

The Forgotten Crusader: Dr. Dorothy Ferebee and her career as a public health activist

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Table of Contents

Introduction.....	4
Historiography.....	8
<i>The Introduction of Medical Abuse and Experimentation</i>	
Personal Life of Dr. Dorothy Ferebee.....	17
The Mississippi Health Project and the Sheppard Towner Bill.....	23
The Mississippi Health Project Team.....	42
The Birth Control Movement.....	48
Epilogue.....	56
Bibliography.....	57

“But what of Black women?... I most sincerely doubt if any other race of women could have brought its fineness up through so devilish a fire.”

W.E.B. Dubois

In 1965, a march from Selma to Montgomery, Alabama, took place that black and white physicians of the Medical Committee for Human Rights attended.¹ At the march, Martin Luther King Jr. observed, “Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.”² King delivered this speech, the granddaughter of an enslaved person, the daughter of sharecroppers, and sister to nineteen siblings, entered a hospital to have a benign uterine fibroid tumor removed. Her name was Fannie Lou Hamer, an uneducated African American woman who worked on a plantation in rural Mississippi. Her race and gender made her susceptible to medical abuse and experimentation. When she left the hospital, she had lost more than a tumor. The doctor operating on her removed her entire uterus while she was unconscious without her consent. Unaware she had a hysterectomy performed on her, she went home and continued working. The owner spread gossip throughout the house that the surgeon had sterilized Hamer which spread to the cooks and continued until it reached Fannie Lou Hamer. She was the last to discover she would never have her own family.³ In an interview in 1964, after living under southern oppressive Jim Crow laws, Fannie Lou Hamer exclaimed, “All my life I’ve been sick and tired, and now I’m sick and tired of being sick and tired!”⁴

Unfortunately, Fannie Lou Hamer’s story is unsurprising. She is merely one out of thousands of African American women who suffered from medical experimentation and abuse.

¹ Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, pg. 3

² Ibid, pg. 3

³ Ibid, pg. 190

⁴ Jerry Demuth, *Fannie Lou Hamer: Sick and Tired of Being Sick and Tired*, The Nation, June 1, 1964

Medical abuse began on the plantation while slavery was still intact. African American women were objects on the plantation intended to do work and produce more children for labor. Enslaved females were exposed to sexual and viral diseases working on plantations leading to a dangerous and tragic cycle of medical experimentation that would continue well into the 21st century.⁵ Plantation owners allowed white doctors to experiment on enslaved females creating a dangerous legacy in which African American women's bodies would be objects of abuse and devaluation in the guise of advancing modern medicine. Scholars and historians have documented the legacy of oppression, discrimination, and racism against African Americans extensively. The emancipation of enslaved people in 1865 did not end the violence, abuse, and mistreatment of African Americans in the United States. Racial hierarchies and social systems had been established and intact, ensuring African American citizens remained "second class." The end of Reconstruction ushered in the era of Jim Crow laws which was particularly devastating to communities in the South.

By the 20th century, race had been solidly codified in the medical world. There is extensive literature on the origins of medical abuse, American gynecology, reproductive rights issues, sterilization, and the history of medical experimentation. The books include but are not limited to: *Medical Bondage* by Deirdre Cooper Owens, *Killing the Black Body* by Dorothy Roberts, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* by Susan L. Smith, and *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet A. Washington. Each one of these books has added to the conversation surrounding medicine, race, gender, and the public health system in the United States. The topic of how black women's

bodies were particularly subject to abuse, and experimentation has been widely covered in

⁵ Deirdre Cooper Owens, *Medical Bondage: Race, gender, and the origins of American Gynecology*, pg.38

articles and book-length studies, providing mounting evidence for the failures of the public health system in the United States. Historians have spent an extensive amount of time researching the shocking past of the public health system. Considered collectively, this research has called attention to the social policies statewide and nationwide that encouraged medical abuse and sustained it for years. The growing academic focus on reproductive issues, unequal health opportunities, and medical abuse has contributed to a greater understanding of how race and gender constructs influence policy-making in the United States. Much of the literature on this subject focuses on medical abuse, presenting African American women primarily as victims of their circumstances. This thesis hopes to add to this conversation by providing a new perspective, exposing how African American women were public health advocates and agents of change during the 20th century. The primary sources I utilized include: original archived documents from Howard University about the Mississippi Health Project, oral interviews with Dr. Dorothy Ferebee as well as her speeches, the Margaret Sanger papers, health statistics on infant mortality in Mississippi, interviews with Dr. Felix J. Underwood, the Sheppard Towner Act, Supreme Court cases, and statistics on forced sterilization in rural communities.

