

THE MOUNTAIN MATERNAL HEALTH LEAGUE AND
THE CHANGING POLITICS OF BIRTH CONTROL IN KENTUCKY, 1936-1949

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Table of Contents

List of Figures.....	v
List of Abbreviations.....	vi
Introduction.....	1
Chapter One: Activists, Nurses, Clarence Gamble, and Mountain Women.....	24
Chapter Two: Moving in a New Direction: The MMHL after Gamble.....	60
Conclusion.....	92
Appendix 1: Map of locations mentioned in thesis.....	98
Appendix 2: Topographic Map of Eastern Kentucky.....	99
Bibliography.....	100
Curriculum Vitae	

List of Figures

Figure 1: Photograph of Berrien County, Michigan, Migrant Workers.....	30
Figure 2: Diagram of jelly-and-syringe method.....	32
Figure 3: MMHL 1937-1938 Pamphlet Photograph.....	42
Figure 4: MMHL 1940-1941 Pamphlet Photograph.....	44

List of Abbreviations

BCCRB	Birth Control Clinical Research Bureau
BGOD	Bluegrass Ordinance Depot
KBCL	Kentucky Birth Control League
MMHL	Mountain Maternal Health League
MMHL-PP	Mountain Maternal Health League Planned Parenthood
PPFA	Planned Parenthood Federation of America
PPINK	Planned Parenthood of Indiana and Kentucky

Introduction

In 1935, Phyllis Page, personal secretary and acting agent on behalf of Clarence J. Gamble, heir to the Proctor and Gamble fortune with an interest in eugenics, met numerous community members from Berea, Kentucky, at the Conference of Southern Mountain Workers in Tennessee.¹ From the conference, Page traveled with the Berea attendees back to their homes in Kentucky, where she witnessed rural communities steeped in poverty. While the exact details of when Gamble heard about Berea are unclear, it is certain that Page reported her trip to him. In 1936, not long after Page's encounter with the Berea community members, Gamble established the Mountain Maternal Health League (MMHL), one of many birth control clinics he founded throughout the United States and abroad. With a strong interest in testing the effectiveness of simple birth control methods as a means to reduce the birth rate of impoverished and rural people, Gamble would fund the organization for about six years as an experiment to test a jelly-and-syringe method of birth control in rural Kentucky.

MMHL had a long history in Kentucky. Between the years of 1936 and 2006, MMHL was one of multiple healthcare organizations focused on the health of Kentucky women. The MMHL was founded in the region in the first half of the twentieth century alongside organizations like Mary Breckinridge's Frontier Nursing Service, the settlement schools in Pine Mountain and Hindman, and the Kentucky Birth Control League (KBCL). Beyond Kentucky, MMHL was connected to

¹ The Conference of Southern Mountain Workers (later known as the Council of the Southern Mountains) was founded in 1912 and continued until 1989 as a gathering of citizens and organizations working in various capacities in the Appalachian Mountains.

the national contraception movement established two decades earlier by birth control activist Margaret Sanger. However, due to the rural locations of its clients, MMHL functioned in a considerably different fashion than the vast majority of clinics that sprang up across the United States (particularly in urban areas) in the decades following Sanger's opening of her Brooklyn clinic in 1916.

The organizational structure of MMHL was like many of these other operations. Throughout the period covered in this study, MMHL was headed by a president chosen by the membership of the League. The president's tenure was fairly flexible and at least early in the League's history, the actual power held by the President was tempered by Gamble's funding and oversight. Various presidents served MMHL during the League's first decade. The President's role was primarily running the League's frequent meetings in the parlor of Union Church and ensuring that other officers were conducting their duties. Along with the President, the League elected a Vice President, a Recording Secretary to keep meeting minutes, a Corresponding Secretary to handle letters to and from the League, and a Treasurer to handle League finances. Those finances were quite limited. While the early years of MMHL benefitted from Gamble's contributions, those funds rarely seemed to exceed more than \$1000 and by 1937, Gamble was already beginning to curtail some of that spending. Overall, League finances were tight. An examination of meeting minutes from 1940-1941 shows that finances fluctuated. At one point the League operated with a balance of \$684 but a few months later, they were down to \$204.

In addition to the primary officers, the League also maintained an Executive Board who served as decision makers on various issues facing the organization. The League also employed nurses and, at times, an office worker to manage mail-order birth control fulfillment. Filling out the League structure were numerous committees ranging from groups formed to advise on medical issues to event planning.

The League, composed almost entirely of women, met as a group nearly every other month with the Executive Board gathering in the intervening period. Each meeting usually included a nurse's report, an account of League finances, updates on projects and often some type of educational activity. League members would listen to speeches by Margaret Sanger, hear lectures by guest speakers, or discuss books related to birth control work. In this way, MMHL was an opportunity for local women to both be involved in activist work, but also, engage socially with others interested in the same set of issues.

In the early years of the organization's history, in order to serve rural clients in disparate locations, the League operated by sending traveling nurses to visit women in their homes and provide them with contraceptive jelly. The choice to issue women jelly and syringes as opposed to other methods was that of Clarence Gamble.² The clients who took the contraceptive jelly were most likely familiar with other sources of birth control prior to their interactions with Gamble's experiment. It is impossible to know exactly what methods of birth control the female MMHL

² Gamble, a physician, funded organizations like MMHL through his personal wealth gained as heir to the Proctor and Gamble fortune. His interest in birth control spurred him to fund a number of clinics prior to and after his involvement with MMHL.

clients utilized prior to or during their relationship with the League. but a limited number of patient record forms exists in the MMHL records that offer some clues. On the record form, the League asked, "What protection do you use when you do not use the jelly?" Client answers on these forms range from "nothing" to condoms. More often than not, this question was left blank. Women were not always happy to give the League their personal information. One client answered, "none of your business." These answers do show that women had some options available prior to the League. The female clients who responded to MMHL's offer of contraceptive jelly were thus part of a longer history of birth control options and access.

Throughout history, women have tried to control reproduction and the history of that process is long and complex.³ Women and their partners developed numerous practices and methods some prescribed through medical channels and others communicated through oral traditions and personal networks.⁴ Some MMHL clients may have utilized the same practices that women had used for centuries (and continue to use). It is likely that some women and their partners practiced withdrawal (relying upon the male partner to withdrawal before ejaculation). Other women perhaps practiced what is often referred to as "natural family planning" (a fertility-awareness-based method). This method requires a woman to track ovulation in order to determine which days she is most fertile.

Sterilization was also an option for more permanent control over reproduction, but was not a great option for the women served by MMHL or for the

³ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Champaign: University of Illinois Press, 2002), 7.

⁴ *Ibid.*, 13.

League's ultimate goals. First, the women served by the clients were in rural areas and small towns. The expense and travel involved to transport women to the hospital for such a procedure would have been more than the cost of providing simple contraceptives. Secondly, the League never aimed to necessarily permanently limit a woman's ability to conceive. While the activists involved with the League hoped to help women limit the size of their families, they did not express an interest in preventing mountain families. Furthermore, sterilization did not fit the aims Gamble set out to achieve. The MMHL began as his experiment into one particular method, not limiting population by any means necessary. Thus sterilization was most likely not an option for the female clients prior to MMHL nor was it useful as a tool for the League in its early history.

Other methods would have been more prevalent among female clients prior to MMHL's involvement. As the record forms make clear, some women were utilizing contraceptives. Contraceptives have a long history dating back to the ancient world.⁵ Throughout the centuries, women have tried various barrier methods to prevent fertilization. Decades before MMHL, women were trying methods such as vaginal sponges soaked in various spermicidal solutions or were practicing douching post-intercourse to prevent fertilization. Condoms have a long history as well. There are records of condom use as far back as the 16th century and the rubber condom dates from the 1840s.⁶ The record forms suggest that some MMHL clients were able to access condoms, but the method was imperfect.

⁵ Peter C. Engelman, *A History of the Birth Control Movement in America* (Santa Barbara: Praeger, 2011), 2-3.

⁶ Engelman, *Birth Control Movement*, 4.

Contemporary statistics put the effectiveness of condoms at only 82%.⁷

Furthermore, many birth control advocates of the 20th century worried that condoms relied upon the cooperation of a woman's male partner. Many birth control activists desired more female-controlled reproductive health and suggested cervical caps, diaphragms, and the MMHL prescribed syringe-and-jelly method.⁸

Gamble provided the syringe-and-jelly supplies along with a nurse's salary, an automobile, and contraceptive supplies and for a number of years, he funded the MMHL's efforts to get the jelly and syringes into the hands of Kentucky women. After obtaining results on the method's effectiveness, Gamble began to curtail his funding in 1939, but remained involved with the organization both financially and informally until 1942.

Following Gamble's departure, the League, comprised primarily of female birth control activists from Berea, was faced with a transitional period in its history. The early-to-mid-1940s and the gradual withdrawal of Gamble's money signaled a change for MMHL. In 1944, an on-site clinic was established at the Berea College Hospital and the clinic became affiliated with Planned Parenthood Federation of America.

This transitional period following Gamble's abandonment of the project revealed the ways in which an organization shifted its focus, models of operation, and methods to accommodate changing perspectives and expanding communities.

⁷ This is the current statistic presented by Planned Parenthood Federation of America (PPFA). 82% is what Planned Parenthood calls the "real-life" effectiveness of condoms. With perfect use, condoms are 98% effective but rarely does their actual usage reach these levels of effectiveness. PPFA has more statistics on their website, <https://www.plannedparenthood.org/learn/birth-control>.

⁸ Engelman, *Birth Control Movement*, 4.

Birth control historian, Rose Holz, has suggested that scholars must move on from focusing on either the initial growth of the birth control clinic movement in the mid-1930s, or the later history, a second wave, in the 1960s and 1970s. She describes the 1940s as an “intermediary period of lull” between the two periods where a great deal of decision making and change happened at the local clinic level.⁹ By comparing and analyzing the MMHL with Gamble’s financial support and the MMHL that existed after he focused his efforts elsewhere, the importance of clinic transitions in the 1940s is evident. She wrote, “As clinic organizers themselves quickly discovered, their desire to engage in the provision of birth control became multilayered debates over whom the clinic should serve, who should do the serving, and even what birth control methods the clinics should provide.” These various debates were, “no small matters,” Holz insisted.¹⁰ By analyzing the ways in which clinics changed or did not, historians are able to examine questions of both authority and access within specific localities.

Moving beyond Holz’s analysis, a consideration of the ways MMHL transitioned and adapted creates a link between its early existence as a Gamble experiment and its later iteration as a local Planned Parenthood affiliate for the community. MMHL successfully served populations in and around Berea, Kentucky, until 2006, when, during a number of mergers and shifts within what would become Planned Parenthood of Indiana and Kentucky (PPINK), MMHL closed due to lack of funds. Questioning the ways MMHL continued to evolve to serve its communities in

⁹ Rose Holz, *The Birth Control Clinic in a Marketplace World* (Rochester: Rochester University Press, 2012), 16.

¹⁰ Ibid.

its earliest period allows for an understanding of how a women's health organization sustained itself throughout a long history of local service.

There were multiple ways MMHL changed after the departure of Gamble. MMHL defined itself as distinctly "Appalachian" during the Gamble-funded years. However, after his withdrawal of funds, the Berea leaders of the organization began to refocus and redefine their client scope and, accordingly, their organizational identity. While MMHL would always promote itself as providing a service to "mountain women," the changing community around it would offer new opportunities for service that widened the organization's reach outside of strict regional boundaries. In this project, I examine how MMHL conceptualized its primary client base differently at different times in its history. There were particular reasons why MMHL sought out and selected clients and why those clients chose the organization as a provider of health services. Understanding who MMHL served is key to understanding the organization at various points in its history. Gamble's interest in eugenics and the organization's later financial woes were each factors in deciding where and whom MMHL services reached.

The relationship between clinic and clients was not determined solely by the motivations and resources of MMHL. While women leading the organization made decisions about whom they served, clients made decisions about who served them. Although MMHL records include limited sources authored by clients themselves, questions regarding why clients chose MMHL as their birth control provider can be answered to an extent. Clients in the MMHL story can be understood as consumers

with agency and control over their own decisions. The MMHL narrative, thus, is two-sided with a constant conversation between organization and client.

The client selection and organizational relationship with birth control consumers were not the only issues affected by Gamble's withdrawal of funds. Gamble's experiment had relied upon a home-based, local nurse, jelly-and-syringe model of care, and the organization would transition to new modes of operation after his funding ended. This period of transition coincided with the MMHL leadership tenure of Dr. Louise Gilman Hutchins. Hutchins arrived in Berea with her husband, Francis, after he accepted the presidency of Berea College. Interested in birth control from her time spent working with mothers and children as a missionary in China, Hutchins began working with and leading MMHL in the post-Gamble years. Hutchins was responsible for initiating a number of changes in MMHL's methods of contraception and models of care, including the introduction of diaphragms to the methods provided by MMHL and the opening of a clinic at Berea College Hospital.¹¹ Additionally, the nurses hired by MMHL in the post-Gamble period brought their own expertise and interests to the League's work. They, like the activists themselves, shifted how MMHL provided services to its clients.

Questions of product and delivery were logistical concerns for the organization that had broad impact. Eugenic concerns and stereotyped views on poverty colored Gamble's decisions and made the employment of simple contraceptives methods and dissemination directly to clients a key concern. His insistence upon home visits was in many ways due to the geographic difficulties of

¹¹ Now known as St. Joseph, Berea, the hospital was, at the time, operated by Berea College.

traversing mountain terrain and the inability for many rural clients to travel to a central location. The later shift to diaphragms under Hutchins and in-clinic care reoriented the work the League was doing towards new clients while it maintained a mail-order business to supply existing clients in remote areas. Gretchen James, a nurse hired by MMHL post-Gamble starting in 1947, brought with her a focus on public health that expanded the services MMHL provided by situating birth control within a larger framework of family and women's health. These changes and shifts were bigger than simple logistics. They affected client experience and access.

Beyond clients and logistics, the rhetoric deployed by the League shifted and changed throughout the early part of the organization's history. In the Gamble period of MMHL, Appalachia was not only the League's service region, it was a rhetorical device, utilized by MMHL through promotional materials. In order to differentiate services from other Kentucky-based birth control leagues, MMHL situated itself rhetorically in the mountains. When funds tightened, the organization used a narrative of Appalachian poverty to appeal to wealthy donors. In its early years, MMHL was vigorously approached by KBCL organizer Jean Tachau who desired to bring MMHL under the auspices of her leadership at the state level. Tachau believed in affiliation as a means to expand birth control services in Kentucky and the correspondence between the two organizations testified to her continual pursuit of incorporating MMHL under KBCL's umbrella. At Gamble's insistence, MMHL initially declined the offer. In the post-Gamble period, however, MMHL activists shifted towards a broader rhetoric used by Planned Parenthood Federation of America (PPFA) to promote and highlight their work. This move was

in stark contrast to the strategy promoted by Gamble, who, in order to maintain full control over his project, was not interested in officially associating MMHL with other organizations. MMHL's affiliation with PPFA, a national organization, in the 1940s brought with it an incorporation of rhetoric evidenced by other clinics across the U.S.

MMHL was an organization in transition from its roots in the mid-1930s to the 1940s in all of the aforementioned ways. Rhetoric, service methods, patient selection, nurse staffing were all part of this shift. This project focuses concretely on one period of a of that multifaceted. Highlighting a little over a decade of the League's history, this project begins at the earliest days of the MMHL founding and follows the League a few years after Gamble's slow withdrawal of funds. There are multiple reasons for this limited scope. For one, MMHL services were quite often explicitly defined by their nurse (or lack of) in its early history. The Appalachian Gilliam sisters reflect the League's focus on the mountains and two subsequent nurses, Helen Carter and Gretchen James, are more reflective of the League's expansion. These nurses brought their own systems and priorities to MMHL and are, as a whole, reflective of two eras of MMHL history. This study ends when James moved into the Madison County Health Department in 194X. Her departure left the League in the familiar circumstance of not having a full-time nurse. It would not onboard new full-time nurses again until 1953 with the hiring of two Frontier Nursing Service nurses. James's tenure represents a point in MMHL history when its post-Gamble philosophy and rhetoric had solidified thus her leaving makes for a

natural bookend for exploring the connection between the clinic's early years and its later transformations.

Luckily, this period in MMHL's history from its early iterations and its later PFFA affiliation is well documented in the MMHL records. The MMHL minute books detailed, to an extent, the daily activities of the League and its internal conversations. Letters from founder Clarence Gamble to members of the League, and their responses, revealed the League's early roots and how Gamble's motivations differed from subsequent one of the female activists in Berea. Letters written by League activists to potential supporters illustrated how the League presented itself. The collection contains folders of these promotional letters along with pamphlets highlighting the League's work. These sources were written with an audience (donors) in mind and deployed particular language to make particular points and raise funds. An examination of rhetoric plays a large role in my reading of these documents and my interpretations. The League itself used specific language and terminology when referring to its female clients and their need for birth control. The League, at various points in its history, referred to its clients as "mountain mothers," and later as "mothers-on-the-move." Examining this shift in language reveals much about the League's service area, clients, and organizational mindset about birth control access and provision. The League framed poverty, Appalachia, gender, and, later, the effects of World War II in its promotional materials and these frameworks contributed to the overall shift in MMHL activities and focus.

The rhetorical decisions made by either founder Clarence Gamble or the League activists to promote the League's work illustrate the larger construct of language surrounding birth control during the mid twentieth century. As historians like Linda Gordon and Carole McCann have pointed to in their scholarship, the birth control movement experienced a shift in language when the Birth Control Federation of America and the American Birth Control League became the PPFA in 1942.¹² Both Gordon and McCann have argued that the language utilized by PPFA represented a break from earlier, radical feminist arguments for contraceptives whereby women could control their own reproductive fate and future to a more conservative argument based on family planning. MMHL was caught in this rhetorical shift, but the MMHL story also reveals a localized example complicated by Appalachian stereotypes and its early roots as a Gamble-led eugenics experiment. While McCann and Gordon have noted the way large-scale rhetoric shifted towards something more conservative, recounting MMHL's story offers a more nuanced portrayal. The League's language certainly shifted by the 1940s, but it was less a deliberate and sharply conservative turn and more an effort by activists to solicit support and situate themselves alongside the national organization. MMHL activists were always attempting to make their organization sustainable and legitimate, which meant that they deployed a number of rhetorical devices in their work.

