCE

Editor August 2016-August 2017
Indiana Historical Society Indianapolis, IN

Teaching Assistant August 2015-May 2016
Indiana University Purdue University Indianapolis Department of History

Indiana Women's History Intern May-June 2016
Indiana Historic Bureau Indianapolis, IN

Summer Intern July-August 2013
Lincoln Museum, Allen County Public Library Fort Wayne, IN

ORGANIZATIONS

Graduate Student History Association, IUPUI 2015-2017

Phi Alpha Theta Vice-President 2014-2015

Phi Alpha Theta 2013-Present

National Honor Society (ALD-PES) 2012-2015

PRESENTATIONS

Women at Work Conference, Indianapolis, IN	2017
Regional Phi-Alpha Theta Conference, Evansville, IN	2015
Symposium for History Undergraduate Research, Starkville, MS	2015

HONORS, AWARDS, FELLOWSHIPS

Graduate Assistantship awarded	2016
Anne Donchin Award for Best Graduate Paper	2016
Teaching Assistantship awarded	2015
Chancellor's Scholarship	2011-2015
Valedictorian Scholarship	2011-2015
Dean's List with High Honors: All Semesters	2011-2015
Top 10 percent in School of Liberal Arts	2015
IUPUI Seregny Award for Best History Student recipient	2015
Regional Phi-Alpha Theta Top Paper Award recipient	2015
Peggy Seigel Writing Contest Award recipient	2015
IUPUI Top 100 Nominee	2014/2015
Joseph and Lillian Zeglin Scholarship in the Humanities recipient	2014
IUPUI Top 100 Nominee	2013/2014
Mary F. Crisler Research Scholarship recipient	2013

PUBLICATIONS

Brown, Rachel Christine. "“Good Had Been Accomplished’: Morgan County’s Fight in the Last Decade of Tuberculosis.” *Connections: The Hoosier Genealogist* 57, no. 2 (Fall/Winter 2017).

Brown, Rachel Christine. "Sacrificing for the Arsenal of Democracy: Ripley County and the Jefferson Proving Ground." *Connections: The Hoosier Genealogist* 57, no. 2 (Fall/Winter 2017).

Fulk, Rachel Christine. "“A New Interest on Life’: Rural Women and the Value of Club Membership in Blackford County, 1954.” *Connections: The Hoosier Genealogist* 57, no. 1 (Spring/Summer 2017): 36-42.

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