More specifically, my thesis examines Dr. Dorothy Ferebee's public health activism and her response to legislation passed in the 20th century that continued to exclude African American women. In addition to the secondary sources mentioned above, the biography titled *She Can Bring Us Home* written by Diane Kiesel on Dr. Dorothy Ferebee's life provided a substantial amount of background knowledge on her personal life and was utilized as another secondary source. However, extending beyond her personal life, this thesis reveals the juxtaposition between legislation passed in the United States and the health projects that Dr. Ferebee and her constituents created in response to such laws. The questions I sought to answer included: How

did Dorothy Ferebee establish herself in the medical field? How did legislation impact African American communities and what was the result? And ultimately how did African American women become agents of change during such a volatile time period?

Through an examination of how “progressive” legislation such as the Sheppard Towner Act passed in 1921, affected African American women’s access to health-care in the state of Mississippi, I demonstrate how policy was created to benefit predominantly white communities often leaving out the disenfranchised African American citizens. Dr. Dorothy Ferebee was an African American obstetrician and civil rights activist from Norfolk, Virginia. She graduated from Simmons College and continued her education at Tufts Medical School. Among her prolific accomplishments was the Mississippi Health Project, sponsored by the Alpha Kappa Alpha sorority of Howard University. The Mississippi Health Project exemplified how the lack of government oversight failed the Mound Bayou, Mississippi community. Despite the insufficient government funding, Dr. Dorothy Ferebee and her staff of twelve nurses provided vaccines, public health education, and medical services to women and children in underserved African American communities for multiple summers.

Dr. Dorothy Ferebee’s activism and political career connected her with prominent figures such as Margaret Sanger. Her relationship with Margaret Sanger was controversial due to Sanger's relationship with the eugenics movement. However, Sanger provided Ferebee with a platform to speak to a broader audience about the public health needs of African American communities. Furthermore, Dr. Ferebee aligned herself with the birth control movement providing education regarding the benefits of family planning and safe contraceptives. Dr. Ferebee’s political career and commitment to feminist organizations such as the National Council of Negro Women demonstrate how black women were active in rejecting racist and

oppressive policies. Despite the lack of government support, African American women were highly influential in creating positive change for their communities.

Note on Term usage:

In parts of the thesis, I use the term “Negro” when quoting interviews or speeches by Dr. Dorothy Ferebee. This term was frequently used during this period to describe the African American community and she used the term regularly. Although, I use the term African American in my own writing. I believe it is crucial to quote Ferebee directly and be historically accurate for the sake of my research.

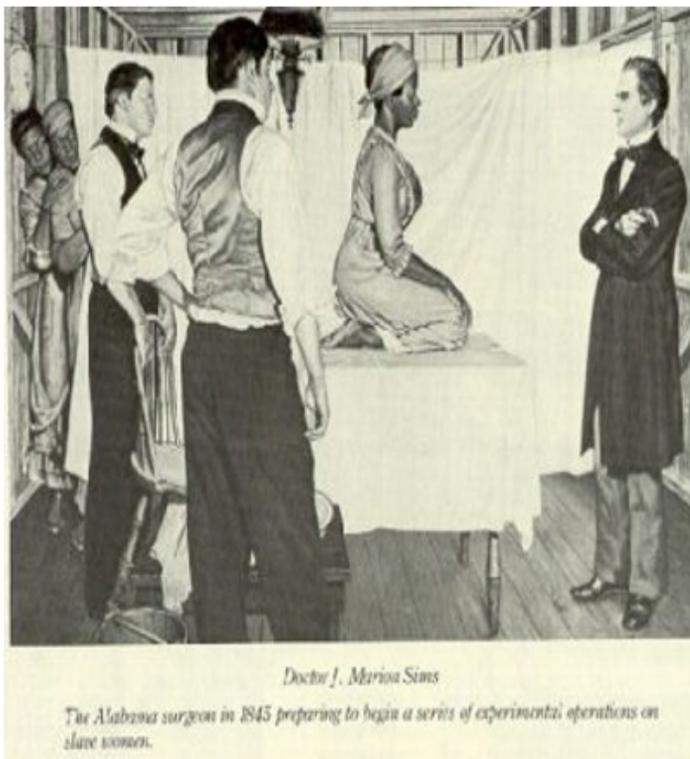
Historiography

It would be difficult to grasp the major significance of Dr. Dorothy Ferebee’s work without context regarding the history of medical abuse and experimentation in the United States.. Medical experimentation on African American bodies in the 20th century was normalized, accepted, and praised for advancing fields of biology, psychology, medicine, and more. However, to understand how medical experimentation was widely accepted and promoted in the 20th century, one must first understand the relationship between enslaved women and medical procedures. The end of the slave trade, white supremacy, and racism influenced the supposedly neutral field of medicine. The end of the slave trade placed female reproduction on the forefront of enslaver’s agendas. “After Congress banned the importation of African-born slaves in 1808, American slave owners became even more interested in increasing the number of slave births in the U.S.”⁶ Reproduction became a priceless commodity and enslavers demanded healthy

⁶ Owens, *Medical Bondage*, 2018

enslaved females which led to increased pressures on African women, torture, and undesired medical experimentation.