A close examination of rhetoric and language of items beyond promotional materials is needed. The same lens must be applied to the correspondence found in

¹² The American Birth Control League was the nationwide organization founded in 1921 by Margaret Sanger. In 1939, the group merged with other birth control organizations to form what would become the Planned Parenthood Federation of America in 1942.

the archives. MMHL records contain a number of letters from female clients to Lena Gilliam, the earliest MMHL nurse. These documents were in many ways similar to the promotional letters written by league activists. If those promotional letters were attempts to solicit external financial support and can be read with that purpose in mind, the letters written to Gilliam were written by women in search of contraceptives and the language of their letters reflected attempts to persuade and convince the clinicians to provide those services.

The rhetoric of the organization and the clients, as well as the products provided, are the key components of this study. All are tied to the scholarship of birth control clinics and activism. Most notable are the previously mentioned *Birth Control Politics in the United States, 1916-1945* (1994) by Carole McCann and Linda Gordon's *The Moral Property of Women: The History of Birth Control Politics in America* (2002).¹³ These works illustrate the rich national history in which the MMHL was situated and provide a relevant framework for contextualization. Both McCann and Gordon explore the political situation surrounding access to and distribution of contraception during the years MMHL operated.

Other works explore the specific setting of the birth control clinic. In this more focused area of scholarship, Cathy Moran Hajo's *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939* (2010) and Rose Holz's *The Birth Control Clinic in a Marketplace World* (2012) offer the most insight into the internal workings of a birth control clinic from the 1920s onward. Hajo portrays patient

¹³ *The Moral Property of Women: The History of Birth Control Politics in America* is the 2002 revised version of Linda Gordon's 1976 book, *Women's Body, Women's Right: A Social History of Birth Control in America*.

lives, activist motivations, physician involvement, the physical clinic environment, and the surrounding political atmosphere. This approach will serve as a model for exploring related aspects of MMHL and connecting it to a larger national narrative. Supplementing Hajo's analysis, Holz's work explores the relationship of what she terms the "charity birth control clinic"—clinics operating with the sole purpose of providing those in need with contraceptives—and the commercial marketplace surrounding it in the 1910s through 1970s.

The work done by Judith Gay Meyers in her 2005 dissertation, "A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943," serves to illuminate the MMHL/KBCL relationship. Meyers analyzed and emphasized the ways in which Tachau hoped to affiliate with local organizations throughout Kentucky. In addition, the political climate and cultural backdrop in which KBCL operated were the same as that for MMHL. Meyers thus helps to contextualize MMHL within its Kentucky setting.

The focus on a specific regional community assists in the overall analysis of MMHL. This research is situated within gender studies and Appalachian studies frameworks to explore the interactions and relationships central to understandings of how and why MMHL operated. In regards to localized approaches, the geographically-rural Appalachia of MMHL serves as case study. Previously mentioned works of scholarship have explored the birth control movement and clinics as a nation-wide movement, while others focused on specific clinics. Only a few analyses of the birth control movement have centered primarily on Appalachia. The early MMHL story, however, hinged upon this geographic designation. Gamble's

interest in eugenics was interwoven with stereotypes of Appalachia and “mountain women.” As MMHL began to move into new service areas, the mountains still loomed large. MMHL was always connected to Appalachia, even when it began to expand outward into other parts of the state.

In the early period of MMHL’s history, Appalachia and its mountains became rhetorical shorthand for poverty and neediness. After Gamble had left the League activists on their own, Appalachia became a starting point for program expansion. As a region, it may be where MMHL had its roots, but it was not MMHL’s only service area after Gamble withdrew funds. This local focus, then, offers a different perspective on birth control history. The importance of the MMHL story is not necessarily in its uniqueness; it is that for the MMHL, birth control, eugenics, clients, and activism were tied to a specific region and then expanded outward into the rest of the state. This project offers a way of looking at birth control history that is situated in a specific geography.

That regionalism can be complicated and multifaceted. Appalachia is often seen as a strictly defined region with specific characteristics, but its boundaries are permeable and the experiences of female clients and birth control activists in the region have much in common with their counterparts elsewhere. While Gamble’s Appalachian focus motivated by eugenics and the League’s rhetorical device of the “mountain women” were significant and bring new perspectives to other histories of birth control, at times the stories present in this project transcend the mountains and even Kentucky. Appalachia both was a defining feature of this study *and* shared commonalities with the localities of other histories of birth control.

One book that demonstrates an effective model for analysis of Appalachia is Sandra Lee Barney's *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (2000). Barney's work provides an instructive gender analysis of health care in Appalachia while primarily analyzing the years prior to the establishment of the MMHL. With a clear understanding of Appalachian life and culture and a gender studies approach to issues of race and class, Barney's work serves as a model for how to incorporate both into a comprehensive work. While Barney does not explore contraception, her analysis situates Appalachia without creating a false narrative of Appalachian exceptionalism.

Barney works from a broader methodological frame of Appalachian feminist scholarship which has influenced my own examination of MMHL. There are numerous scholars theorizing methods for exploring what feminism can bring to an analysis of Appalachia and what Appalachian studies can bring to feminism. As Appalachian Studies scholar, Sally Ward Maggard, wrote in 1994, the portrayal of Appalachian women has often been reduced to either silence or caricature:

Popular images of mountain women have included cartoon characters like Daisy Mae, amusing television "heroines" like Granny Clampett, and the forgotten, uneducated, and shy hill women in journalists' essays on Appalachian poverty and culture. Social and labor historians have romanticized Appalachian women as strong companions of white male pioneers or as courageous freedom-fighters leading movements for social justice.¹⁴

Examining the clients of the MMHL (as well as the activists and nurses) with a critical eye towards gender and class grants these women agency and lifts them out

¹⁴ Sally Ward Maggard, "Will the Real Daisy Mae Please Stand Up? A Methodological Essay on Gender Analysis and Appalachian Research," *Appalachian Journal* 21, no. 2 (1994): 137.

of a stereotypical and static role. In this project, for example, the clients served by MMHL were both clients and consumers. These women were simultaneously both recipients of health care services and were responsible for their own reproductive health decisions.

Furthermore, as sociologist Barbara Ellen Smith has argued, Appalachian scholarship should reject the idea of isolation. Instead, “modernity” needs to be examined as existing in the region, or as a desire of its residents, not only as a concept forced upon them by outside reformers and educators advocating for the good of a region they believed too far removed to save itself.¹⁵ The story of MMHL was more nuanced than a simple interaction between outside reformers and inside neediness. League activists grappled with their own roles in the organization and their relationship with Gamble, and, once his funds were exhausted, made decisions that impacted its long role as a health provider in the state of Kentucky. Female clients were not only acted upon; they were consumers and agents of change.

These stories are more complex than the insider/outsider narratives Smith critiques. The story of MMHL was not the story of Appalachian isolation. Not only was there a clear web that tied Gamble, local activists, and female clients together, but the female clients themselves formed informal networks that linked them within their own communities. MMHL’s early female clients may have lived in rural mountain areas, but, as evidenced by the MMHL story, they were connected to each other and shared information among themselves. The next step, as Maggard argued,

¹⁵ Barbara Ellen Smith, “Beyond the Mountains’: The Paradox of Women’s Place in Appalachian History,” *NWSA Journal* 11, no. 3 (1999): 10.

is incorporating a more complete gender analysis into the regional framework. A comprehensive analysis, she maintained, rests on an understanding that gender is a “structuring principle” in the story of Appalachia.¹⁶

Both gender and class were structuring principles in the MMHL story. The League activists, both with Gamble’s funds and without, made decisions and comments that reflected their views of poor women and motherhood. This thesis utilizes the methodologies of these scholars and combines them with the extensive background and analytical work completed on the birth control movement. It is through these lenses that I examine the primary sources that support my analysis.

These secondary sources contextualize the primary sources available to explore the institutional history of the MMHL. The Mountain Maternal Health League Records and the recently-opened Louise Hutchins Papers at Berea College provide insight into the operations of the MMHL. Although small in size, the materials in these collections are extensive in their coverage of MMHL history. These collections contain official correspondence, minute books, financial records, photographs, and promotional materials.

Of particular noteworthiness in the MMHL records is a file of restricted patient correspondence and record sheets which may be used with names omitted. It is unclear if these constitute the entirety of correspondence between the MMHL and its patients, but the variety of patient voices makes them a useful sample, nonetheless. The League most likely did not keep every letter. The ones that it did preserve were probably kept because they contained heart-wrenching stories of

¹⁶ Maggard, “Will the Real Daisy Mae Please Stand Up?” 138.

poverty and need that the League saw as potential materials to draw upon for its promotional work. Although it is important to consider why the League kept particular letters, these sources span the years of 1938 to 1948 and provide not only data regarding those whom the MMHL served, but also rarely heard patient voices.

Other sources can help contextualize and supplement these letters. The Nunn Center at the University of Kentucky holds the *Family and Gender in Coal Communities Oral History Project*. This collection is an extensive oral history collection in which Appalachian residents were interviewed regarding their personal experiences with gender, sexuality, and family life from the 1930s and 40s. In these oral histories, interviewees discuss the availability of birth control in Appalachia, their experiences with physicians and midwives, and health care availability in their hometowns and counties.

Additionally, extensive correspondence exists in Berea's collection between Clarence Gamble, MMHL, and the National Committee on Maternal Health, the organization through which Gamble funded the MMHL. These records offer insight into Gamble's motivations and actions. The collection also contains documents that show a sometimes contentious relationship between Gamble and the Berea activists. At times, Gamble's overarching goals and methods were not clearly articulated to the local MMHL office. MMHL minutes from 1937 reveal that the Berea activists involved with the organization were confused as to their role relative to Gamble's experimental goals.

Reading this correspondence provides insight into the inner workings of MMHL. Particularly interesting is correspondence from 1937 related to the creation

of a MMHL pamphlet which includes a series of letters between Gamble, Nell Noll (then President of MMHL), and a printing company that demonstrated negotiations regarding the clinic's public image and motivations. On edits made by MMHL nurse Lena Gilliam, the printer wrote,

Miss Gilliam's 'Plan 2' on racial deterioration, and discouraging child-bearing among the unfit has given me a good deal of uneasiness. I feel that many people are likely to question our qualifications to pronounce that mountaineers are deteriorating, and to ask who in the League has the ability to decide which families are mentally unfit to have children. We don't want to lay ourselves open to the charge of irresponsibility or to stir up a row like that over 'Sterilization.'¹⁷

An analysis of the correspondence in the Gamble files is critical to developing an understanding of how these public image decisions related to the everyday operations of the MMHL and how MMHL viewed its Appalachian patients.

This study connects Appalachia to a larger national movement in a way that successfully complicates ideas of regional isolation and mountain benevolence work. Appalachian historians have been increasingly focused on not isolating the region's history from that of the rest of the state, country, or world. This thesis attempts to avoid that trap. Additionally, the MMHL story adds more to our understandings of Appalachian benevolence work. Many scholars have examined how benevolence workers entered Appalachia between the late-nineteenth and mid-twentieth centuries. These workers have often been seen as a continuation of Progressive Era reform and as deeply entrenched in the Appalachian region. However, MMHL's many adaptations separate it from the traditional narrative of

¹⁷ Leah Cadbury to Clarence Gamble, Lena Gilliam, and Nell Noll, October 7, 1937: Box 13, Folder 4, Mountain Maternal Health League Records; Berea College Special Collections and Archives, Berea, Kentucky.

benevolence work. Unlike many other programs initiated during the same time in the same region, MMHL had a specific focus that tied it more succinctly to a larger national movement aimed at birth control access. The focus on rhetoric within this thesis engages this research with Appalachian studies scholarship on how and why mountain people are portrayed or understood in particular ways. MMHL rhetoric adds a medical and reproductive rights angle to that line of scholarship. This project shows how an organization focused in many ways on the provision of birth control, not necessarily on a romanticized mountain people and place, although those rhetoric devices served specific purposes for League fundraising.

This study is broader than a contribution to Appalachian Studies or the rhetoric conversations that happen within that field. While a great deal of scholarship has been conducted on the history of birth control politics and clinics, this project adds two important layers to that conversation. First, this study focuses on a region usually looked over in other research. The mountains and small towns that made up MMHL's service area offer a new way of looking at birth control clinic work. There has been a great deal of important research that explores birth control politics on a national level, and a handful of projects that take a micro view of one particular locality. This project takes that location-defined approach, but turns it towards a rural Kentucky clinic instead of focusing on the better researched urban clinics that existed across the U.S. Furthermore, this project is situated in the 1930s and 1940s, not origins of birth control work and not the development of the birth control pill but somewhere in between. This project explores that less researched

period in birth control history by examining two eras of the League's story in two chronological chapters.

In Chapter One, this narrative begins with an analysis of Gamble's involvement with MMHL activists and how his motivations shaped the clinic procedures, clients, and rhetoric of the organization. In Chapter Two, the story continues without Gamble. As his funds dwindled and then diminished, activists had to reorient their goals and services. These two chapters cover only a portion of MMHL's long history of service in Kentucky. That portion, however, is crucial to its overall narrative. MMHL's history of sustaining, operating, and changing organizational structures throughout the 1930s and 1940s is key to revealing how and why the organization succeeded until the early 2000s.

MMHL fits into a longer national narrative of birth control in Kentucky. Given the current political climate at both the national and state levels, the history of MMHL is a timely narrative to consider. MMHL Planned Parenthood closed in 2006 and seven years later, in 2013, the Planned Parenthood affiliates of Indiana and Kentucky merged into one agency, Planned Parenthood of Indiana and Kentucky (PPINK). Currently, there are only two PPINK clinics in the state of Kentucky. Both are in the largest cities of the state: Lexington and Louisville. Both have experienced threats of closure from the state government at the time of this writing. Because of this shift to urban centers and the uncertain future facing Kentucky clinics, it is all the more crucial to consider MMHL's history in providing health services to rural and mountain regions of Kentucky.

Chapter One: Activists, Nurses, Clarence Gamble, and Mountain Women

In December 1936, soon after the formation of the Mountain Maternal Health League (MMHL), nurse Lena Gilliam received a letter from West Virginia describing female clients. The letter was written by Alice Beauman, a nurse working in the small town of Logan.¹⁸ She wrote:

I have found some women who never started using [contraceptive] jelly because they were still nursing. So the first four months was wasted. Two gave the outfit back, never having used it. Why do they take it if they don't want to use it? They have so many funny ideas. Two gave their outfits to friends because they found they were pregnant when I started them. Can you beat it? I am learning to be surprised at nothing. It is hard to decide sometimes whether a woman is pregnant or not. I have been fooled about 10 times, maybe more.¹⁹

Nestled in the hills and situated near the borders of Kentucky, West Virginia, and Virginia, Logan was the home base for Beauman and her work. In her letter to Gilliam, Beauman wrote of her frustrations and difficulties in providing Appalachian women with birth control. These comments demonstrate that Beauman saw Gilliam as an ally, someone who understood what it was like for a nurse to manage

¹⁸ Although Logan, West Virginia, was the location of a birth control project funded by Dr. Clarence J. Gamble, the same funder who created the MMHL in Kentucky, it is unclear whether Beauman worked for Gamble. However, the tone of the letter, the discussion of a contraceptive jelly, and the locale make it possible that Beauman was a nurse with Gamble's other Appalachian project funded in the mid-1930s.

¹⁹ Alice Beauman to Lena Gilliam, December 18, 1936: Box 13, Folder 4, Mountain Maternal Health League Records; Berea College Special Collections and Archives, Berea, Kentucky (hereafter, MMHL Records, Berea).

contraceptive services within the Appalachian mountains.²⁰ The female clients with their “funny ideas” were similar to the women who made up the client base Gilliam served during early MMHL operations.

Located mostly just across the state line in Kentucky, MMHL served clients as determined by its benefactor, Dr. Clarence J. Gamble, and the parameters required by his experiment. His investigation into the effectiveness of a contraceptive jelly on rural women necessitated a test population and, by utilizing the willingness of local Berea female activists, Gamble funded MMHL’s forays into birth control distribution until 1942.

Gamble’s reasons for selecting Appalachia as a location for research were never clearly articulated in his project reports or his correspondence with MMHL activists, but he likely chose the location due to its ruralness, willing local activists, and the lack of other service providers in the area. An examination of other clinics and projects Gamble established across the United States and internationally makes clear that his aims went well beyond Appalachian Kentucky despite MMHL’s singular focus.²¹ For his MMHL project, Gamble was determined to test a jelly contraceptive with a single rural sample which was limited geographically for reasons related to the research. “A contraceptive study provides a rare opportunity for close scrutiny,” Gamble’s research assistants and statisticians, Gilbert W. Beebe

²⁰ The boundaries of Appalachia within the state of Kentucky are complicated. While the mountains cut across the eastern portion of the state, Berea sits in Madison County right on the edge of the mountain boundaries. Appendix 2 shows a more detailed topography of Madison County and shows how the home county of MMHL blends the more mountainous Berea and the Kentucky bluegrass region.

²¹ Gamble experimented with birth control projects across the U.S. and abroad. His projects ranged from North Carolina, California, and West Virginia to Puerto Rico, Egypt, and Japan.

and Murray A. Geisler, argued. By limiting his experiment's focus, he started with a less haphazard population sample. "The selection of the cases was far from random," they noted in their findings.²² For Gamble, Appalachian women served as a specific, clear-cut sample group on which to test a jelly-and-syringe method of contraception. This sample created restrictions that carried through the work performed by MMHL activists and nurses during the early Gamble-funded years of operations. Gamble's experiment parameters meant that those involved with the organization made particular decisions regarding operations. The decision to focus primarily on Appalachian women dictated that nurse staffing, promotional materials, client selection, and distribution were all based on the Gamble-directed Appalachian focus. As will be discussed more fully below, Gamble's focus was directly connected to his involvement and interest in eugenics.

The Gilliam sisters provide a key example of how, early on, the organization sought to accommodate this geographic focus. Lena Gilliam served as MMHL nurse from 1936 to 1938 and was succeeded by her sister, Sylvia, who served from 1938 to 1942.²³ Both sisters grew up in the hills of Rockcastle County and both were hired by MMHL due to their roots in Appalachian Kentucky. Early minutes from the organization suggest that MMHL members claimed that finding a nurse from the region was a difficult but necessary endeavor. The minutes from March 30, 1936 include a transcribed telegraph from Gamble reading: "No contraceptive trained

²² Gilbert W. Beebe and Murray A. Geisler, "Control of Conception in a Selected Rural Sample," *Human Biology* 14, no. 1 (February 1942): 2.