The interplay between reproductive health and the economic success of slavery is best understood through analyzing the work Dr. James Marion Sims, the “father” of modern Gynecology and the emergence of medical journals. His contributions to the medical field have been praised and researched for decades. Dr. Sims, often described as an American and global pioneer for reproductive medicine, successfully performed and treated the first vesico-vaginal fistula repairs. Between 1844 and 1849, Dr. James Marion Sims experimented on enslaved women’s bodies to help him further the field of gynecology. He opened the first women’s hospital in Montgomery, Alabama which allowed him to continue experimenting on healthy enslaved women. His experiments on enslaved women promoted the belief that men had complete autonomy over women, especially of African descent. Moreover, he believed his work to be of great significance to the medical community thus justifying his abuse and mistreatment of enslaved women.



Dr. James Marion Sims preparing to operate on an enslaved women⁷

He exclusively experimented on enslaved women's bodies because he had access to them from their owners. However, Sims recalls being disgusted by their female anatomy. Despite his disgust and disdain towards enslaved women, he continued his practice. He opened a women's hospital where he housed enslaved women. One woman, in particular, was named Anarcha and she was operated on over 14 times. The operations were painful and gruesome. Nurses would hold down the women as they screamed in pain. It is documented that nurses would take shifts holding down the women as it was too difficult to and violent to be a part of. The gruesome nature of the operations were only one part of the problem.

Furthermore, the rise of medical journals during this era contributed significantly to legitimizing doctors careers in early American gynecology.⁸ The *Southern Medical And Surgical Journal* published medical narratives describing the operations done on enslaved patients

⁷ James Marion Sims experimenting on enslaved women, *National Women's Law Center*, 2016

⁸ *Ibid*, pg. 18

praising the work of Dr. Henry Campbell. As the circulation of medical journals began proliferating through southern society, medical procedures and the importance of gynecology emerged into the social consciousness of southerners. The demand for healthy enslaved women coupled with the emergence of advanced medicine created an extremely harmful environment for African women living in the United States. 19th century ideals situating whiteness against blackness, promoting racial biological differences, and positioning enslaved people as objects was exacerbated with the rise of modern medicine. “Racial reification occurred in these journals when questions emerged about whether certain diseases, features, and behaviors were endemic to women of African descent...”⁹ Enslaved women, who were viewed as inferior objects, became necessary property for doctors to experiment on to promote better reproductive health practices for white women. The deep rooted racial ideologies prominent in the United States began to transform into widespread support of scientific racism. The increased interest in medical advancements supported by inherently racist ideologies had intense ramifications heading into the 20th century. Socially and “biologically”, African American women were placed on the outskirts of society. Post-slavery society for black women was not defined by freedom, independence, or economic stability. Instead, free Black women and generations after suffered from the scientific racial ideologies created in the 19th century. Sterilization, medical experimentation, and unequal access to healthcare would plague female African American communities. Prominent male doctors and figures in the public health sector would use biological justifications to mistreat African American women aligning their values with that of Dr. James Marion Sims. The beginning of experimentation on enslaved women continued to set the precedent that African American bodies were part of the public sphere intended for use by

⁹ Ibid, pg. 19

white men of power when needed. Under the guise of advancing modern medicine, white doctors and physicians were allowed to continue the medical abuse and practices.

The rise of eugenics in the 20th century perpetuated the devaluation of African American women. The term eugenics originally stemming from a Greek word meant “well-born” and was coined in 1883 by Francis Galton. The cousin of Charles Darwin, Galton defined eugenics as “the study of agencies over social control that may improve or impair the racial qualities of future generations either mentally or physically”.¹⁰ Of particular interest to this paper is the rise of eugenics in the United States in the early 1900s-1950s. Namely, the work of biologist Charles Davenport and Dr. Harry H. Laughlin are significant in understanding how sterilization efforts were used to promote a strong United States democracy, eliminate race suicide, and stimulate the economy.