²³ For clarity, the Gilliam sisters are referred to by their first names throughout this and subsequent chapters.

nurse available. [Lena] Gilliam probably best nurse I could find unless you know older mountain nurse. She could spend learning period at Logan.”²⁴ A letter from Gamble to the MMHL activists included descriptions of Lena and why she was chosen:

Since mountain mothers are shy and difficult to approach unless one knows ‘their language’ it was decided to secure the services of a nurse, Miss Lena Gilliam, who had been born and raised in the Kentucky mountains and knew mountain women and their problems.²⁵

The letter does not reveal further what problems were specifically faced by “mountain women” and why Gamble (and the MMHL activists) felt that only a nurse with a sympathetic understanding of Appalachian life could communicate “their language.” The letter alongside MMHL minutes suggest that Appalachian women were seen as a distinct group who could be best reached with an insider, not an outsider to the region.

The Gilliam sisters’ upbringing in Rockcastle County, south of Berea, was emphasized throughout MMHL promotional materials and was continually emphasized throughout the organization’s story of its founding. In a 1959 article written by Dr. Louise Gilman Hutchins, a physician who came on board with the organization in 1939, Lena’s background story and the origins of the MMHL were once again highlighted. Hutchins described Lena’s background as tragic:

Born in a two room log cabin by the Rockcastle River, she had to give up a scholarship at the Annville Institute to help her mother with her ever increasing brood of children. Then when she was only sixteen,

²⁴ 1936 Minutes, Box 7, Folder 5 (MMHL Records, Berea).

²⁵ Clarence Gamble to Elizabeth Hoffman, MMHL Member, November 23, 1937: Box 1, Folder 6 (MMHL Records, Berea).

her mother died in her eleventh childbirth, leaving the daughter to bring up ten brothers and sisters.²⁶

Hutchins utilized this narrative to suggest that Lena had many things in common with the women she was serving, making her an ideal MMHL nurse.

Gamble and MMHL activists found the sisters' ability to communicate and work with Appalachian clients useful beyond Kentucky when Sylvia's skills were requested by the Michigan Maternal Health League. In the summer of 1941, the Michigan League, dealing with a large influx of white southern migrants, requested the MMHL nurse's services. Between the years of 1910 and 1970, large numbers of southerners, both black and white, moved northward in search of financial benefits promised by a northern economy.²⁷ Michigan was one of the destinations for these migrant workers. Three years prior to Sylvia's work in Michigan, a study in *The American Sociological Review* attempted to create a portrait of these southern migrants from Arkansas, Kentucky, Missouri, and Tennessee. Sociologist Erdmann Doane Beynon argued that despite their various geographic backgrounds, southern white migrants were seen as a uniform group. "In the Northern cities . . . the people with whom they [migrants] come into contact distinguish themselves and all Southern white laborers and tend to treat them as members of a single homogenous group," Beynon wrote.²⁸ The argument that white southern laborers were seen as having commonalities suggests why Sylvia's services were requested. In a 1941

²⁶ Louise G. Hutchins, "Better Health for Mountain Mothers, 1936-1958," Brochure, 1959: Box 1, Folder 3 (MMHL Records, Berea).

²⁷ Katherine J. Curtis White, "Women in the Great Migration: Economic Activity of Black and White Southern-Born Female Migrants in 1920, 1940, and 1970," *Social Science History* 29, no. 3 (Fall 2005): 413.

²⁸ Erdmann Doane Beynon, "The Southern White Laborer Migrates to Michigan," *American Sociological Review* 3, no. 3 (June 1938): 334.

Berea Citizen article, Sylvia's work with the Michigan Birth Control League was identified as the first attempt to expand birth control services into migrant communities.²⁹ Sylvia's experience in rural Appalachia--where many Michigan migrants originated--might have been viewed as an asset in working with this new population.

Sylvia's work in Michigan was described in the *Berea Citizen* in terms very similar to those used to justify birth control work in Kentucky Appalachian communities. Sylvia's work focused on Berrien County, Michigan, where the fruit farms in this part of the state offered work for migrant workers (fig. 1). The migrants working in these fields originated from numerous southern states and, due to low wages and inconsistent work on the farms, workers struggled to support their families. Poverty and unsanitary living conditions made birth control work a necessity in these migrant camps, the article argued. Sylvia's reports from Michigan suggest that during her two-month stay, she reached significant numbers of migrant mothers. As reported in both the *Berea Citizen* article and MMHL minutes, Sylvia visited 162 families and supplied 114 women with contraceptive materials. Her work was deemed so successful that the Michigan league requested her assistance with other migrant worker populations in Detroit. The migrant work conducted by Sylvia suggests that while Gamble's experiment was geographically defined, those boundaries were also defined by demographics and cultural backgrounds.

²⁹ "Maternal Health Nurse Loaned to Michigan," *Berea Citizen* (October 9, 1941): Box 10, Folder 8 (MMHL Records, Berea).



Figure 1 -Photograph of Berrien County, Michigan, Migrant Workers. John Vachon, 1940, Library of Congress, Farm Security Administration/Office of War Information Photograph Collection.

Aside from this foray into Michigan, Gamble's experiment limited opportunities for MMHL activities outside of the geographic boundaries of Appalachia. However, occasionally, league activists attempted to expand the work. An early attempt to operate a clinic for African American clients in Richmond, Kentucky, was discussed. The League also had ample opportunities for expanded work that were never pursued. Throughout the 1930s, the Kentucky-based MMHL received numerous requests for service both inside and outside of the state. These appeals make obvious that birth control was desired in numerous locales and the existence of MMHL offered to many a potential means of obtaining contraception. These inquiries show that outlets for expanded work were available within the first few years of operations. They were not pursued due to the parameters of Gamble's experiment. MMHL records include letters from Uplands Cumberland Mountain

Sanatorium in Tennessee, nurses in rural North Carolina, and other requests from outside the boundaries of Kentucky.

Not only was Gamble's project limited geographically, but it restricted the contraceptives that clients could obtain from the League. The contraceptives that clients received during the Gamble-funded period were delivered to those which fit the experiment parameters Gamble had set up. Clients were denied any options other than the jelly and syringes. Gamble's trials in Appalachia mostly utilized Lactikol B, a contraceptive jelly containing lactic acid.³⁰ Contraceptive jellies were used fairly widely in the 1930s and lactic acid as a possible contraceptive had been suggested as early as the late-nineteenth century.³¹ Jellies were often used in conjunction with a second method (e.g., a diaphragm, condom, or cervical cap), but at times they were used as the sole contraceptive agent. MMHL clients received only the jelly along with a syringe for insertion. In order to use the method, women would use a syringe filled with a contraceptive jelly from a tube. The woman would then insert the syringe into the vagina and use the syringe to release the jelly prior to intercourse (fig. 2).

³⁰ Lactikol B jelly appears to have been the preferred method for Gamble's Appalachian experiments. However, judging from a handful of notations in minutes and letters, Durekol was also utilized in some cases. For a full description of Lactikol B ingredients, see Gilbert W. Beebe and Murray A. Geisler, "Control of Conception in a Selected Rural Sample," *Human Biology* 14, no. 1 (February 1942): 2.

³¹ "Lactic Acid as a Contraceptive," *Museum of Contraception and Abortion*, <http://en.muvs.org/topic/lactic-acid-as-a-contraceptive-en/>.

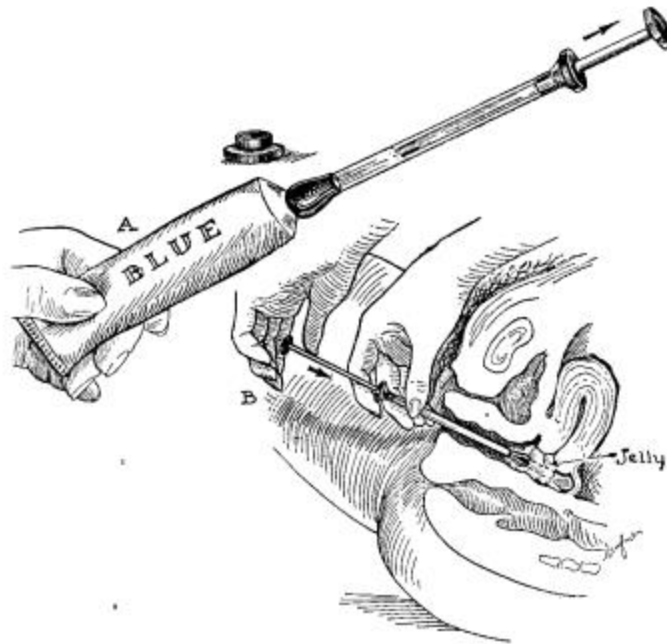


Figure 2 – Diagram of jelly-and-syringe method. Irving F. Stein and Melvin R. Cohen, “Jelly Contraceptives: A Three-Year Investigation,” *American Journal of Obstetrics and Gynecology* 41, no. 5 (May 1941)

Gamble selected the jelly-and-syringe method due to its simplicity. Simple methods were key to Gamble’s philosophy of birth control work. He believed in quantity over quality. Reaching as many women as possible was more important than the effectiveness of the method. Gamble’s birth control research was driven by

a desire to alleviate problems associated with poverty, not by the motivation to provide female clients with independence or self-determination.³² His priority meant that the provision of simple contraceptives was driven by stereotypes of poor women. Gamble and others believed that poor women were incapable of using complicated devices and providing these women with birth control required simple methods. This philosophy was evident in other Gamble projects in the U.S. In North Carolina, for example, the foam-and-sponge method prescribed to clients was unreliable, making it difficult to convince mothers to use and undermining their trust in the nurse. As historian Joanna Schoen found in her study of Gamble's North Carolina project, the foam-and-sponge method was chosen not to "provide women with greater self-determination," but to "solve the problems of poverty and health." His work was statistically motivated. Gamble hoped to lower birthrates and was concerned about getting contraceptives in the hands of the maximum number of women even if those contraceptives were not the most effective.³³

The jelly-and-syringe method was one of many on the commercial market during the 1930s. The method was cheap in comparison to others. Diaphragms, a method Margaret Sanger advocated and which was encouraged by doctors, were often not only messy, uncomfortable, and difficult to use, but were also expensive. Diaphragms cost a client \$4 to \$6.³⁴ This cost was a significant one for Appalachian families during the Depression era. Like other Americans during the 1930s,

³² Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 30.

³³ Schoen, *Choice and Coercion*, 30.

³⁴ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2002), 154-55.

Kentuckians, particularly Appalachians, faced economic hardships due to the closure of coal mines and high unemployment.³⁵ In comparison, MMHL charged 10 cents for the applicator and 25 cents for the jelly, although supplies were never withheld due to inability to pay.³⁶ MMHL records reveal that clients receiving Gamble's preferred jelly and syringe often paid less than 50 cents and frequently paid nothing. For clients of MMHL, the jelly and syringe provided offered contraceptive services at low or no cost.

While the jelly and syringe offered through Gamble's project offered a new low-cost option, many clients were already familiar with contraception and the possibility of controlling their own fertility. In the University of Kentucky oral history project, *Family and Gender in Coal Communities*, interviewers talked to residents of Appalachia about their lives in the region during the period in which the MMHL was in its early years of operation. In an interview with Malta Miller, born in 1901, the interviewer asked Miller about her experience with condoms. While reluctant to provide extensive details, she said, "But you know, I gots to say this, my mother used them." Miller described seeing condoms as a child, and while unsure as to the specifics of how her mother acquired them, she speculated that they were perhaps ordered through the mail, prescribed by a doctor, or purchased by her father in the city of Ashland, Kentucky. Miller's parents' knowledge of how to use them was clear regardless of how they were acquired. Unlike the desperately needy

³⁵ Donald C. Boyd, "The Book Women of Kentucky: The WPA Pack Horse Library Project, 1936-1943," *Libraries and the Cultural Record* 42, no. 2 (2007): 118.

³⁶ Lena Gilliam, "A Contraceptive Service for Mountain Women," *Journal of Contraception* 3, no. 3 (March 1938): 57-58.

and large families described by organizations like MMHL, Miller's mother had only two children.³⁷

An interview with Lowell Phillips, born in 1914, suggested that while not all families practiced birth control, knowledge about contraception was available. In response to questions about his parents' use of contraception, Phillips asserted that while his parents did not use any type of contraceptives, as a teenager in Appalachia, he himself was knowledgeable about birth control. Phillips revealed that teenage boys were expected to "sow some wild oats," and that expectation made contraceptives desirable.³⁸ For Phillips, then, contraceptives were desired, *and* accessible, for preventing children born out of wedlock.

These two narratives were supported by a 1942 report of MMHL findings summarizing efforts in the region from 1936 onward that suggested clients were not always ignorant of, nor strangers to, using contraceptive methods. While 61% of clients denied ever having used contraception, findings suggested that "the group already had the means for controlling its reproduction without having made extensive use of it."³⁹ The oral histories substantiate those MMHL findings. Like their counterparts receiving services from MMHL, these women were also knowledgeable about birth control from other sources.

Other oral histories make clear that women in Appalachia faced hardships related to childbearing. In an interview with Lucy Hall Patton, born in 1906, Patton

³⁷ Malta R. Miller interviewed by Glenna Graves, Family and Gender in the Coal Community Oral History Project, Louie B. Nunn Center for Oral History, University of Kentucky, July 19, 1988.

³⁸ Lowell Phillips interviewed by Glenna Graves, Family and Gender in the Coal Community Oral History Project, Louie B. Nunn Center for Oral History, University of Kentucky, December 8, 1988.

³⁹ Beebe and Geisler, "Control of Conception," 7.

was asked if her mother “wanted to have all those children.” Patton recognized that her mother perhaps did not want as many children as she ended up with, but was particularly unwilling to discuss abortion or contraception with the interviewer. Regarding her mother she said, “I don’t think she did [want so many children], but she wouldn’t have ever done anything to . . . after she got pregnant she wouldn’t have done anything . . . not for the world ‘cause she was a good Christian woman.” When the interviewer suggested that, “There’s ways to not get pregnant,” Patton responded, “I don’t know if people had ways back then or not. I don’t know.”⁴⁰ It is unclear whether Patton was unknowledgeable or unwilling to admit her own knowledge of birth control, but her interview revealed how respectability, acceptability, and contraception intersected in the minds of some Appalachian residents.

Like Patton, Mossie Johnson, born 1918, demonstrated that large families and tragic poverty were not unusual. “I didn’t realize what trouble was,” she stated before explaining that she and her husband had 21 children in 16 years and then he was killed “with that rock, slate rock.”⁴¹ Julia Cowans, born 1925, revealed a similar experience. Unaware of birth control when she was first wed, she explained, “I married and they came two years apart, like clockwork. Just baby, baby, baby.”⁴² Her story resonates with a letter Lena Gilliam received in 1938 from Line Fork Cabin in Gilley, Kentucky (an extension service of the Appalachian settlement

⁴⁰ Lucy Hall Patton interviewed by Glenna Graves, Family and Gender in the Coal Community Oral History Project Louie B. Nunn Center for Oral History, University of Kentucky, July 20, 1988.

⁴¹ Alessandro Portelli, *They Say in Harlan County: An Oral History* (New York: Oxford University Press, 2011), 37.

⁴² *Ibid.*, 38.

school, Pine Mountain), where Lutrella Baker begged the MMHL for services. Baker's issue, it seems, was, "the baffling, overwhelming problem," of, "babies, babies, babies."⁴³ These oral histories reveal both a familiarity with contraception and a need for accessibility. Gamble's project introduced, for the women in its service area, a new outlet for acquiring birth control.

The effectiveness of the jelly-and-syringe method for these women, however, was questionable. In a 1936 study written by Dr. Hannah Stone of the Birth Control Clinical Research Bureau (BCCRB), the effectiveness of contraceptive jellies (used either in conjunction with an additional device or alone) was explored. Stone pointed to the lack of consistency in contraceptive jellies. While some were effectively used without mess or irritation, others were less successful. Additionally, the effectiveness rate of the jellies varied dramatically between different kinds. BCCRB statistics showed failure rates ranging from 15% to 46%.⁴⁴ How effective was the contraceptive jelly prescribed to MMHL clients? An answer to this question is complicated by the medical research produced during the period. While in 1936, Stone found the effectiveness rates for various contraceptive jellies discouraging, doctors Irving Stein and Melvin Cohen, writing in 1941 for *American Journal of Obstetrics and Gynecology*, found Lactikol B 87.1% effective.⁴⁵

The results of Gamble's MMHL work in Appalachia offer a more complex picture of these statistics. Gamble's colleagues, Gilbert Beebe and Murray Geisler,

⁴³ Lutrella Baker to Lena Gilliam, September 4, 1938: Box 13, Folder 4 (MMHL Records, Berea).

⁴⁴ Hannah M. Stone, "Contraceptive Jellies: A Clinical Study," *Journal of Contraception* 1, no. 12 (December 1936): 209-212.

⁴⁵ Irving F. Stein and Melvin R. Cohen, "Jelly Contraceptives: A Three-Year Investigation," *American Journal of Obstetrics and Gynecology* 41, no. 5 (May 1941): 850-855.

reported the MMHL results in a 1942 issue of *Human Biology*. This report came as Gamble's financial support of MMHL was dwindling dramatically. The results in the report hint at why. In the paper, Beebe and Geisler analyzed the data from 355 clients. During the follow-up period, 7% of the clients were unable to be reached. 24% had abandoned the jelly completely. Additionally, of the remaining clients available for statistical analysis, 38% were not using the jelly at their last follow-up visit. A number of reasons were given for their abandonment of the method. Messiness, burning, irritation, and distrust of method were all reasons women gave for discontinuing use of Gamble's method. Beebe and Geisler concluded at the end of their report, "the patients secured no higher rate of protection with the jelly method than with methods of their own choosing."⁴⁶ The experiment, then, had produced very little success in lowering the birthrate among Appalachian women.

Scholars who have studied other Gamble experiments hint at similar results in other geographic locations. In 1937, in the midst of his work with MMHL, Gamble began another birth control trial in North Carolina. Gamble was drawn to North Carolina for a number of reasons. High birth rates, public health officers stationed in every county, and few Catholics to protest birth control work made it an appealing location to begin a separate contraceptive trial.⁴⁷ Gamble approached state officials about creating a joint contraceptive research and public health project. The North Carolina project overlapped with Gamble's work in Kentucky. Lena Gilliam left MMHL to pursue work with Gamble in North Carolina. Joanna Schoen's

⁴⁶ Beebe and Geisler, "Control of Conception," 8-19.

⁴⁷ Peter C. Engelman, *A History of the Birth Control Movement in America* (Santa Barbara: Praeger, 2011), 174.

extensive research on Gamble's birth control efforts in North Carolina and the story she presents is, in many ways, reflective of the MMHL narrative. Instead of promoting contraceptive jelly, however, the North Carolina project utilized other simple methods: condoms and a contraceptive foam-and-sponge method (developed by Gamble). The results of the foam-and-sponge method must have been familiar to Gamble after his Kentucky project. Schoen highlights the unreliability of the method and the lack of any demonstrable effectiveness rate. These problems with the method made it difficult for Gilliam to convince mothers to use the method as it undermined their trust in her and the project. She wrote to Gamble and revealed that she was contemplating quitting.⁴⁸ Schoen argues, "A nurse's control over her work was limited by the goals of the research developing the project."⁴⁹ This struggle between nurse and funder suggests differing interests and goals for those working within these projects.

While MMHL nurses and other nurses working in Gamble-funded projects lacked the authority to direct their own work, they were allowed to operate independently of a physician when they conducted home visits in Appalachian communities. The contraceptive jelly supplied by MMHL was delivered to clients at their homes, not in an on-site clinic. This method of delivery separated MMHL from other birth control clinics of the period, but connected it to a history of outreach programs in Appalachian Kentucky in the 1930s. Birth control was not the only service provided to women through home and community visits. The Frontier

⁴⁸ Schoen, *Choice and Coercion*, 33-40.

⁴⁹ *Ibid.*, 41.

Nursing Service sent horseback-riding nurses into the mountains to provide health care and midwifery services to Appalachian residents. Similarly, the Works Progress Administration Pack Horse Library Project utilized librarians on horseback to travel to rural mountain communities with books and magazines. For both efforts, the service providers traveled to communities inaccessible by road. Creek beds were a common route in the mountains, and suppliers for both projects often completed their journeys on foot or by boat.⁵⁰

While MMHL nurses traveled by car, not horseback, extending birth control services to women in Appalachia meant visiting them in their home communities instead of setting up physical clinics for patients to visit in nearby towns. This system meant that MMHL supplied clients with additional materials via mail. Mail-order birth control meant that MMHL clients could write to the League's Berea office and receive in return contraceptive jelly and replacement syringes. For rural communities, MMHL not only provided needed contraceptives, but offered them without requiring that clients travel to a nearby town. These rural clients would often pay MMHL for their supplies, but these small sums were not what kept MMHL afloat.

With clients contributing little to the League's financial bottom line, MMHL depended upon donors. Outside funders had to be convinced by the League to donate funds to bolster those provided by Gamble. The birth control work Gamble pursued in Appalachia was never presented to donors and supporters in medical

⁵⁰ For more on the FNS see Melanie Beals Goan, *Mary Breckinridge: The Frontier Nursing Service and Rural Health in Appalachia* (Chapel Hill: University of North Carolina Press, 2008).

terms that explained his philosophy of simple methods or how contraceptive jelly worked. Instead, MMHL presented a portrait of impoverished mountain communities and needy mothers. The way MMHL crafted stories of clients was similar to what other clinics did. They often utilized dramatic before-and-after stories to promote their work. Clinic activists promoted these client narratives because they provided potential donors with proof that birth control work was effective and necessary.⁵¹ MMHL's promotional materials fit within this framework. MMHL's brochures and letters offer insight into an Appalachian clinic where client descriptions were tailored to provide potential donors with a look into mountain life as a means to solicit both support and money.

The brochure created by MMHL in 1937-1938 reveals this mindset (fig. 3). On its cover, a tired looking mother holds one child while another is at her feet. Behind the family stands a small shack. Laundry is strung on the clothesline in the background suggesting never-ending chores faced by the mother. The text inside described the "conditions of the Southern mountains" as deeply impoverished and its people dependent upon land that could no longer sustain them economically. The burden of population expansion was emphasized. The mountains are "teeming with children," the brochure asserted. The brochure characterized Appalachian women as maternal and loving, but unable to care for more children.

Deep as their love for their babies is--and in these mountain communities family affection is conspicuously tender--the mothers make tragic efforts to ward off pregnancy as failing health or growing poverty threatens them.⁵²

⁵¹ Hajo, *Birth Control on Main Street*, 128.

⁵² Pamphlet, 1937-1938: Box 12, Folder 2 (MMHL Records, Berea).

This description simultaneously demonstrated to readers the need for birth control in the region, while it distinguished the region as one of love and “tender” family life. Thus, MMHL presented its Appalachian clients not as women who desired contraception to prevent pregnancy because they did not desire children, but as women who were inherently maternal, yet too poor to care for more babies.



Figure 3 - MMHL 1937-1938 Pamphlet Photograph, Box 12, Folder 2 (MMHL Records, Berea)

If at times MMHL focused on the poverty and desperation of Appalachian Kentucky, it also portrayed clients in ways that reflected romanticized views of Appalachia during the period. As Nancy K. Forderhase and others have emphasized in their work, Appalachia entered into the public imagination in the early twentieth century as writers and journalists described the region.⁵³ Depictions and portrayals of Appalachian people shaped outside understandings of the region and continue to

⁵³ Nancy K. Forderhase, “Eve Returns to the Garden: Women Reformers in Appalachian Kentucky in the Early 20th Century,” *Register of the Kentucky Historical Society* 85, no. 3 (Summer 1987): 240.

influence stereotypical views of mountain residents today. Sally Ward Maggard describes two versions of Appalachian stereotypes: “Popular images of mountain women have included cartoon characters like Daisy Mae, amusing television ‘heroines’ like Granny Clampett, and the forgotten, uneducated, and shy hill women in journalists' essays on Appalachian poverty and culture.”⁵⁴

MMHL portrayed its clients using multiple stereotypes as well. They often emphasized the negative aspects of life in Appalachia, most often as a way for MMHL to articulate the importance of birth control work to potential donors and state officials. MMHL activists were intent upon including birth control in Kentucky public health programs and, by emphasizing the dire conditions and neediness of Appalachian people, they could effectively present their case. MMHL materials were also quick to point out the ways in which Appalachian people were burdened with poverty, but poverty not of their own making. A 1940-1941 MMHL pamphlet emphasized the view that Appalachian poverty was something done to the Appalachian people, not something inherent to them. In this iteration of MMHL promotional materials, the woman and children on the cover were replaced by a picturesque cabin (fig. 4). The cabin was small and modest and surrounded by beautiful landscape. Unlike the 1937-1938 pamphlet with its impoverished mother and children, this cover emphasized the natural beauty of the region, with the tiny cabin serving as the only reference to any human inhabitants. The pamphlet text argued that poverty was not the fault of mountain people, but of corporate interests. The MMHL argued in this document that low wages paid by mining companies and

⁵⁴ Maggard, “Will the Real Daisy Mae Please Stand Up,” 137.

families not receiving fair payouts for the mineral rights on their property placed the region in its desperate conditions. This version of Appalachia presented potential clients as people who were impoverished for complex reasons. Their neediness, caused by others, could be solved with contraception.⁵⁵



Figure 4 - MMHL 1940-1941 Pamphlet Photograph, Box 12, Folder 2 (MMHL Records, Berea)

The drafts of MMHL pamphlets also claimed that its clients (and potential clients) were important due to their racial makeup. These eugenics-based arguments were never fully articulated in published MMHL materials, but were important nonetheless particularly because of Gamble's relationship to the eugenics movement. Even though they remained unpublished, the early drafts of MMHL pamphlets revealed some of the thought processes and potential rhetorical presentations considered by the organization. In one undated draft, the

⁵⁵ Pamphlet, 1940-1941: Box 12, Folder 2 (MMHL Records, Berea).

organization's "Purpose and Plans" were listed with the same bullet points found in both the 1937-1938 and 1940-1941 pamphlets. However, they contained one notable argument omitted in the final product. The purpose of the MMHL, according to "Point 2" (subsequently deleted), was to:

improve eugenics (a serious and rapid racial deterioration which is now rapidly taking place among the mountain people) by discouraging childbearing in the homes of the physically and mentally unfit, and by encouraging better babies in the home of the fit.

Later in the draft, eugenics goals were reiterated. The importance of the MMHL, the draft stated, was to "safe-guard the blood-strain in these mountain families--one of the most desirable in our American culture."⁵⁶

The use of language such as "blood-strain" and "mentally unfit" was not unique to MMHL, and represented the two sides of the eugenics movement during the period. The preservation of the "desirable" makeup of Appalachian people could be read as positive eugenics--the promotion of more breeding by the so-called "fit." The discouragement of childbearing in the "homes of the physically and mentally unfit," on the other hand, spoke to the ideas of negative genetics--less breeding by the "unfit."⁵⁷

The latter was typical of Gamble's involvement in birth control work.⁵⁸

Gamble strongly believed that "differential fertility," that is, differing birth rates

⁵⁶ Pamphlet Draft, 1937-1938: Box 12, Folder 2 (MMHL Records, Berea).

⁵⁷ For more thorough definitions of "fit" and "unfit" and the relationship to positive and negative eugenics, see Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).

⁵⁸ Birth control work had long been associated with the eugenics movement. As many historians have pointed out, Margaret Sanger used the rhetoric of the eugenics movement to align her birth control activism with scientists and to provide scientific terminology to discuss birth control as a legitimizing technique.

among those of different classes, “posed a serious threat to the future of civilization.”⁵⁹ Birth control, Gamble claimed, offset poverty by controlling impoverished populations.⁶⁰ Gamble’s work in Appalachia was meant to decrease the population of the mountains. His work elsewhere in the United States was also meant to reduce the populations of peoples he found to be a drain on society. Gamble’s connection of poverty, fertility, and financial stability was a common argument point for those connected to the eugenics movement during the early twentieth century. This belief led Gamble to write a poem about a “moron” who had too many children and drained the “state coffers” of money.⁶¹ Gamble’s long career in birth control included the support of sterilization clinics (over twenty throughout the South and Midwest) and pharmaceutical testing among the poor.⁶² Historian Joanna Schoen writes, “Throughout his career, Gamble participated in almost every experiment in population control and initiated, organized, or financed a considerable number of them.”⁶³ For Gamble, Appalachian women were part of this equation. Poor, rural, and isolated, Appalachia served, as did other subsequent Gamble projects, as a test case for controlling impoverished populations. Immediately prior to his work in Appalachian Kentucky, Gamble experimented in the mountains of Logan, West Virginia, along with the American Birth Control

⁵⁹ James Reed, *The Birth Control Movement and American Society: From Vice to Virtue* (Princeton: Princeton University Press, 1978), 235.

⁶⁰ Ordovery, *American Eugenics*, 149.

⁶¹ Ann Gibson Winfield, *Eugenics and Education in America: Institutionalized Racism and the Implications of History, Ideology, and Memory* (Bern, Switzerland: Peter Lang Publishing, 2007), 76-77.

⁶² Ordovery, *American Eugenics*, 149-154.

⁶³ Schoen, *Choice and Coercion*, 34.

League⁶⁴ and Ortho Pharmaceuticals in connection with the Quaker philanthropic organization, the American Friends Service Committee. Gamble saw this work as an important means to modify the population and fertility of the poor.⁶⁵ This rhetoric was seen throughout Gamble's career. From his work in Appalachia, to his assistance with Sanger and the Birth Control Federation of America's "Negro Project" in 1939, to his establishment of the Pathfinder Fund in 1957 to manage global populations, Gamble's interest in eugenics-motivated population control and fertility among the poor was evident.

The extent to which these ideas were advocated by MMHL activists' promotional materials was debated by them as they decided how to present the League. A series of letters from the 1930s between Lena Gilliam, Gamble, and Leah T. Cadbury (who appeared to be in charge of printing the pamphlet) reveal other language that did not make the final cut. In a 1937 letter to Gilliam and Gamble, Cadbury wrote that Gilliam's statements on "racial deterioration and childbearing among the unfit" gave her "a great deal of uneasiness." She worried that readers would question MMHL's qualifications for making such statements. Other language worried Cadbury as well. She wrote, "Also, because of the bitter nationalistic feeling spreading about now, I think that it is wiser for us not to say right out that we want to preserve the old Scotch-Irish or German stock. We may lay ourselves open to vicious attacks and misrepresentations" and "do a good deal of damage to our

⁶⁴ The American Birth Control League was the nationwide organization founded in 1921 by Margaret Sanger. In 1939, the organization merged with other birth control organizations to form what would become the Planned Parenthood Federation of America in 1942.

⁶⁵ Ordovery, *American Eugenics*, 149; Reed, *From Vice to Virtue*, 249-250.

work.”⁶⁶ It is impossible to discern from the draft if the language Cadbury referred to was that of Gamble, Gilliam, or the Berea activists. Regardless, the language suggested not only that the organization tried a number of framing devices to describe clients, but that the goals and motivations of those involved in the organization were far from monolithic.

The 1940-1941 pamphlet and its predecessor in 1937-1938 were not meant to attract clients, but to appeal to potential donors and supporters interested in providing charity to the women MMHL served. The language used in both documents spoke *of* the people MMHL served, not *to* them. There was no information in the pamphlets on how to obtain services from MMHL or where potential clients could find a nurse. The depictions of poverty and of mountain life in the pamphlets were utilized to tug at the heartstrings of those who were sent them in order solicit donations. Judging by the responses MMHL received, this method could be effective. In 1938, a Mrs. Edward Bixler of New Windsor, Maryland, wrote to the League. She had been so impressed with MMHL’s promotional materials that she decided to send money. Addressing her letter to “Co-Workers for Humanity,” she wrote, “I don't have much money and so many places for it. But I have been giving to the Anti-Saloon League for years and years and I'm going to transfer that \$5 to your work this year.”⁶⁷ MMHL’s descriptions and rhetoric made an impression on her charitable decisions.

⁶⁶ Leah T. Cadbury to Clarence J. Gamble and Lena Gilliam, October 7, 1937: Box 13, Folder 4 (MMHL Records, Berea).

⁶⁷ Mrs. Edward Bixler to MMHL, October 29, 1938: Box 13, Folder 4 (MMHL Records, Berea).

MMHL supporters like Bixler may have been swayed by the dramatic stories MMHL referred to in its letters and pamphlets. In her broad study of birth control clinics in the United States, Cathy Moran Hajo suggests that clinic activists wanted desperate stories and dramatic “before and afters” to serve as “proof” that work was legitimate and necessary.⁶⁸ By highlighting desperate cases and the poverty of Appalachia in brochures, the MMHL could effectively solicit funds from donors and promote services as a necessary and benevolent social good. A 1939 letter to donors highlighted the fact that by donating to the organization, one was helping the less fortunate:

If you lived in an over-crowded house without enough beds to sleep in comfort, if your husband had no regular employment, if you hadn't enough food for the family you already have, and then in addition to these handicaps, you should be left in ignorance as to ways to choose when and whether you are to have another child, you would indeed be justified in saying that the women whose burdens are heaviest surely are given the least help.⁶⁹

The emphasis that donations would help eliminate a social ill was evident in the 1937-1938 pamphlet as well. By donating \$5, donors could be sure that their money was being used to “provide contraceptive care for one mother for one year.”⁷⁰ MMHL framed the need for donations as helping poor Appalachian mothers.

MMHL utilized the “before and after” stories Hajo refers to in her scholarship.

A 1940 letter to potential donors highlighted the story of one client:

⁶⁸ Hajo, *Birth Control on Main*, 128.

⁶⁹ MMHL Finance Committee to Supporters, February 1939: Box 11, Folder 5 (MMHL Records, Berea).

⁷⁰ Pamphlet, 1937-1938: Box 12, Folder 2 (MMHL Records, Berea).

Said a young mountain mother, “This is our fourth child and it is a ‘wanted baby.’ I’m afraid my third was an ‘unwanted’ child. When it came it was the third in four years. I was only 23. I was not strong, my husband had no work, we didn’t have enough food. The doctor who came fifteen miles to attend me said I simply must plan my family. He sent the Mountain Maternal Health League nurse out to my house. . . . Four years have gone by. . . . I have grown strong, my husband is working again, and we really planned for this one.”⁷¹

Utilizing this story, MMHL was able to demonstrate to potential donors and supporters that contraceptive services caused real change in the lives of their clients. The woman whose story was highlighted in this letter was transformed from being weak with an unemployed husband to strong, financially stable, and happy. The problems facing this family, the letter suggested, could be solved with contraception and family planning. For potential donors reading this letter, the story highlighted by MMHL suggested that if donors chose to send their money to the League, they could help transform a struggling family into a stable one. The letter writer referred to her strength both prior to and after her interaction with MMHL. She went from being weak to strong and thus did her family. For donors, this dramatic change suggested that their support of birth control work throughout the state strengthened families.

These descriptions of Appalachian women were useful, common rhetorical devices for other health care agencies in the region during the 1930s and 1940s as well. In 1931, Mary Breckinridge, the founder of the Frontier Nursing Service, an Appalachian midwifery service that utilized horseback-riding nurse-midwives, wrote an article outlining her own feelings on birth control in the region. While

⁷¹ Nell Scovel Noll, President, to Supporters, October 28, 1940, Box 11, Folder 5 (MMHL Records, Berea).

Breckinridge felt that contraception did little to relieve poverty in the region, her descriptions of mountain women were similar to those used by the MMHL. Breckinridge wrote, “the mountain mothers to-day, like our Colonial great-great-great grandmothers whom they so greatly resemble,” married young and quickly began having children. As she compared them to women from earlier eras, Breckinridge asserted that the women’s high fertility was linked not with limited access to acceptable and effective birth control, but resulted from Appalachian simple-mindedness and mental capacity. She wrote, “Old Mother Nature gives physical fertility in inverse ratio to mental and spiritual endowments” and, in regards to a young mountain woman, “if she is a dull girl, her fertility is thereby increased, and if she is brilliant, she will have fewer and better children.”⁷² While the MMHL was never quite so blatant in connecting the limited intelligence and high fertility of mountain women, portrayals of them as shy, unapproachable, desperately needy, and impoverished played into a number of stereotypes and popular culture tropes of hillbillies and mountain folk.