The beginning of the 20th century marked a new era in the United States. Economic prosperity and technological advances defined the American landscape. Large scale farming, the Transcontinental railroad, and oil and steel production led to a boom in urban cities and wealth prosperity. The Progressive Era proved that the United States was a powerful nation economically and politically. Socially, white superiority continued to thrive with the rise of Jim Crow Laws and the victory of the Spanish-American War.

Biologist Charles Davenport established the Eugenics Record Office in the United States in 1910.¹¹ He strongly believed that selective breeding would lead to the betterment of American society. In his book titled *Heredity in Relation to eugenics*, Davenport defines eugenics, the methods of eugenics, and the laws of heredity. He asserts that “modern medicine is responsible for the loss of appreciation of the power of heredity...It has forgotten that all men are created bound by their protoplasmic makeup and unequal in their powers and responsibilities”.¹² The

¹⁰ Farber, *U.S. Scientists Role in the Eugenics Movement 1907-1939*, 2008

¹¹ Davenport, *Heredity in Relation in to Eugenics*, 1913

claim that all men are bound by their “protoplasmic makeup” helped further justify the need to sterilize minority communities and suggests that there is virtually nothing that can be done health wise to help those struggling with mental or physical defects. He analyzed genetic predispositions such as temperament, body type, eye color, memory, hair color, and skin color. Moreover, he discussed cases of insanity, pauperism, narcotism, and criminality. Davenport, appears to be paying particularly close attention to diseases and social characteristics that are commonly “found” amongst African American communities. Gender and racial stereotypes typically foregrounded black women as hypersexual beings. In *Heredity in Relation to eugenics*’, Davenport states that “venereal diseases are dysgenic agents of the first magnitude and of growing importance. The danger of acquiring them should be known to all young men”.¹² Seemingly, African American women suffered significantly more than white women from venereal diseases due to increased rates of abuse and sexual violence. It appears that Davenport is indirectly targeting African American communities. By using the threat of disease, he attempts to dissuade white men from engaging in sexual acts with black females and encourages segregation efforts. His scientific findings appealed to economic ideals and white superiority thus allowing the concept of eugenics to reach greater levels of support throughout the United States. In his section titled *Its Nature, Importance, and Aims*, he states... “It is a reproach to our intelligence that we as a people, proud in our respects of our control of nature, should have to support about half a million insane, feeble-minded, epileptic, blind and deaf, 80,000 prisoners, and 100,000 paupers at a cost of over a 100 million dollars per year”¹³. Charles Davenport does not explain how he reached these numbers nor does he explain how this directly impacts the United States. Rather, he uses biology and economics to undermine African American communities while promoting a white supremacist agenda. He focuses much of his work on how

¹² Ibid, pg. 77

¹³ Ibid, pg. 4

the absence of population control through eugenics would undermine marriages appealing to common values in the United States.

Two leading geneticists at the time, Thomas Hunt Morgan and Herbert Spencer Jennings, discredited Davenport's work on the basis of lacking scientific credibility.¹⁴ However, his work had already been established and circulated throughout the United States providing politicians with scientific justification to pass sterilization laws.

Similarly, the work of Dr. Harry H. Laughlin remains significant in the history of involuntary sterilization in the United States. His rhetoric, appeals to democracy, and economic policies allowed him to gain widespread support for eugenics throughout the country. Harry H. Laughlin was the assistant director at the Eugenics Record Office and the Eugenics Director of the Carnegie Institution of Washington, Cold Springs Harbor, New York.

The primary source titled *Eugenical sterilization in the United States* by Harry H. Laughlin is problematic for many reasons. Analyzing the primary source more closely, the cover page contains a photo of what appears to be a sculpture of a white family embracing one another. Directly under the photo is the caption "Keep the life stream pure".¹⁵ Laughlin's intentions for promoting eugenics become abundantly clear from the cover page photo. He hopes to use the science of eugenics to promote heterosexual white relations in the United States. Laughlin's idea of a pure society entails removal of the African American race through the direct sterilization of black women. The introduction of his book opens with an endorsement from Harry Olson. He was on the board of directors at the American Eugenics Society while simultaneously serving as the Chief Judge of the Municipal Court of Chicago.¹⁶ The endorsement of Harry H. Laughlin and eugenics by a Chief Justice show how enmeshed politics and science were in promoting white

¹⁴ Farber, *US Scientists Role in the Eugenics Movement 1907-1939*, 2008.

¹⁵ Laughlin, *Eugenical sterilization in the United States*, 1940.