The actual experiences of MMHL clients were more nuanced than MMHL promotional materials suggested. This was the case at other U.S. clinics as well. Clients across the country offered dramatic stories when requesting services but often, clinic record summaries showed only a handful of desperate cases but generally consisted of “younger brides with one or two children.”⁷³ Activists also frequently portrayed clients as ignorant of contraceptives and among the most

⁷² Mary Breckinridge, “Is Birth Control the Answer?” *Harper’s Magazine* (July 1931): 158-162.

⁷³ Hajo, *Birth Control on Main Street*, 132-135.

desperately poor, but these two characteristics often did not mirror the reality of client experiences. MMHL's clients created an interesting correction to this analysis. The Appalachian women who made up Gamble's experiment were indeed often poor and isolated. In many cases, the desperate stories MMHL utilized in its promotional materials matched the daily experiences of Appalachian women. However, at times, these clients had more agency than promotional materials suggested. Women wrote to MMHL to request services, made decisions about whether or not to continue products, and formed informal local referral networks amongst neighbors and family.

Correspondence from MMHL clients to Lena Gilliam suggested a level of desperation and an intense need for contraceptive services, but these letters should be read with a critical eye.⁷⁴ While oral histories and census data demonstrated that hardships were not uncommon in the region, the letters require a careful analysis due to their nature as a request for services. These letters suggest that even if contraceptive supplies and knowledge preexisted contact with MMHL, women in Appalachia desired additional birth control services and reproductive health information.⁷⁵

In a 1937 letter from Livingston, Kentucky, a woman revealed to Gilliam her fears and worries. She wrote, "I want to ask you something." She then described going on a trip with her husband. "He drink a little to much so I couldn't keep him back." The letter writer feared the consequences. "I thought he would with draw

⁷⁴ Ibid., 128.

⁷⁵ Original spelling and grammar in the letters remains intact.

but he didn't and it was about 3 hours before I got home and then I used my jelly as soon as I got home. Do you think I am in danger?" For this writer, the possibility of another pregnancy was construed as a "danger." She asked Gilliam, "Next week is my time to come around if I don't what should I take? I am too weak to have a baby." On the flipside of the letter, Gilliam added a few contextualizing notes. She had known this woman growing up. The writer had experienced a miscarriage with profuse bleeding and was "apparently half dead." While she had improved considerably since, the letter suggested that "she is probably in another jam. Poor thing!"⁷⁶

This letter can be read multiple ways. On one hand, the writer seemed confused and misinformed. It is easy to discount her knowledge of birth control. However, she did understand (and obviously practiced) withdrawal as a method of birth control. Contemporary statistics from Planned Parenthood suggest that while withdrawal is not as effective as other methods, it has a level of success when used properly.⁷⁷ Regardless of the effectiveness of withdrawal, her mention of that method suggested that she was aware of ways to control her reproduction. The fact that she followed up the failed withdrawal with the jelly as soon as she returned home demonstrated a concerted effort to prevent pregnancy.

One of the more fascinating portions of this letter was her query to Gilliam regarding what she should take if she found herself pregnant. While Gilliam's response (if there was one) was not preserved, another letter in the files from

⁷⁶ Letter, Livingston, KY, 1937: Box 19, Folder 1 (MMHL Records, Berea).

⁷⁷ "Withdrawal (Pull-Out Method)," Planned Parenthood Federation of America, Inc., <https://www.plannedparenthood.org/learn/birth-control/withdrawal-pull-out-method>.

Livingston appears to be from the same writer. In a letter dated a few months after the initial contact, the writer said, “I am pregnant. Wont you please tell me something I can do.”⁷⁸ Other letters displayed similar desperate pleas for this information from Gilliam. A 1936 letter writer from Duluth, Kentucky, read, “my baby is 12 months old and I haven’t had any monthly spells yet. If you know of anything I could take that you thought would help me please write.”⁷⁹ Another letter from Big Hill, Kentucky, in 1937 has a similar tone. The Big Hill woman wrote, “I am sorrow to tell you I have missed three days over my monthly period if there is any chance for you to do anything before it gets to late I am to hard up to bear it.”⁸⁰ These letters are a few examples of many written to Gilliam that expressed fear and concern over late or irregular menstruation. A 1936 letter from Big Hill revealed that these women were not only tracking their cycles and aware of changes, they were proactively seeking information and making attempts to alter their situations. This letter writer asked for Gilliam’s advice, saying, “I have went five days over my monthly period. Would you tell me something to do? I am uneasy. I have been taking quione [sic] but it hasn’t helped. When do you think you will be out again? I will pay you if you will help me.”⁸¹ This letter, like the others, suggested a level of trust placed in Lena Gilliam as a confidant and provider of information on reproductive health, including abortion.

⁷⁸ Letter, Livingston, KY, n.d.: Box 19, Folder 1 (MMHL Records, Berea).

⁷⁹ Letter, Duluth, KY, 1936: Box 19, Folder 1 (MMHL Records, Berea).

⁸⁰ Letter, Big Hill, KY, 1937: Box 19, Folder 1 (MMHL Records, Berea).

⁸¹ Letter, Big Hill, KY, 1936: Box 19, Folder 1 (MMHL Records, Berea).

Many other letters in the collection suggest that women who wrote to the league felt compelled to explain their reasoning for requesting birth control. Cathy Moran Hajo explores this dynamic in *Birth Control on Main Street*. She suggests that patients wanted to show a need to clinic staff to demonstrate that they were in need of receiving birth control supplies. While this relationship between client and provider meant that clients dramatically recounted their financial situations, the actual economic situation of MMHL clients is hard to discern. Certainly, the women writing to MMHL experienced poverty and economic instability. However, it is important to keep Hajo's suggestion in mind. How many of these women felt compelled to prove the neediness of their situation in order to obtain contraceptives? In one 1937 letter, the writer told Gilliam that she had two children but no home of her own and was too weak to raise any more children.⁸² On the back of a patient intake form, one woman wrote, "My husband has one of his eyes out and can't get any public work so we are in a close place. . . . I sure would be glad to use something to prevent an increase in the family."⁸³ Another woman highlighted the fact that she has tuberculosis,⁸⁴ another her husband's "lung troubles,"⁸⁵ others listed histories of miscarriages or infants who died. These stories could easily be read simply as stories of poverty and desperation, but Hajo's approach suggests a reading that shows these women making decisions about disclosure and

⁸² Letter, no location indicated, 1937: Box 19, Folder 1 (MMHL Records, Berea).

⁸³ Patient Record Form, n.d.: Box 19, Folder 1 (MMHL Records, Berea).

⁸⁴ Letter, no location indicated, 1937: Box 19, Folder 1 (MMHL Records, Berea).

⁸⁵ Patient Record Form, n.d.: Box 19, Folder 1 (MMHL Records, Berea).

accessibility. The letter writers actively sought information and deliberately shared intimate details of their lives in an attempt to obtain contraceptives.

These clients were actively seeking out birth control services. The clients who contacted, worked with, turned over information to, and followed up with MMHL were client-consumers. They provided their information and promised to stay in touch for data collection, but those actions were in service of receiving a product they were perhaps unable to obtain locally or confidentially. The clients served by MMHL were consumers who saw a new way to obtain something they needed. As consumers, they also shared information with their friends and family.

The women writing to MMHL created local networks of friends and neighbors to share information and to solicit the League for help. Numerous letters written to the MMHL office reveal that women learned about MMHL services from other Appalachian women. A 1937 letter from Disputanta, Kentucky, included requests from multiple women in the community and referred L. Gilliam to other clients. The writer sent the names of two friends interested in MMHL services and explained, "Yesterday we had some friends from Mt. Vernon spend the day and they asked us to write and get you to send them 2 tube of jelly and one applicator and send the bill."⁸⁶ Furthermore, the letter writer demonstrated that some clients of MMHL shared products and knowledge with others in the community. She wrote, "You left me an extra tube and applicator and I let Mrs. _____ have it."⁸⁷ She concluded her letter with the name of another local woman interested in MMHL

⁸⁶ Letter, Disputanta, KY, 1937: Patient Record Form, n.d.: Box 19, Folder 1 (MMHL Records, Berea).

⁸⁷ The woman's name has been removed for confidentiality.

services. In this one letter, three women's names were referred for services and an additional woman was given the extra supplies the letter writer received. These referrals and connections reveal informal networks and referrals that fueled MMHL work.

Another letter from Disputanta further reveals these networks. The letter writer explained that she had been talking to others in the community who were interested in visiting with L. Gilliam. "Hurry up and come over," she wrote, "I suppose most every one would be glad to see you."⁸⁸ Beyond the Disputanta correspondent, other women revealed the interactions and community between neighbors and friends. A 1938 letter writer from Pleasantville, Kentucky, wrote to MMHL because she had heard about the services from another client. Familial sharing of knowledge was also evident in the letters. A 1938 letter writer wrote that her aunt came to her asking for assistance with birth control. The aunt asked the writer if, "through my college education," she knew of any ways to obtain birth control. Writing on her aunt's behalf, the writer requested a visit and further information from MMHL.

These letters were typical of those written to MMHL during Lena Gilliam's tenure. Informal networks and shared knowledge were key to MMHL's ability to network throughout the state. A further feature of MMHL letters was the frequent reference to Gilliam's own Appalachian roots and her connections to the clients themselves. One letter writer from Fariston, Kentucky, highlighted the common ties she had with Rockcastle County-born Gilliam. "One of your old schoolteachers . . . is

⁸⁸ Letter, Disputanta, KY, 1937: Patient Record Form, n.d.: Box 19, Folder 1 (MMHL Records, Berea).

my sister,” is the line concluding her request for services. Other clients revealed personal or familial connections, while Gilliam’s annotations on the letter highlighted how long she had known the family involved.

The networks revealed through MMHL letters offer a way to understand MMHL from the clients’ perspective. While Gamble’s eugenic motivations and problematic methods demonstrated his single-minded approach to birth control and poverty and dictated the operations of the clinic, the women who approached MMHL for services also had a level of agency. Whatever criticisms can be made of Gamble’s work, the clients themselves seem to have been interested in obtaining confidential and meaningful interactions with a healthcare provider (Lena and Sylvia Gilliam) and, ultimately, to obtain methods of birth control at reasonable prices to plan their family size.

The letters clients wrote to MMHL suggest that they were active in their search for services and were clearly using language and rhetoric that would get them those services. In addition to revealing details about their lives, the women writing to MMHL always mentioned their other children and their husbands. There are no letters in the surviving MMHL documents that suggest a woman without a husband writing to the League for services. The women who wrote to MMHL presented themselves as ideal clients who desired children but were unable to care for more of them in their current situations. The rhetoric used by these women, then, was in line with that used by the League. The women appealed to the League’s own sense of purpose. This reasoning might explain why the letters remaining from MMHL’s early period are all fairly consistent. The League activists most likely saved

those that best underscored their own rhetorical arguments. The stories with dramatic tales of poverty and sadness were those that could best be incorporated into their own efforts and best played to their own sense of MMHL's purpose. The surviving letters reveal a dialogue happening between female clients and activists where clients used a particular rhetoric to successfully engage with the elite women in the League.

The clients who chose to contact and engage with MMHL may have found the home visits and mail-order follow-ups attractive in their small communities. MMHL services provided a fairly discreet and reliable way of obtaining birth control without having to turn to a local doctor or their husbands. Thus while Gamble was uninterested in the self-determination of the clients, they used the service to create just that for themselves. While Gamble was interested in statistical analysis, the interactions Lena and Sylvia Gilliam had with clients reveal that the latter could not be neatly categorized. While Gamble created parameters for the work, clients worked within them and MMHL activists expressed desire to move beyond those strict boundaries.

By 1942, Gamble had left MMHL activists with dwindling funds, no nurse, and a future that was no longer dictated by experiment parameters. The League became free to explore new options and different service areas. Rooted in an experiment initially, the League expanded to become a provider of healthcare and a range of contraceptives for women in the region. Gamble continued projects in other locales. While 1942 marked the end of his funding of MMHL, he continued his career throughout the United States and abroad. Gamble funded or was involved in

projects throughout the United States for the rest of his life. Furthermore, in 1957, Gamble co-founded the Pathfinder Fund (now Pathfinder International) and would conduct birth control work in a wide range of international locations including Central and South America, Africa, and Asia. Throughout those experiments and projects, Gamble's philosophy of eugenics-motivated population control, simple contraceptives, and on the ground fieldwork remained ever present. The MMHL story, however, demonstrated how these parameters were adaptable once the League's actions were left to the decisions of the activists themselves as well as their clients.

Chapter Two: Moving in a New Direction: The MMHL after Gamble

At a meeting of the Mountain Maternal Health League (MMHL) Executive Board in March 1942, Dr. Louise Gilman Hutchins, by this time the President of the League, read aloud from a letter from Dr. Gamble. In it, Gamble stated that he thought it would be more useful and important to use MMHL's nurse, Sylvia Gilliam, in his work in North Carolina. By 1942, both Sylvia and her sister Lena were working with Gamble in locations outside of Kentucky. Hired for their local connections, the two sisters had served as MMHL nurses throughout the first few years of its operation. The Gamble letter made it clear that Sylvia's assignment to North Carolina was permanent. It was also clear that Gamble's financial support was on the decline.⁸⁹

During the same meeting, the League activists began to examine Gamble's dwindling financial support. In 1941, he granted the organization funds for half of its office expenses, half of the supplies needed for the Berea region, publicity materials up to \$50, and a promise to match funds raised for its work in Harlan, Kentucky. Additionally, he promised to match funds raised or give one free month-long demonstration of his contraceptive jelly to any community outside Berea.⁹⁰ These small amounts were not nearly as substantial as the full funding he had given the League during his data collection. By the 1942 meeting, Gamble's

⁸⁹ Minutes, 1940-1964, Box 7, Folder 5, Mountain Maternal Health League Records; Berea College Special Collections and Archives, Berea, Kentucky (hereafter, MMHL Records, Berea).

⁹⁰ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

support was reduced to \$200 towards a nurse's salary only if MMHL could raise a similar amount on their own. Previously, he had paid the nurse's salary in its entirety. The League activists decided that in view of their budget, raising that amount of money was impossible.

MMHL activists now faced financial difficulties; they would respond, in part, by redefining who was to be selected as patients, how the League's work would be promoted, the type of birth control that would be provided, and the way those contraceptives would be distributed. Between the years of 1942 and 1947, MMHL began to shift the boundaries of its work. Madison County, Kentucky, the home of MMHL, experienced significant changes in the post-war period and MMHL adapted to take advantage of new opportunities to address their financial challenges. Both the construction of the Bluegrass Ordinance Depot (BGOD) and increased concern with prostitution in Richmond, Kentucky, would change how MMHL operated and whom it served.

The loss of the Gilliam sisters as nurses left the League searching for new staff who brought their own ideas and interests to the organization, but the nurses would not be the only ones bringing new ideas to MMHL. With Gamble gone, local pediatrician, Dr. Louise Gilman Hutchins, was frequently at the helm of the organization. Leading MMHL, Hutchins altered the clinic model and types of contraceptives provided by the League by introducing an on-site clinic at Berea College Hospital and fitting her clients there with diaphragms.

These changes were reflected in the rhetoric MMHL used in the post-war period. While the Gamble years were notable for the rhetoric of Appalachian

poverty and neediness, the 1940s saw the League reframing its work using the rhetoric of the Planned Parenthood Federation of America (PPFA), an organization with which MMHL affiliated in the post-Gamble years. During this time, while rhetoric did not entirely change, a noticeable difference took place in how the League discussed clients and how it articulated the need for birth control work. This new rhetoric would stress domestic harmony and familial stability.

If the early years of MMHL were dictated by and structured around Gamble's experiment parameters and his research to test a simple contraceptive on rural women, the later years of the organization saw the work rest solely in the decisions of the League activists in Berea. This transition reflected larger trends happening in U.S. birth control clinics. Historians have described this shift as a move from the local "charity clinics" of the 1930s to nationally-organized Planned Parenthood affiliates in the 1940s.⁹¹ While clinic history from Margaret Sanger's Brooklyn clinic in 1916 through the 1930s is well documented, the ensuing story of birth control prior to the mass production of the pill is less widely researched.

For MMHL, this era presents a narrative that is more challenging to uncover. The early years of the organization are well documented in the MMHL records at Berea College. Gamble frequently wrote to the League and his data collection goals ensured numerous sources are available for analysis. Furthermore, Gamble's status as a well-known researcher meant that a significant portion of his results from the MMHL project was published in medical and scientific journals. The years following

⁹¹ Rose Holz, *The Birth Control Clinic in a Marketplace World* (Rochester: University of Rochester Press, 2012), 14.

Gamble's departure were complicated by the organization's tenuous finances. The League had lost its primary source of funding, the United States was on the brink of war, and both of MMHL's mountain nurses had left to work for Gamble elsewhere. Records are sparser and less detailed. Despite the limitations, this story is one worth exploring. Examining the story of MMHL as it moved from experiment-driven charity clinic (Chapter One) to a more broadly motivated affiliate of the nationwide PPFA in this chapter offers a more complete story of birth control provision in mid-twentieth-century Kentucky. Stopping the MMHL story with Gamble's departure fails to connect the League's history with its subsequent period of service in the Berea area. The League existed, run by the activists involved, until 2006. I aim to show how these activists shifted the direction of the League without Gamble's funding to create a sustainable organization. Furthermore, continuing this narrative complicates ideas of Appalachian benevolence work in the first half of the twentieth century. The MMHL persisted in serving Appalachia, but its language did not fit so neatly into its earlier rhetoric of charity for the mountains.

The MMHL transition was led by the activists who organized and operated MMHL on-the-ground in Berea. Many of the women involved with MMHL at the time of Gamble's departure had been involved with the League from its beginnings in 1936. These activists were not unfamiliar with the type of organizational and community work MMHL required. While Gamble had directed the initial operations, the women who gravitated towards MMHL work were already involved with professional careers, their husbands' work, or charitable activities elsewhere in the community. Most were middle class and had moved to Kentucky from areas outside

of the state. Many were married to men holding prestigious positions in Berea or faculty positions at Berea College.

The lives of these early activists help illustrate how MMHL activists brought their own ideas and opinions to the League even before Gamble's departure. Alta Nell Noll was professor of English at Berea College from Iowa and was married to a professor in the Physics Department. Eleanor Churchill was from Minnesota, spent time as a missionary in India, and her husband David founded the renowned Churchill Weavers where Eleanor would work as a designer and weaver. Myrtle Ballard was a public health nurse. Minnie Steenrod worked for the Red Cross. Other activists were involved with the Berea College Hospital. Nan Cox Hare was the hospital superintendent and Dr. Ruby Paine was Associate College Physician.⁹² Dr. Louise Gilman Hutchins was perhaps the best example of a MMHL member who began her work with the League during a long career of service in the community and beyond. Hutchins had served as a missionary in China, received her MD from Yale in 1936, and worked as Berea's sole pediatrician before becoming involved with MMHL.