¹⁶ *Ibid*, Introduction.

superiority. Race science promulgated Jim Crow Laws by providing politicians with “scientific” facts that justified discrimination and abuse of minority communities. Chief Justice Olson in the introduction stated “Segregation is necessary, even though sterilization were invoked. Sterilization protects future generations, while segregation safeguards the present as well”.¹⁷ In the Preface, Laughlin addressed his intended audience who were law-makers throughout the United States. He states with confidence that the facts and figures in the report are thoroughly studied and accurate. However, as noted previously, the work of Davenport was discredited whom Laughlin worked closely with beginning in 1911.

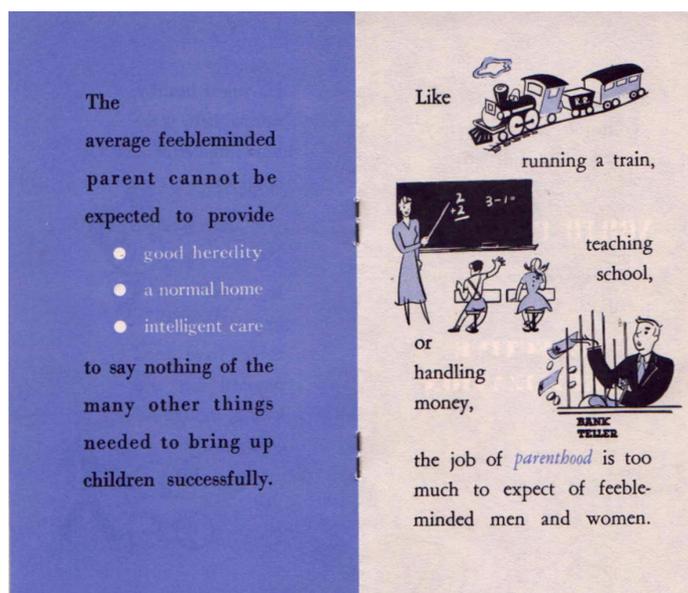
Laughlin’s use of rhetoric in his papers are of particular importance to note. He uses the term “race suicide” first coined by sociologist Edward A. Ross to further his justification for eugenics. Race suicide is a general term used to define when the birth rate within a certain race drops below the death rate. The alarmist term has been discredited by scientists and sociologists presently but it was used as a powerful rhetorical tool to promote Laughlin’s sterilization policy. In his journal titled *Eugenics Review* he summarizes that the United States, Great Britain, Canada, South Africa, Australia, and New Zealand all could be in great danger due to the capacity to hold a large number of immigrants within their country.¹⁸ From a biological standpoint, the increased birth rate of African Americans and the influx of immigrants into the United States does not correlate directly with a declining birth rate amongst white communities. However, Laughlin is not necessarily concerned with advancing modern medicine but rather he intends to control immigration and the population growth of African American communities.

In 1914, Harry H. Laughlin created the Eugenic Model Sterilization Law which proposed the sterilization of the “feble-minded” and those who had physical and mental defects.¹⁹ By this time, Indiana had already passed a sterilization law in 1907 followed by 12

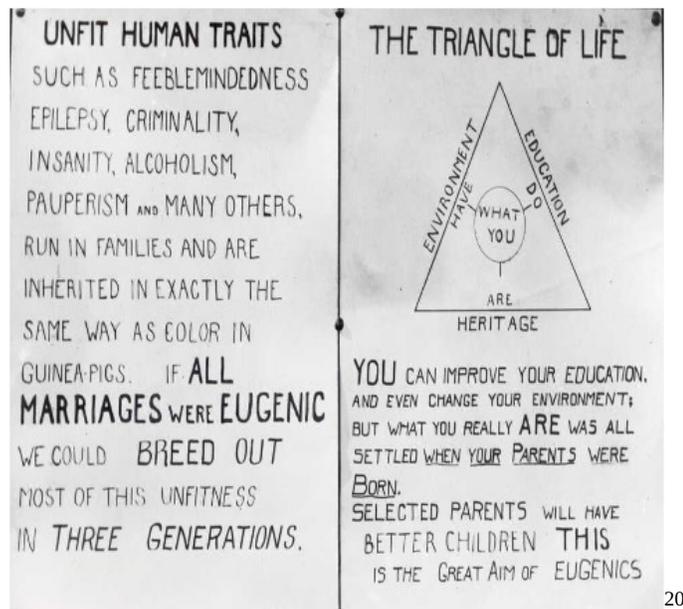
¹⁷ Ibid, Introduction

¹⁸ Laughlin, *Eugenics Review*, 1925.

other states. As a result of Laughlin's law, between 1907 and 1939, 18 more states legalized sterilization leading to more than 30,000 nonconsensual sterilizations to occur.¹⁹ Many of the sterilizations occurred in California impacting mostly women. Laughlin's sterilization law negatively impacted minority communities, lower-class citizens, and people with mental and physical disabilities. Eugenics, which started as a concept to improve the human race, was adapted to fit the racist, white supremacist, and socio-economic beliefs in the United States promoting segregation, discrimination, and violence. Propaganda created by proponents of the eugenics movement deliberately appeals to white families positioning the white suburban family as the model for greatness. The lack of inclusion for all races further proves that the goal of eugenics was to rid the United States of minority communities.