In the years leading up to Gamble's departure, the activists in Berea were often in disagreement over his directives and expressed discontent over having Gamble's experiment dictate their work in the region. In a letter between temporary MMHL nurse Hazel Parsons and the League office, Parsons was informed that Gamble desired that the League drop its work for the summer of 1938. "The

⁹² These biographies are pulled from 1930s and 1940s census data as well as *Chimes*, the Berea College yearbook, available online at <http://digital.berea.edu/cdm/search/collection/p15131coll12>.

board met yesterday to discuss this,” the letter read and then continued, “As you know, his word is LAW to us.”⁹³ In 1939, the League again clashed with Gamble this time over a proposed article for *Life* magazine.⁹⁴ The League felt the article would paint mountain women in a negative light thus harming MMHL’s reputation in the region. Gamble, for his part, argued with MMHL activists stating that the large readership made an article a worthwhile outlet.⁹⁵ These two examples indicate tensions already at play before Gamble would leave the League activists to determine their own direction.

A handful of sources suggest that MMHL activists, without Gamble’s support, were working with clients outside of Appalachia and outside of Gamble’s data collection as early as 1937. These sources point to the creation of a clinic for African American residents in Richmond, Kentucky. This project remained unreported in MMHL correspondence with Gamble; an undated newspaper clipping in MMHL records suggested that the work was funded not by Gamble, but by the Richmond community.⁹⁶ The work, however, was known in the larger birth control circles of Kentucky. In a 1937 letter written to Jean Tachau, president of the Kentucky Birth Control League, the MMHL work in Richmond was reported: “There is a clinic for colored people over which Miss Gilliam has charge. This receives the full support of

⁹³ MMHL Office to Hazel Parsons, May 20, 1938, Box 13, Folder 9 (MMHL Records, Berea).

⁹⁴ It appears that this article was never published. No version of it exists in the MMHL records nor is it in any issue of *Life* magazine in 1939 or 1940.

⁹⁵ Clarence Gamble to Nell Noll, MMHL President, December 13, 1939, Box 14, Folder 2 (MMHL Records, Berea).

⁹⁶ “Elect New Officers for Year,” undated clipping, Box 11, Folder 1 (MMHL Records, Berea).

the colored doctors.”⁹⁷ MMHL had already tested the waters for new projects not under Gamble’s direction.

The African American clinic was alluded to again in a 1937 speech to a local women’s club. Although the author of the speech is not indicated, it was likely (due to the 1937 date) that the report was given by one of the Gilliam sisters. She said, “The other day, a call came from Dr. Doyte, a coloured doctor in Richmond who is much interested in our work. He wants us to organize a center there for the coloured mothers.”⁹⁸ A report written on the work done in Richmond suggested that beyond Dr. Doyte, a Dr. Hugh Mahaffey was interested in the Richmond work. He supervised the League’s project in the east end of the city. Even without Gamble’s support, the League made significant contacts in the city by visiting 142 homes.

This project served a 50% African American population unlike the MMHL’s usual caseload of rural white patients.⁹⁹ The references to the Richmond project suggest that even prior to Gamble’s withdrawal of funds, the activists of MMHL were interested in working in locations outside of the geographic scope of Appalachia and outside of the data collection required for Gamble’s experiment. The clients served by MMHL in Richmond went unreported in Gamble’s published accounts of MMHL results. This silence suggests that MMHL activists had their own goals for the

⁹⁷ Quoted in Judith Gay Myers, “A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1938-1943” (Ph.D. diss., University of Kentucky, 2005), 158. This letter is also a part of Family Planning in Kentucky Collection, 1938-1987. MSS76. Kentucky Historical Society, Frankfort, Kentucky.

⁹⁸ Speech to Women’s Club, 1937, Box 1, Folder 6 (MMHL Records, Berea).

⁹⁹ “Report of Material Health Work Done in East End Richmond,” Box 7, Folder 20 (MMHL Records, Berea).

League. MMHL activists pursued their own projects outside of Gamble's purview that fit their idea of what a birth control league should do. While bound financially and often directionally by Gamble, the League activists found ways to push against those boundaries.

Richmond, while in Madison County, is not considered by most as part of the Appalachian region. Additionally, the clients served by MMHL in the 1930s were predominately white and rural, not urban (as Richmond would have been considered at the time) African Americans. The suggestion that MMHL activists were at least interested in pursuing such a project shows that, even before Gamble's withdrawal of funds, the organization was interested in reorienting its focus and looking for projects throughout the community, not just in the mountains.

The desire to expand MMHL work took on a new importance as World War II altered the view of birth control in Madison County. A new need for birth control work outside of Appalachia was first brought up in the same meeting as when Hutchins read aloud from Gamble's letter regarding his withdrawal of funds. The MMHL secretary, in reference to the building of the BGOD in Richmond, Kentucky, recorded, "We particularly noted the opportunity which the ammunition dump construction camp would offer for work this summer."¹⁰⁰ These minutes reveal the organization's search for new opportunities as Gamble reduced his financial involvement and oversight.

Gamble's departure left the organization's activists with uncertainty, limited funds, little oversight over the direction they wanted to go, and a need to reorient

¹⁰⁰ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

themselves and revise their mission. Without Gamble's funds or the needs of his experimental aims, the organization began to expand its scope beyond Appalachia and into projects like the BGOD.¹⁰¹ World War II affected Madison County and other parts of Kentucky in ways that led MMHL to take notice and shift its focus. The changes that took place during this time represented not only a change in the geographic scope of its work, but also a difference in the overall client makeup it served.

The social and community changes in Berea and surrounding areas due to the BGOD pushed MMHL's refocus. The Gamble experiment existed prior to and in the early years of World War II. The "ammunition dump" mentioned in the 1942 minutes was built as a result of the war. Intended as a base to store chemical weapons during (and after) the war, the BGOD was built beginning in 1941. It is unclear exactly what MMHL meant by "the opportunity" provided by the BGOD. The founding of the BGOD did create a number of jobs for single men and women as well as housing for families.¹⁰² The League would have noticed, as many did in the surrounding community, the influx of workers both as temporary contract workers to build the facility and as subsequent workers in the depot. In 1941, the *Richmond Daily Register* reported that, "6500 are now employed on B.G.O.D. Job."

Not included in that 6500 total were the many subcontractors involved in the building project.¹⁰³ In a letter to Gamble written close to the end of his involvement,

¹⁰¹ The Bluegrass Ordnance Depot is still in operation as the Bluegrass Army Depot.

¹⁰² "Bluegrass Ordnance Depot," *Records of the Office of the Chief of Ordnance, 1940-1966*, The National Archives at Atlanta, <https://www.archives.gov/atlanta/finding-aids/rg-156-ordnance-chief.pdf>.

¹⁰³ Ibid.

the MMHL treasurer referred to these workers. She wrote, “many people are being brought in for the work” of constructing the new depot. The letter continued, “The conditions under which some of these families live are typical of the living conditions of many migratory workers. We are most anxious to give some aid to the mothers of this group.”¹⁰⁴ These workers were further noted in the draft of a funding letter written to MMHL supporters. The letter writer described the incoming families as “an influx of many thousands of defense workers,” and noted that these families were living in “trailer camps and overcrowded boarding houses.” The women who were part of this influx were described by MMHL as “mothers-on-the-move.”¹⁰⁵ These families and women represented a new type of client being served by MMHL.

In a funding request letter from 1942, MMHL clearly separated these “mothers-on-the-move” clients from its usual “mountain mothers.” The League began its appeal for funds by describing the temporary, transitional, and overcrowded conditions facing BGOD workers. The letter called for donations and support for MMHL to continue work in the area. The letter then continued by refocusing on another group of mothers: “The mountain mothers still need our help.” MMHL members in 1942 saw themselves as providers of birth control not just to the mountain mothers, but also for the mothers-on-the-move. Both groups were presented to potential donors as part of the scope of the MMHL project.

¹⁰⁴ Mrs. Albert Dekker, MMHL Treasurer, to Dr. Clarence J. Gamble, June 13, 1942, Box 16, Folder 5 (MMHL Records, Berea).

¹⁰⁵ Draft Letter, May 1942, Box 11, Folder 5 (MMHL Records, Berea).

These BGOD employees were part of demographic changes MMHL minutes referred to throughout the 1940s. The minutes reveal that newly married veterans and their wives constituted a new group of clients. Looking at populations closer to their home base in Berea, Hutchins noted in May 1947 that she had a total of 68 new clients. “Many of them have been veterans’ wives and this is a good class to help,” she noted.¹⁰⁶ While Hutchins did not reference the age or education levels of these veterans’ wives, the MMHL annual meeting two years earlier in 1945 revealed that the organization was serving a new type of client. Hutchins said, “We seem to be getting a younger, more intelligent group who are interested.”¹⁰⁷ These “intelligent” clients seem to contrast with the earlier findings of Beebe and Geisler which had showed a client base defined by its lack of schooling.

The “mothers-on-the-move” were reflective of another social change happening during the same period that would have affected MMHL and the clients around it. Between 1940 and 1945 nearly 350,000 Kentuckians moved within and out of the state seeking employment.¹⁰⁸ While significant numbers of Kentuckians would move into Indiana, Ohio, Michigan, and other midwestern states, nearly half settled in other parts of Kentucky. The stream of migrants across the state included those from Appalachian Kentucky who moved from their home counties to cities elsewhere across the state.¹⁰⁹ This migration was important context for MMHL services in the 1940s. Not only were the areas immediately surrounding the League

¹⁰⁶ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹⁰⁷ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹⁰⁸ Richard E. Holl, *Committed to Victory: The Kentucky Home Front during World War II* (Lexington: University of Kentucky Press, 2015), 211.

¹⁰⁹ *Ibid.*

changing, but the Appalachian communities it had previously served were changing as well.

The increase in Madison County population due to the BGOD construction and staffing led to another change in the community that MMHL sought to assist with. During a September 1942 meeting, members discussed a proposition from a nurse who was an employee of the Durex Company.¹¹⁰ The nurse was willing to work in the area for MMHL for two months. While discussing where they would locate this nurse, a member suggested nearby Richmond, due to interest generated by a recent Federal Bureau of Investigation report on Richmond's "prostitution situation."¹¹¹ The FBI's interest in Kentucky and in prostitution was connected to the passage of the May Act of 1941. This act made prostitution near military installations a federal offense and was enacted as a means to control venereal disease among military men.¹¹²

Law enforcement's concern about prostitution was not limited to Richmond. The MMHL interest and FBI involvement were examples of large-scale conversations taking place across the U.S. During World War II, government officials feared that prostitution and uncontrolled female sexuality would endanger the health of the men serving the country through the spread of venereal disease. Law enforcement and other groups concerned with the situation in Richmond, like

¹¹⁰ The Durex Company was known for producing condoms.

¹¹¹ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹¹² Kyra Whitton, "Women as Subjects and Audience in World War II Venereal Disease Posters" (M.A. thesis, Kennesaw State University, 2010), 16-17.

their counterparts elsewhere in the country, worried that the spread of disease would weaken soldiers and cripple the nation.¹¹³

The goal of curtailing prostitution was not to limit or prevent men from engaging in sexual activities, but to protect them from venereal disease. Poorly collected and biased statistics supported the notion that prostitutes were the major carriers of venereal disease. The difficulty of treating or curing venereal disease fueled the fear that it could easily weaken U.S. manpower.¹¹⁴ The construction of the BGOD in Richmond during this period (as well as military operations in Lexington and Henderson, Kentucky) increased awareness of and concern about prostitution in the state. Enough uneasiness existed to lead to a conference of Louisville field office FBI agents along with local police and state health workers to discuss controlling venereal disease in the state.¹¹⁵

The situation in Richmond attracted the attention of various women's clubs in the area. The *Richmond Daily Register* reported that there were "40 or more known prostitutes" in the Richmond area, mostly in the east end of the city. Furthermore, the report continued, over half were suffering from a venereal disease. With the influx of population to Richmond due to the construction of the BGOD, the May Act and FBI reports triggered the women's clubs to take action in their city. The clubs advocated a three-pronged approach to the problem as promoted by U.S. Public Health Service officer C.J. Patterson. The procedures included identifying

¹¹³ Marilyn E. Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes: The Regulation of Female Sexuality during World War II* (New York: New York University Press, 2008): 13.

¹¹⁴ Hegarty, *Victory Girls*, 16.

¹¹⁵ "FBI to Hold Police Confab at Winchester Tuesday to Discuss May Act Provisions," *Richmond Daily Register*, July 27, 1942.

“red light districts,” followed by testing for disease and “administering drugs and education” to “victims.” The third prong was promoting a “social response” from community leaders.¹¹⁶ MMHL records leave no indication of how the League hoped to be involved in the solution. There are no indications that the Durex nurse was ever hired by MMHL, but the suggestion, and the fact that the League decided her time would be best spent half in Berea and half in Richmond, demonstrated MMHL’s reorientation away from Gamble’s original goals for the organization. No longer required to choose clients dictated by experimental parameters with regional restrictions, the League was able to pursue projects related to local community needs.

In addition to external factors spurring MMHL’s changes, internal organizational changes helped move the League in a different direction as well. A change in the nurses handling the MMHL cases would have a large effect on the services the organization provided and the communities they visited. During the Gamble-funded years, the nursing jobs were handled by the Gilliam sisters who hailed from Rockcastle County, Kentucky. Their self-identification as being from the same region as their clients was important to the organization’s early understandings of itself and how it interacted with its clients. After Gamble began to withdraw his funds, the organization used its limited funds and hired a part-time nurse, Helen Carter, a nurse from Berea who worked for the organization from 1943

¹¹⁶ “Drive on Prostitution and Venereal Disease Planned at Community Center Meet,” *Richmond Daily Register*, September 2, 1942.

to 1945, and later, Gretchen James, who came to MMHL from Wisconsin and worked for the League from 1947 to 1949.

Carter's tenure with MMHL was on a part-time basis from 1943 to 1945. The first mention of her in the MMHL minutes occurred on March 16, 1943 when MMHL decided to pay her \$5 per day. League members were pleased that unlike the Gilliam sisters, Carter came with her own personal vehicle. Without the need to purchase and maintain a car for its nurse, MMHL paid Carter a small mileage reimbursement.¹¹⁷

In May 1943, Carter reported working with 50 interested cases, 44 white and 6 black.¹¹⁸ In 1959, Hutchins would reflect upon MMHL history and recall that Carter's interest was working "in the slums of Richmond, particularly among colored women."¹¹⁹ While Carter's May 1943 report did not reflect a significant number of African Americans receiving supplies from MMHL, other reports did show that she was visiting clients in areas outside of rural Kentucky including, potentially, the African American population of Richmond. Carter's reports in MMHL minutes often indicated what she perceived as differences between her city and country clients. "Mrs. Carter reported she found the country people more opposed to the idea of birth control than the town people she has visited."¹²⁰ Again, in 1944, Carter ruminated on the city/country divide. "Mrs. Wilmot Carter made a very interesting report of her work. She finds people in town more receptive than

¹¹⁷ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹¹⁸ Ibid.

¹¹⁹ Louise G. Hutchins, MD, "Better Health for Mountain Mothers," Brochure, 1959, Box 1, Folder 3 (MMHL Records, Berea).

¹²⁰ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

those in rural areas; rural people have more prejudice on religious grounds.”¹²¹

While somewhat vague, Carter’s reports illuminated the fact that MMHL was serving more than rural, isolated clients. Women in cities and towns were now being contacted and provided with contraceptives. Carter’s summaries also indicated that the League understood its old clients and new clients as different, distinct populations. In 1944, Carter “reported many new contacts but said the older clients that she revisited are very irregular in their use.”¹²² Carter’s report, then, illustrated that MMHL services were reaching both old *and* new populations of clients.

In 1945, Carter left her position and the MMHL was, for a time, without a nurse. In the 1947 MMHL minutes, the activists refer to the “nurse problem” as a persistent difficulty.¹²³ It was soon after this meeting that MMHL secured the services of Gretchen James, a public health nurse of 25 years, who would come to work full time for the organization from 1947 to 1949.

James’s emphasis on public health practice in her contributions to the organization were clearly stated in her 1947 report to MMHL. She wrote, “You will note that thru' out this report of my activities, it has been necessary to do other public health more than birth control. My willingness to assist other Public Health and Social Agencies with their programs has helped and will continue to help us put our program across in more and larger areas than we could possibly do without their co-operation.”¹²⁴ James defined her work more broadly than did the Gilliam

¹²¹ Ibid.

¹²² Ibid.

¹²³ Ibid.

¹²⁴ Gretchen James, “Report to Mt. Maternal Health League Board covering time from July 21, 1947 to February 25, 1948,” Box 7, Folder 16 (MMHL Records, Berea).

sisters, and, as a full-time nurse, she provided more services than could the part-time Carter. Her monthly reports demonstrated that while she oversaw the distribution of jelly, applicators, and diaphragms, and, like the other nurses, visited with clients, she also attended immunization clinics, gave health talks at public schools, attended numerous meetings with community organizations, and traveled to areas not regionally defined as Appalachia.¹²⁵ The emphasis on public health was not always perceived by MMHL as positive. In January of 1948, after James gave a report on her work, MMHL minutes noted, “it was the consensus opinion that a greater number of home visits would be desirable.”¹²⁶ While James was bringing new ideas, the long-time League activists were sometimes resistant to those new changes.

While James continued to do work in Appalachia, she focused her activities in non-Appalachian towns and counties. In 1948, James visited cities and towns in Central Kentucky such as Richmond, Lancaster, Paint Lick, Winchester, and Frankfort. Communities in non-Appalachian areas like Lancaster and Richmond were served more frequently than those in the more eastern parts of Kentucky, like Harlan. James’s reports were not incredibly detailed and read more like travel itineraries rather than detailing the areas she provided contraception to and what her work was in each specific location. Each nurse hired by MMHL had her own style of recording her work and James seems to have brought with her a more informal and less detailed method. Her travels throughout Kentucky emphasized

¹²⁵ Gretchen James, Reports to MMHL, 1947-1948, Box 7, Folder 16 (MMHL Records, Berea).