¹⁹ Ibid



20

The Life of Dr. Dorothy Ferebee

Dorothy Celeste Boulding Ferebee, born in Norfolk, Virginia in 1898, was passionate and steadfast in her vision of positively impacting the medical field. The only daughter of Benjamin Richard and Florence Ruffin Boulding, Dorothy came from a prominent family. Her great uncle, George L. Ruffin was the first black graduate of Harvard University; her grandfather, Richard Gault Leslie Paige, escaped slavery and established himself in the state legislature. Her pedigree and status should have propelled her greatly into her desired career and promoted a strong social standing. However, due to the time period, it worked the opposite. Her gender and race placed her in a category of undesirable and “othered” her amongst her white colleagues and peers. In a Washington Post editorial, Ferebee remarked:

“The medical school [at Tufts University] had five women out of 137 students. We women were always the last to get assignments . . . And I? I was the last of the last because not only was I a woman, but a Negro, too.”²¹

²⁰ Alexandra Stern, *Forced Sterilization Policies in the US targeted minorities*, University of Michigan, 2020

²¹ Washington Post, *Dorothy Boulding Ferebee*, 1924.

The time period was extremely volatile for African American citizens. Jim Crow Laws dominated the social and political culture of the United States. Enacted after the Civil War, the laws promoted segregation, racism, and violence. It was not enough for states and local legislatures to encourage segregation. The Supreme Court, on May 18, 1896, ruled in the case of *Plessy vs. Ferguson* ruled that “separate versus equal” was sufficient in supporting the fourteenth amendment. The Supreme Court’s support of segregation led to disadvantaged educational opportunities, voting rights, health-care, and increased violence amongst white and Black communities. In the 1920s, there was a dramatic resurgence of the Ku Klux Klan throughout the United States. Lynchings and intimidation tactics were common forms of violence against African American communities²². Furthermore, the lack of women’s rights and protections directly threatened female bodily autonomy and reproductive rights. Race and gender oppression was not only widely ignored by the United States government but supported. The legal apparatus created in the United States intended to punish African American women for exercising their basic rights of starting a family and raising children. State laws, such as the Model Eugenical Sterilization Model Law, allowed the state to sterilize those considered “feebleminded” or exhibiting physical or mental defects. The law was proposed in 1914 and passed in over 30 states.

The biggest threat to American culture and society appeared to be a free Black woman. The powerful negative stereotypes of Black women have only perpetuated the notion that state and federal regulation was necessary and just. Anti-Black imagery had a lasting effect on American social consciousness. The three major stereotypes that persist throughout American culture include the “Mammy”, “Sapphire”, and “Jezebel”. Of particular interest is the “Jezebel”

²² Howard University, *A Brief History of Civil Rights in the United States: Jim Crow Era*, 2023.

stereotype that depicted Black women as “sexually promiscuous”, “immoral” and “sexually available”. This stereotype was used to devalue Black women in the 20th century and contributed to the notion that Black women were inherently “unfit” mothers because of their immorality and insatiable sexual desires²³. The Jim Crow Museum featured at Ferris State University has on display many artifacts of the stereotypes. The exhibit describes the Jezebel stereotype as follows:

The Jezebel images which defame African women may be viewed in two broad categories: *pathetic others* and *exotic others*. Pathetic others include those depictions of African women as physically unattractive, unintelligent, and uncivilized. These images suggest that African women in particular and black women in general possess aberrant physical, social, and cultural traits. The African woman's features are distorted - her lips are exaggerated, her breasts sag, she is often inebriated. The pathetic other, like the Mammy caricature before her, is drawn to refute the claim that white men find black women sexually appealing²⁴.



²³ Rosenthal L, Lobel M. Stereotypes of Black American Women Related to Sexuality and Motherhood. *Psychol Women Q.* 2016

²⁴ Pilgrim, David, “The Jezebel Stereotype”, Ferris State University, 2012.