¹²⁶ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

that, while MMHL remained tied to Appalachia, people connected to it were expanding the services and their contacts. James's summaries reflected visits to Appalachian communities as the organization continued to mail out supplies to its clients in the region. However, James's insistence upon creating ties with community organizations and health agencies throughout the state showed the ways in which the organization was growing beyond an Appalachian experiment to a group with statewide impact.

James's interest in broader methods made sense as she had previously worked for a public health agency. Public health practice, the health of the population as a whole, expanded in the years leading up to and after MMHL's inception. The Great Depression had served as a stimulus for public health work and with the New Deal, public health became ingrained U.S. policy with the Public Health Service playing a large role in combating health problems across the country. It was also during the New Deal period that federal funds created special training programs for public health practitioners.

During World War II, however, public health agencies across the United States saw their services curtailed as personnel were lost. Post-war public health saw declining funding and support.¹²⁷ For James, a public health nurse who had spent her career in public health agencies, MMHL was a springboard to larger community health projects. James's reports indicated that she attended immunization clinics, assisted with teaching health classes, referred clients to

¹²⁷ James W. Holsinger and F. Douglas Scutchfield, *Contemporary Public Health: Principles* (Lexington: University of Kentucky Press, 2013), 9-10.

hospitals for further services, and made visits to schools and child welfare offices. For James, working with MMHL meant broader services than simply contraceptives. Under James, MMHL's contraceptive services became a part of its nurse's overall goals for improving community health.

This philosophy of care demonstrated in James's practice was reiterated throughout nursing literature of the 1930s and 1940s. Writing in 1941, a U.S. Public Health Service nurse described public health nursing as necessary to "secure adjustment of social conditions which affect health."¹²⁸ James's focus on birth control as part of a broader general health program echoed this definition of public health. Another nurse writing for the *American Journal of Nursing* five years earlier in 1936 had described a public health nurse as a practitioner who "integrates for the family the health resources of a community."¹²⁹ James's emphasis on attending a variety of health programs and referring clients for further services reflected such a goal.

While James's public health methods and Carter's focus on rural versus urban patients expanded the work the League was able to accomplish, the way MMHL presented its work underwent a change as well. In the early years of MMHL, the League focused its rhetoric on Appalachian women and mountain poverty. After Gamble's departure, and the expansion of MMHL services, the letters written to drum up financial support for the organization have a broader focus. The League used its promotional letters to discuss rural versus urban clients instead of

¹²⁸ Pearl McIver, "Public Health Nursing," *Pi Lambda Theta Journal* 20, no. 2 (December 1941): 59.

¹²⁹ Mabelle S. Welsh, "What is Public Health Nursing?" *American Journal of Nursing* 36, no. 5 (May 1936): 455.

“mountain women.” Additionally, the League incorporated themes of family planning borrowed from the Planned Parenthood Federation of America. Furthermore, World War II affected the rhetoric of the League as well and the activists attempted to frame their work as patriotic.

While early funding request letters and pamphlets remarked upon the hardships faced by “mountain women,” a 1943 letter was focused more on rural women living outside of Appalachia and on the MMHL work in Richmond, Kentucky. The letter explained that Carter had found significant work in and around Richmond because of the “defense work” taking place there. It is likely that the letter was referring to the BGOD. The letter stated that many men were not “physically fit” enough for defense work, leaving the bulk of farming and household labor to their wives who were still having “a baby every year.” Like its counterparts from MMHL’s earlier period, this letter did not shy away from using dramatic narratives of poverty to underscore its message. The letter focused on one case in particular. “One mother of eight children, “ the letter began, “had to go out to do laundry work in order. . . to keep food in her children’s mouths. . . . [She] had left her six weeks old baby with the older children, no one over eight years old, and the baby had caught pneumonia and died.”¹³⁰ While this story, like many in earlier MMHL materials, emphasized tragic and impoverished situations, references to mountain women and the Appalachian region were no longer part of the narrative.

¹³⁰ Louise Hutchins, MMHL President, to Supporters, May 12, 1943, Box 11, Folder 5 (MMHL Records, Berea).

A year later, the fundraising request letter, still without references to the mountains, included a story unlike any of the others in MMHL's materials. This letter recounted the story of the wife of a "country preacher." The woman's life was endangered by additional pregnancies, but the preacher "believes God commands us to populate the earth and will not allow his wife to be sterilized although the doctor says another child might end her life."¹³¹ While earlier letters had focused on the health of the mother, this letter explicitly painted a picture of a woman unable to access needed care because of the beliefs of her husband. The purpose of the vignette was to emphasize the struggles Carter faced when traveling in rural Kentucky, but also pointed to a larger narrative of the consequences of a husband and wife at odds over how to plan their family. The story did not highlight the problems of Appalachia, but instead focused on strife between husband and wife. The vignette painted a different picture than did earlier materials. Previous promotional letters had focused on poverty and presented female clients as destitute. This letter portrayed MMHL clients as in need of assistance, but relatable. The letter seemed to suggest that birth control was a means for a woman to obtain a stable and secure family life perhaps similar to that of the letter's audience.

It is noteworthy that the shift in rhetoric described was never total nor without complications. The League depended upon descriptions of Appalachian clients and mountain women throughout the early portion of its history. Framing its work as beneficial to impoverished communities in the mountains was the primary

¹³¹ Louise Hutchins, MMHL President, to Supporters, September 15, 1944, Box 11, Folder 5 (MMHL Records, Berea).

way MMHL work was articulated until Gamble's departure. "Mountain women" never left the League's rhetoric entirely. While there was a notable and clear shift in the way MMHL scope was framed, it was more of an expansion rather than a complete change.

The League did not stop serving "mountain women" in the years following Gamble's departure. These clients did not disappear from the birth control work MMHL conducted, nor did they disappear completely from the rhetoric employed by the League to solicit donations. Even as late as 1947, with the hiring of James as the League's new full-time nurse, special attention was paid to how she interacted with "mountain mothers." A letter announcing James's employment described her as "a gray-haired grandmother" who could "make her way easily into the confidence of mountain women."¹³² In 1949, the League still expressed a desire to send nurses into the mountains.¹³³ Utilizing the rhetoric of isolated mothers in desperate need of contraceptive services, the language used in the late 1940s was at times similar to that of the Gamble era. However, the shifts that did take place were noteworthy. They demonstrated that MMHL activists were seeking opportunities outside Appalachia. "Mountain mothers" may have always been present in its work, but after Gamble's departure the League's rhetoric showed that these clients were no longer its primary focus.

¹³² Mrs. Julian Capps to MMHL Supporters, November 15, 1947, Box 11, Folder 5 (MMHL Records, Berea).

¹³³ Ruby Paine, MD, to MMHL Supporters, December 1, 1949, Box 11, Folder 5 (MMHL Records, Berea).

Beyond changing how they described their work geographically, members of the League began to include more fully the language deployed by the national office of the PPFA. Formed in 1942, PPFA was the reunification of birth control organizations that had splintered in earlier decades. The new organization's focus on family planning was inherent in its name. The rhetoric of family planning and birth control work in the post-war period has been explored by many historians such as Rose Holz and Linda Gordon. The 1940s saw a shift away from "birth control" to one of "planned parenthood." This latter, and more conservative, term shifted the rhetoric towards the idea that contraception could be used as a tool to improve the lives of families and children.¹³⁴

The family-centered view of birth control differed from the earlier feminist-oriented birth control campaigns. Earlier movements had called for women's individual rights secured through women's ability to control their own reproduction. In an effort to disassociate from the radical and leftist origins of Margaret Sanger, subsequent organizers hoped to show contraception to be a stabilizing force in society.¹³⁵ Additionally, they wished to discard "birth control" (with its negative connotations of radicalism or feminism) and replace it with "family planning" which was seen as family-positive. These discussions around rhetoric and terminology were frequent in the first few decades of the birth control movement. Debates over how to promote and discuss birth control were prevalent

¹³⁴ Carole R. McCann, *Birth Control Politics in the United States: 1916-1945* (Ithaca, NY: Cornell University Press, 1999), 176.

¹³⁵ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Champaign: University of Illinois Press, 2002), 242-244.

even in the early days of MMHL. As early as 1937, a male professor of sociology from Berea College suggested that MMHL cease referring to “birth control” in favor of using “contraception control.”¹³⁶ While the minutes did not reveal the reasoning for the suggestion, it was possible that like other birth control organizations, MMHL struggled with the radical and feminist associations the term suggested.

The shift to “family planning” rhetoric promoted by PPFA came during World War II and the post-war period. A major and well-distributed wartime PPFA brochure insisted that family planning led to “more healthy children” who were “born to maintain the kind of peace for which we fight.”¹³⁷ The promotional materials of the post-war Planned Parenthood Federation of America had less of a focus on overburdened mothers, and more emphasis on the roles that both husbands and wives played in creating a happy and stable household. Not only did the work of birth control activists come to focus on planning for the future, but this language of planning could also be found in suburban home development, Cold War emphases on preparation, and an increased focus on financial planning for one’s family’s future.¹³⁸

Exploring this change in language, Carole McCann has argued that it represented a shift to a more conservative approach to birth control. Instead of birth control as a means for voluntary motherhood, the new rhetoric emphasized “planned parenthood.”¹³⁹ She notes that this shift to “family planning” was

¹³⁶ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹³⁷ Gordon, *The Moral Property of Women*, 247.

¹³⁸ Holz, *Birth Control Clinic*, 7, 73; Gordon, *The Moral Property of Women*, 242.

¹³⁹ McCann, *Birth Control Politics*, 1-2.

presented as a tool for couples to use to better plan for happy, supported families.¹⁴⁰ This change identified by McCann differed from what was seen in MMHL rhetoric. MMHL activists had not had a radical history that then shifted into family planning. Instead, they shifted away from a language emphasizing charity for Appalachians and eugenics to the rhetoric which historians identify as one of domestic stability and planned families.

This rhetoric of planning was evident in MMHL promotional materials from the postwar period. In a 1947 funding request letter, the League presented the story of desperate middle-aged women who desired better access to contraceptives. These women, according to the League's letter, not only requested supplies for themselves, but desired for their daughters to receive MMHL services. "Mothers often ask the nurse to see their married daughters and tell them how to space their families so they may be able to care for and enjoy the children they have."¹⁴¹ Not only did this letter emphasize teaching younger women to space and plan for their families, it suggested that by doing so, women would be able to "enjoy" their children. The rhetoric of childhood happiness through happy parenting was also prevalent in post-war birth control promotional materials. A post-war emphasis on psychology led to the argument that happy, mentally healthy parents led to happy, well-adjusted children who were less likely to engage in social deviance.¹⁴²

¹⁴⁰ Ibid., 176-177.

¹⁴¹ Mrs. Julian Capps to MMHL Supporters, November 15, 1947, Box 11, Folder 5 (MMHL Records, Berea).

¹⁴² Holz, *Birth Control Clinic*, 74-77.

A later letter, showed how this rhetoric continued in the years after World War II. A mother visiting the MMHL clinic in 1949 stated that without the aid of the League, she, and other mothers, “would just give up and not try to raise our children decent.”¹⁴³ Birth control services and family spacing were presented as ways to help children have happier and more successful lives.

While MMHL was quickly utilizing the language of PPFA in its promotional materials, the League’s relationship with the national organization was more complex. For PPFA, increased happiness and domestic harmony went beyond birth control and included marriage counseling and infertility treatments. MMHL activists discussed work beyond birth control in their meetings, but records indicated that they never attempted to incorporate these measures into their work during the 1940s. In 1947 and 1948, Hutchins met with PPFA officials in Louisville and reported to the Berea activists that PPFA goals included not only assisting those who wished to plan their families, but also helping couples struggling with infertility. PPFA of Louisville (which had formerly been part of the umbrella of Kentucky Birth Control League) also informed MMHL of the national office’s focus on education for marriage and parenthood as well as research. MMHL’s organizational reluctance or disinterest in pursuing goals other than birth control were reflective of tensions between the national office and local leagues around the country. Strained relations existed between local clinics and the national organization throughout the early years of PPFA’s operations. National officials

¹⁴³ Ruby Paine, MD, to MMHL Supporters, December 1, 1949, Box 11, Folder 5 (MMHL Records, Berea).

were concerned with bringing local affiliates under their umbrella, while local officials often desired to continue operations as they had before the creation of PPFA.¹⁴⁴ PPFA's entrance into local clinics was problematic for some local activists, as is evidenced in MMHL's reluctance to submit to PPFA's financial demands.

In addition to what PPFA wanted local affiliates like MMHL to do beyond birth control, it required financial contributions that troubled the Berea activists. Perhaps still recuperating from its own financial difficulties in the years after Gamble's departure, the League was often unwilling to contribute funds to the national organization. In January of 1945, the League expressed confusion at PPFA's requiring it to send its financial reports to the national office. MMHL officers contacted the national office for clarification. Additionally, in 1947, the League decided not to participate in the PPFA national drive for funds in order to reserve money for its own projects. In response PPFA designated MMHL's as having only a provisional affiliate status. The minutes revealed cautious local activists who were at times unwilling to compromise their own desires at the direction of the national organization.

Although the League, like many local organizations, struggled with the national office, MMHL did expand the way clients were served in the years after Gamble's departure even if it did not incorporate all the services PPFA wanted to see carried out by local affiliates. While MMHL nurses traveled into rural communities and continued the MMHL practice of home visits and mail-order follow ups, Louise Gilman Hutchins created an on-site clinic at Berea College Hospital that

¹⁴⁴ Hajo, *Birth Control on Main Street*, 81.

altered the way some patients received care as well as the type of supplies and services MMHL patients received. While the Gamble years had been bound by the limits of Gamble's project, the creation of an on-site clinic allowed Dr. Hutchins to prescribe diaphragms to her clients and expand the services provided by MMHL.

Hutchins had been a part of the Berea community since her husband was elected president of Berea College in 1939. Hutchins had earned an MD from Yale in 1936 and began working as a pediatrician in Berea upon her arrival. Familiar with working with mothers and children from her time as a missionary in China, Hutchins saw an opening for herself in the Berea community. With no other doctors in the community interested in pediatrics, Hutchins became the primary pediatrics provider in Berea. Through her work in Berea, Hutchins often saw women with large families, which influenced her belief in the importance of birth control and encouraged her to become a member of MMHL.

Her position in the Berea College Hospital allowed her to create an on-site clinic for prescribing diaphragms to MMHL clients in 1944. Hutchins incorporated birth control work into her work as a pediatrician. In a 1975 oral history interview, Hutchins described the process: "A woman would come with her child at six weeks, and I would do the six weeks check-up of the baby and give the mother instructions in family planning."¹⁴⁵ Hutchins's clinic reflected the rhetoric of family planning and spacing prevalent in Planned Parenthood literature of the period.

¹⁴⁵ James Reed, "Interview with Louise Gilman Hutchins, MD," January 1975, Schlesinger-Rockefeller Oral History Project, 13, Box 1, Folder 4, Louise Gilman Hutchins Papers, Berea College Special Collections and Archives, Berea, Kentucky (hereafter, Hutchins Papers, Berea).

A 1947 funding request letter reflected this new way of framing the work. In describing the on-site clinic, the letter read:

Dr. Louise Gilman Hutchins had started a clinic for such rural women as could find transportation into town. During the war years, many new patients attended this clinic. With the end of the war, many young married couples have sought advice from the clinic and are eagerly learning how to plan for and space their babies. A number of these are young brides and their veteran husbands who are continuing their scholarship.¹⁴⁶

Not only did this description of Hutchins's letter show how the League reframed its rhetoric in ways similar to what PPFA had done, it revealed the shifting demographics that MMHL discussed in its minutes and correspondence. Clients were younger and more educated. It is noteworthy that the rhetoric had even further shifted away from "mountain mothers." The League's letter describes clients as "rural," but not from the "mountains."

While Gamble concentrated his efforts on "simple methods" like the jelly-and-syringe method he advocated in Appalachia, Hutchins expanded the types of contraceptive materials clients could obtain through MMHL by creating an on-site clinic for examinations and fitting of diaphragms. Hutchins saw that the only method available to women through MMHL was contraceptive jelly, but through her clinic, she could conduct the examinations and fittings required to prescribe diaphragms. This change in methods aligned with developments elsewhere in the country. By the 1940s, diaphragms were the most frequently recommended type of

¹⁴⁶ Mrs. Julian Capps, MMHL Treasurer, to MMHL Supporters, February 25, 1947, Box 11, Folder 5 (MMHL Records, Berea).

contraceptive in the United States.¹⁴⁷ Hutchins traveled to Lexington to meet with Dr. Josephine Hunt, who was prescribing diaphragms to women in the Lexington area. This expansion of services was an important change in MMHL operations. Hutchins, in her interview, referred to how new the on-site clinic was for local women:

Here we were depending entirely on the mail order business of the Ortho jelly, you see. And that went out to all the counties around about us. And we had a nurse traveling a good deal of the time, when we could afford it. So that, the fact of having a clinic right there and having women come in to me was brand new in '44 in this area.¹⁴⁸

The on-site clinic attracted a number of clients to MMHL. Throughout the 1940s minutes of the League, Hutchins reports numerous women who visited her for diaphragm fitting visits.¹⁴⁹

The relationship between clinics, clients, and the diaphragm was complicated. Not only did clients at clinics across the United States often dislike the diaphragm, but the quality of other commercially available contraceptives, like the condom, had improved greatly by the 1940s, giving women reliable and tested methods available to them not as patients at a doctor's office, but as consumers.¹⁵⁰ Historians have pointed to the ways birth control clinics reserved diaphragms for the clients who were viewed as more "intelligent," while clinics continued to distribute simpler methods to clients elsewhere to the rural and the poor.¹⁵¹

¹⁴⁷ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 137.

¹⁴⁸ James Reed, "Interview with Louise Gilman Hutchins, MD," January 1975, Schlesinger-Rockefeller Oral History Project, 14, Box 1, Folder 4 (Hutchins Papers, Berea)

¹⁴⁹ Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

¹⁵⁰ Holz, *Birth Control Clinic*, 82-83, and Tone, *Devices and Desires*: 196.

¹⁵¹ *Ibid.*, 85

MMHL's use of the diaphragm was complicated by these other clinic histories and the League's lack of a full-time nurse in the years following Gamble's departure.

Seeking ways to reach their clients without a full-time nurse to make home visits, the League seems to have been searching for cost-effective measures. In 1943, Hutchins suggested working with a "Dr. McGuire" who "has had special training in birth control clinics and has agreed for \$1.00 to fit for diaphragms any patients we send him." Other doctors in the area were willing to do the same for the League provided MMHL obtained the diaphragms. "Because of our activities as a free clinic," the minutes read, "we are able to get diaphragms in dozen lots for 35 cents each." The plan for distribution was to have local doctors take measurements and the office worker dispense them via mail order much like contraceptive jelly.¹⁵² It is unclear from the extant League records whether or not the League was successful in this plan and, if it was, how many doctors the League worked them to distribute diaphragms. While historians have pointed to the ways diaphragms were used by clinics for only those patients deemed "intelligent," the MMHL story suggests that the Berea activists saw diaphragms and local doctors as a stop-gap measure to continue to serve rural and poor patients without a traveling nurse.

These same patients were the ones Gamble found suitable for only simple methods. By the time MMHL had established an on-site clinic, it is unclear if the League continued its mail-order diaphragms. By 1945, Hutchins fitted patients in her clinic while the office worker mailed contraceptive jelly to those unable to visit Berea College Hospital. The patients fitted with diaphragms by Hutchins were

¹⁵² Minutes, 1940-1964, Box 7, Folder 5 (MMHL Records, Berea).

described as, “younger” and “more intelligent.” This narrative suggests that in the years immediately following Gamble’s departure, the League was desperate to provide its clients with *any* contraceptive materials, but once the organization began to stabilize, old models and classifications of clients reemerged. As other historians have pointed out, those in charge of the birth control clinics had the ultimate say in which methods were available to which clients.¹⁵³ The inclusion of diaphragms in MMHL services did not necessarily suggest that clients had fuller agency over their contraceptive choices.

In the years after Gamble left MMHL, the League activists were faced with finding a way to continue the services they had provided for years without the funding of a wealthy philanthropist. They took advantage of their changing communities to find new opportunities to continue birth control work in Kentucky. They utilized the language of the national PPFA office even though they were, at times, frustrated with the limits of affiliation. The story of the League after Gamble’s departure was one of experimentation in its own way. While Gamble spent his years with the Berea activists collecting data to test out contraceptives on mountain communities, the League activists who remained after his departure were experimenting with new methods of contraceptive delivery, new contraceptive methods, connections to public health, new rhetoric, and new affiliations.

MMHL would exist until 2006. There are decades of MMHL history yet to be written by historians of Kentucky and by historians of birth control. The period covered in this chapter suggests links between the MMHL of the 1930s, of the 1940s,

¹⁵³ Holz, *Birth Control Clinic*, 84; Schoen, *Choice & Coercion*, 2-3.

and beyond into the early 2000s. The MMHL of the 1940s represented one that was part of Planned Parenthood's network of clinics. The history and relationship were ones that would continue until 2006. The story of the MMHL in this period was not one only of Appalachia or Kentucky, but it is a story of how a national narrative of birth control played out on the local level and, in particular, in an area defined by its rural characteristics. What MMHL adds to the history of birth control in the United States is evidence of a women-led organization that found ways to be flexible in its services to stay viable.

Conclusion

This old maternity dress I've got
Is goin' in the garbage
The clothes I'm wearin' from now on
Won't take up so much yardage
Miniskirts, hot pants and a few little fancy frills
Yeah I'm makin' up for all those years
Since I've got the pill
--Loretta Lynn, "The Pill" (1975)

In 1975, Loretta Lynn, born and raised in Appalachian Kentucky, released her infamous song about birth control, "The Pill." It made clear that, nearly 40 years after the formation of the Mountain Maternal Health League (MMHL), the conversation on birth control access and usage was still relevant. The MMHL had not become irrelevant, either. The MMHL story was not limited to the 1930s and 1940s. The transition that happened after the withdrawal of Clarence Gamble's funds was only the beginning for an organization that would survive for decades longer as a local Planned Parenthood affiliate. The organization was around while Lynn celebrated the fact that "mama's got the pill" and it continued well beyond that and into the early 2000s. The decades-long success of MMHL speaks to the flexibility and responsiveness to cultural and social changes that the early female activists involved with the League embedded in the organization as they struggled with funding. In the transitional years of the late 1930s and 1940s, MMHL activists and nurses shifted and changed the League's operations along with the social and cultural changes around them. The activists molded the League's activities and made their work relevant to new developments. The creation of the Bluegrass Army Depot in Madison County, Kentucky, and the effects of World War II highlighted this

organizational flexibility. MMHL changed along with Appalachia and along with Kentucky and the United States.

MMHL would continue with such organizational maneuvering throughout its history. The League continued to experiment with different methods of birth control and provision well after the trials of diaphragms in the years after Gamble's departure. The women began providing access to the birth control pill in 1963 and, soon after, they became involved in a controversial program that resonated with the League's earlier relationship with Gamble. In 1964, the League became involved in the Hartman Plan. This program, developed by the Human Betterment Association for Voluntary Sterilization, aimed to reduce rural poverty through tubal ligations and vasectomies.¹⁵⁴ The Hartman Plan provided the funds while MMHL provided the services. Soon after implementation, the Hartman Plan shifted its focus and moved further south. However controversial, the activities speak to the League's ongoing interest in finding funding sources and varying its birth control services.¹⁵⁵

The League also moved into providing other forms of birth control including intrauterine devices. Louise Gilman Hutchins was responsible for the introduction of IUDs into MMHL services and an oft-cited story from a 1989 interview with Hutchins was reported over and over in newspaper articles throughout the 1990s and 2000s. According to Hutchins, a woman came to an MMHL clinic for an IUD but

¹⁵⁴ The Human Betterment Association for Voluntary Sterilization was an organization with roots in the 1930s which aimed to control populations through voluntary sterilization of impoverished or disabled individuals. The organization has undergone numerous names and changes to its overall goals and is still in existence today as Engender Health.

¹⁵⁵ Ian R. Dowbiggin, *The Sterilization Movement and Global Fertility in the Twentieth Century* (Oxford, UK: Oxford University Press, 2008), 96-98.

once her husband discovered she had undergone the procedure, he demanded she have it removed. Hutchins asked the woman if she still wanted the IUD and the woman said yes, “So,” as Hutchins described it, “I just cut the string shorter and told her to go home and tell him we took it out. And he never knew the difference.”¹⁵⁶ The story rang true because it was reminiscent of the rhetoric and stories utilized by the League throughout the 1930s and 1940s: a female client was assisted because of the hard work of the MMHL program.

As the League moved into the 1990s and 2000s, it continued to expand services, opening an additional clinic in Richmond, Kentucky, in the early 1990s.¹⁵⁷ The town where 1930s MMHL activists had worked with African American populations and on which 1940s activists had focused because of concerns about prostitution became an official satellite office and branch of MMHL. The types of services MMHL offered expanded, too. In the 1940s, nurse Gretchen James had introduced more extensive public health services into the League’s work. In the 1990s, Mountain Maternal Health League Planned Parenthood (MMHL-PP) began to offer seminars for teenagers, story time for disadvantaged children, self-esteem classes, sessions on date rape, and prostate cancer screenings.¹⁵⁸ It created a program called Project Nightcap in 1994 that placed fishbowls of free condoms and informational pamphlets in local bars.¹⁵⁹ The League in the 1990s and early 2000s,

¹⁵⁶ Jennifer Hewlett, “Family Planning Pioneer Dies in Berea,” *Lexington Herald-Leader*, September 4, 1996, A1.

¹⁵⁷ “Grant Provides \$69,235 for Immunizations,” *Lexington Herald-Leader*, December 24, 1994, C3.

¹⁵⁸ Jennifer Weiner, “Don’t Call Them Slackers,” *Lexington Herald-Leader*, January 8, 1995, J1.

¹⁵⁹ Amy McDowell, “A Different Kind of Nightcap,” *Lexington Herald-Leader*, August 10, 1994, A1.

like the post-Gamble League, looked for new services and new outlets for expanding not only birth control, but women's health services into new areas and venues.

MMHL-PP served numerous clients through these programs and projects. In 2006, due to financial pressures, the clinic served its last clients and closed its doors. The clinic had relied upon Title X funding, and decreasing funds led to struggles.¹⁶⁰ Additionally, the MMHL Executive Director, Van Gravitt, in 2006 claimed that they had, "worked ourselves out of a job." MMHL had always advocated for local health departments to take on the provision of birth control and. as that happened, MMHL saw its client base dwindle. "There's plenty of alternatives for women now. There didn't used to be," Gravitt explained.¹⁶¹ Regardless of the specific reason, it appeared that some of the same problems that had troubled earlier activists finally caught up with the clinic in 2006.

The question of whether alternatives existed to fill the gap left by MMHL is complicated by the current political conditions both inside and outside the state. With the closure of affiliates like MMHL, the remaining Planned Parenthood offices exist only in the Lexington and Louisville metro areas. The future of women's health in Appalachia, elsewhere in the state, and beyond is uncertain. Governor Matt Bevin of Kentucky filed a lawsuit against Planned Parenthood of Indiana and Kentucky in 2016 that prevented the Louisville clinic from performing abortions. While the

¹⁶⁰ Title X funding had decreased for organizations like MMHL since the 1980s when Reagan administration policies limited funds for social service programs. Although funds were redirected to Title X in the Clinton administration, it was still vastly underfunded and affected organizations like MMHL. For more information on Title X funds and resources, the National Committee for Biotechnology Information offers historical information on Title X budgets on their website at <https://www.ncbi.nlm.nih.gov/books/NBK215213>.

¹⁶¹ Sarah Vos, "Financial Problems are Cited," *Lexington Herald-Leader*, June 30, 2006, B1.

lawsuit was overturned, Bevin plans to appeal the decision at the time of writing. Previously, the Lexington Planned Parenthood faced scrutiny and closures over its abortion services. These two incidents suggest that the debate over women's health in the state of Kentucky is far from over.

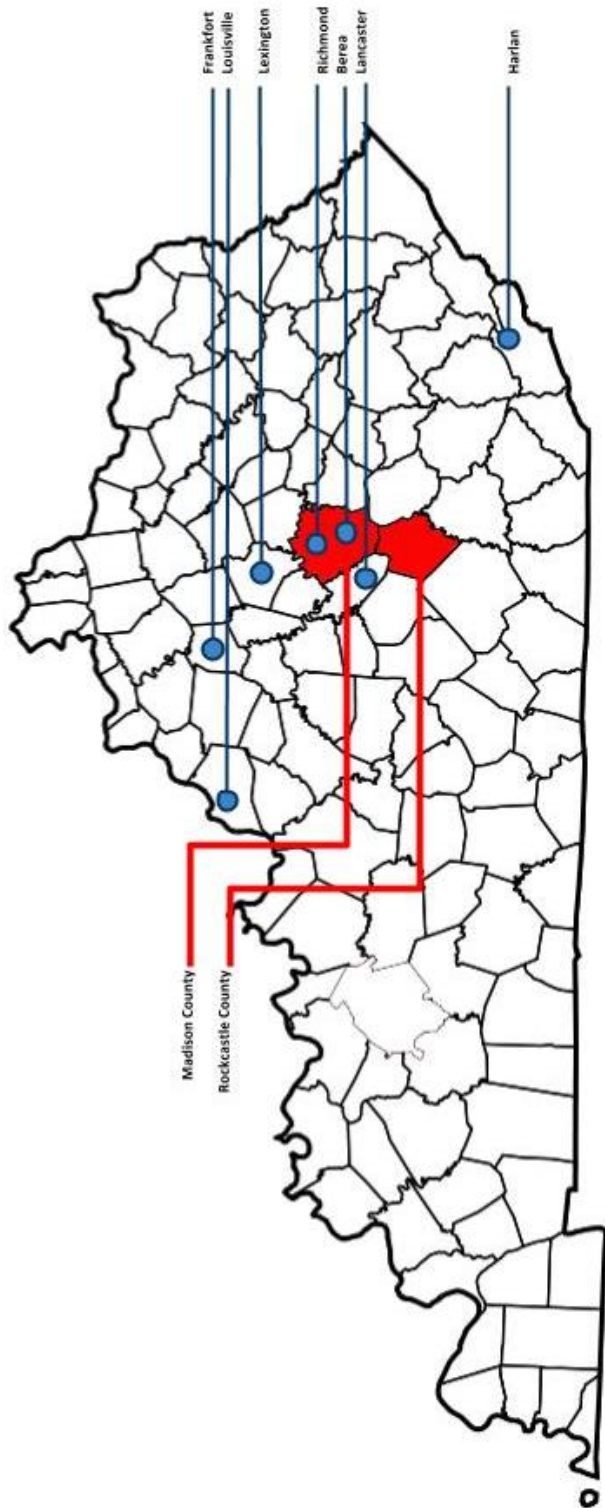
The story of MMHL is relevant to our contemporary political climate, but it also demonstrates that historians of Appalachian organizations should examine organizational impacts beyond the hills and valleys. MMHL had an effect that went beyond an ostensibly isolated Appalachia. The Mountain Maternal Health League successfully served Kentuckians well beyond those in the mountains whether they were the wives of Army employees in the 1940s or college students in the 2000s. Organizations like MMHL, as well as those organizations that are still operating, are important for the state, not just the mountain region.

Furthermore, for historians of birth control, the MMHL story demonstrated the importance of scholarship done at the local level. A significant portion of birth control history provides top-down views of national organizations and nationwide changes. MMHL is a microcosm of a different story. The decisions MMHL activists made and the outcomes of those decisions may have, at times, aligned with national developments, but a local focus allows for historians to see the impact those larger decisions had on activists, nurses, and clients. Clarence Gamble's funding was tied to his involvement in the eugenics movement, but the decision made to deploy simple contraceptives to rural populations had a significant impact on the experiences of everyday clients looking to control their reproduction. Once Gamble's involvement dwindled, MMHL activists and nurses made decisions about

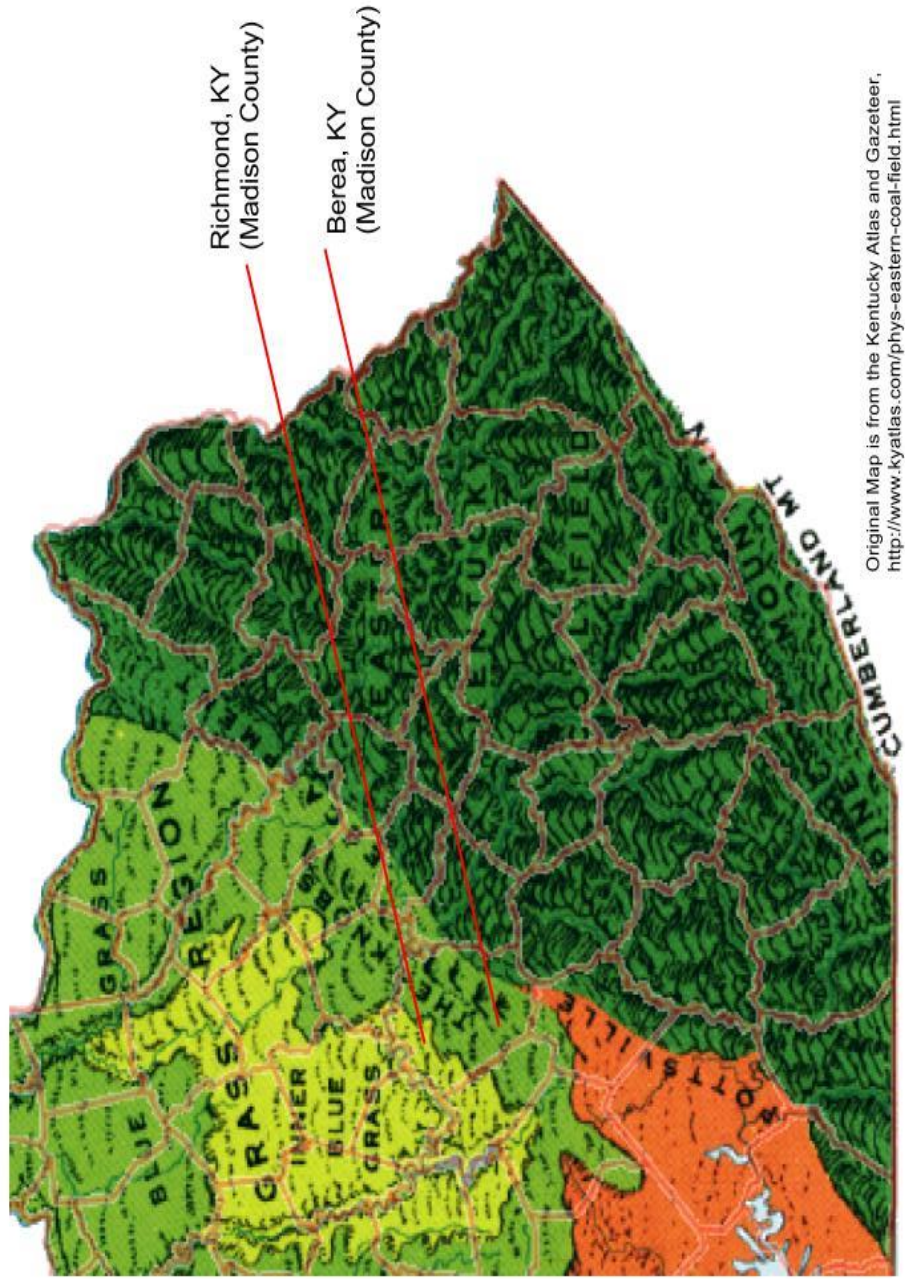
how and why to provide birth control. The later decisions by League activists to utilize on-site clinics and diaphragms, and become involved with greater public health work were all examples of decisions and debates happening across the country in local birth control leagues and in national organization offices. While MMHL was not the only birth control organization to adopt language from the national Planned Parenthood level, the MMHL story allows for insight into what that rhetoric looked like on-the-ground and what it looked like for those activists, nurses, and clients who experienced those changes.

This more narrowly focused story, then, provides a different view on the national narrative. The story of MMHL was one of female activists and nurses working with local female clients within a rural setting. Those activists found ways to transition and alter their services to reflect their changing surroundings. For women who wrote, visited, and called MMHL clinics during their decades-long history, MMHL was a part of their reproductive healthcare. As Kentucky and the nation debate issues of reproductive health and reproductive justice, the history of organizations like MMHL should stand as markers of the importance of accessible women's health services for all.

Appendix 1: Map of locations mentioned in thesis



Appendix 2: Topographic Map of Eastern Kentucky (showing Richmond and Berea)



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