The harmful stereotypes justified the medical violence, discrimination, and abuse against African American women in the 20th century. Jim Crow laws, mandated state sterilization efforts, and the social ramifications of Black female stereotypes led to decreased public health services. The denial of medical care was threatening Black communities across the South. Dr. Nancy Krieger, Professor of Social Epidemiology, Department of Social and Behavioral Sciences, at the Harvard T.H. Chan School of Public Health, has conducted extensive research on how the Jim Crow era led to higher infant mortality rates and breast cancer diagnoses amongst African American women who grew up in Jim Crow states prior to 1964.²⁶ The United States continued to support a political and medical care system that devalued and demonized an entire group of people based on race. The lack of support from local state governments and the federal government exemplify the impressive life and career of Dr. Dorothy Ferebee.

The violent and racialized environment should have discouraged Ferebee from pursuing her career in public health and preventive medicine. However, she was a visionary determined to

²⁵ Jim Crow Museum, *Jezebel Stereotype*, 2020

²⁶ Harvard T.H Chan School of Public Health, *Understanding Slavery's Legacy in health and medicine*, 2017.

regain basic public health and reproductive rights for the African American community. She never allowed the racial and gender limitations perpetuated by the United States discourage her from obtaining her goals.

Dorothy Boulding entered the Girls' High School in Boston and graduated in 1915. Hailing from a class of 341 students, she recalled her local school journal stating she had "the best scholastic record of any student in the class"²⁷. From 1915-1916, she continued post-graduate courses to be eligible to apply to college. She began her college career at Simmons College in 1916 and graduated in 1920, cum laude. In her interview with Merze Tate for the Black Oral Women's History project, Ferebee speaks of her triumphs and accomplishments rarely alluding to any type of failure. Dorothy states " I finished Simmons and took the special board examination for Tufts University College of Medicine and entered in 1920. From that year until 1924, I was registered at Tufts University, and finished as the number one graduate in a class of 137". The requirements for medical school in the 1920s were much different than today's standards. A month before school started, Dorothy sent in her letter and application to the admissions office. According to records found in Dorothy Ferebee's scrapbook, she received a letter back from Dr. Frank. E Haskins on September 13th congratulating her on the acceptance.²⁸ In 1923, Ferebee joined the Alpha Kappa Alpha sorority chapter. The sorority would become one of her career triumphs as it served the Mississippi Health Project in the years to follow.

Dorothy Ferebee graduated cum laude along with one other Black student in her class. Her work ethic and commitment to school made her a top candidate for internships. However, in Ferebee's biography written by Diane Kiesel, it was noted that she was unable to secure any job in the field due to her race and gender. She had to fight for internship positions and jobs at post-

²⁷ Black Women Oral History Project, *Dr. Dorothy Boulding Ferebee*, 1979.

²⁸ Kiesel, Diane, *She Can Bring Us Home*, pg. 17, 2015.

graduate clinics which she fails to divulge in the interview directly. The lack of failure spoken from her point of view is consistent with the time period. It is well-known that during this time period it was extremely difficult for an African American woman to succeed in higher education and admitting to failure of any sort might have made Dorothy feel vulnerable to scrutiny and judgment. To maintain her reputation as one of the most prominent African American public health activists, her academic and social record needed to be pristine. Eventually, Ferebee landed an internship at the Freedmen's Hospital and worked at postgraduate clinics from 1924-1927. As mentioned previously, Dorothy Ferebee joined the Alpha Kappa Alpha Sorority in 1923. Beginning in 1935, the sorority spearheaded the efforts of the Mississippi Health Project. Dr. Dorothy Ferebee's relationship with the sorority and her reputation at Howard University made her a prime candidate to join the project. The project was originally under the lead of supreme basileus Ida Jackson. The two women assembled a team of nurses, physicians, teachers, secretaries, and amanuenses. Dorothy Ferebee spent each summer in Mississippi from 1935-1941 until the war intervened and the project was forced to stop. The health project intended to bring medical care and public health education to rural communities in Mississippi. The requirements of the project included a deep understanding of medical and social issues as well as a willingness to adapt to Jim Crow laws and the hostility of white plantation owners. Her work in Mississippi deepened her understanding of how dire the needs of rural African American communities were.



How the Mississippi Health Project corrected the failure of the Sheppard Towner Bill

In 1948, Pulitzer prize-winning reporter Ray Sprigle embarked on a thirty-day journey to the South. Sprigle was a white man who disguised himself as an African American to experience life living through Jim Crow in the South. His book titled “I was a Negro for 30 days” describes the discrimination and mistreatment he faced as a direct result of his race. Sprigle stated “I quit being white, and free, and an American citizen when I climbed aboard that Jim Crow coach. . . . From then on, until I came up out of the South four weeks later, I was black, and in bondage — not quite slavery but not quite a freedom, either.”²⁹ Chapter 15 is particularly interesting because it focuses on the story of Dr. P.W. Hill and his wife Marjorie Hill. Dr. P.W. Hill was a prominent African American dentist living in the Mississippi delta town of Clarkdale. His wife was pregnant, and the couple had planned to have the child at home presumably with the help of a

²⁹ Ray Sprigle, *I was a Negro in the South for 30 days*, Chapter 15, 1948

midwife. In the 1930s, midwives were common in assisting births for African American women. Rural counties such as Clarksdale, Mississippi had little to no access to physicians and hospitals. In 1935, 21,000 births in Mississippi were attended by midwives. According to the U.S Children's Bureau, in the rural districts of the South, only 0.6% of births occurred in a hospital.³⁰ The Hills had been preparing for the home birth for months and were told by physicians prior to her due date that she was well-prepared as she was healthy, strong, and exhibited no medical complications. However, tragedy struck as she needed an emergency cesarean section. Sprigle noted that Clarksdale boasted only one adequate hospital in the area, but it was accessible to white patients only. In desperation, Dr. Hill drove his wife 78 miles to a nearby hospital in Memphis, but it was too late. Both Marjorie Hill and her newborn baby died on the operating table.³¹ Maternal and infant mortality was sadly a common occurrence for African American families in the 1900s. Sprigle describes the story as a commentary on the "cold-blooded cruelty of the white man". The reality was that the death of a woman and child was more acceptable than allowing them to take up space in a whites-only operated hospital. Three hospitals were operating at the time in Mississippi that allowed black patients. One was the G.T. Thomas Hospital in Clarksdale, Mississippi, which opened in 1937, one year before Marjorie Hill's death. One plausible reason Dr. Hill did not send his wife to this hospital was the lack of rooms available. The hospital was previously an 8-room home converted into a hospital space. Furthermore, there was no guarantee that the hospital could accommodate such a high-risk procedure. Prior to Marjorie Hill's incident, Bessie Smith had been sent to G.T. Thomas Hospital after a car accident and had her arm amputated. 11 hours later she died in the hospital bed.³² Past

³⁰ Elizabeth C Tandy, *Infant Mortality Among Negroes*, U.S. Children's Bureau, 1935

³¹ Ray, Sprigle, *I was a Negro in the South for 30 days*, Chapter 15, 1948

³² Ernest McBride, *Life and Death of Mississippi's four Black owned hospitals*, 2022

historical medical trauma and the Jim Crow health system severely impacted how women and children were treated in the South.

The Mississippi government established the State Board of Public Health in 1877. Recognizing the high maternal and infant mortality rates in the early 20th century, the state board in the 1930s, crediting the Social Security Act of 1935, stated that with sufficient funding, the state could provide prenatal clinics, education of granny midwives, immunization programs, and treatment for children to lower maternal and infant mortality rates. However, there is a major gap in the statistics the Board of Public Health provides. The statistics provided state “Mississippi’s overall death rate dropped dramatically from 15.2 per 1,000 populations in 1918 to 9.7 in 1990. Infant mortality rates decreased from 99.3 per 1,000 live births in 1917 to 11.9 in 1992.”³³ While the statistics examined demonstrate the dramatic decline of deaths spanning 75 years, there are some major gaps in these records. The records illuminate the impact of the racialized healthcare system which denied medical treatment to more than half of the state's population. In 1924, Dr. Felix J. Underwood was appointed the full-time executive officer of the State Board of Health.³⁴ The relationship between Dr. Felix J. Underwood and his role as executive officer and black midwives in the South is important to understand the relationship between medical care and women in Mississippi. Midwives were integral in providing public health care to rural Black communities in the south. By the early twentieth century, the reliance on midwives as birth attendants was becoming increasingly regional and racialized according to Yulonda Sano.³⁵ The midwife occupation was both commended and villainized simultaneously. Black midwives attended to the second-class citizens whom the state did not want to be responsible for allowing white patients to be properly attended to by trained physicians. However, the lack of healthcare

³³ Mississippi Government Health Services, *Mississippi Public Health Timeline*

³⁴ *Ibid*, pg. 3

³⁵ Yulanda Eadie Sano, “*Protect the Mother and the Baby*” *Mississippi Lay Midwives and Public Health*, 2019

provided by the state to rural communities was never condemned; midwives were. Midwives were blamed for the high maternal and infant mortality rates and were deemed “unfit” to provide proper care to women.³⁶ This sentiment was shared by Mississippi’s executive officer of the State Board of Health, Dr. Felix J. Underwood. In 1925, a year after being named the Executive officer of the State Board of Health he reaffirmed negative stereotypes surrounding African Americans.

What could be a more pitiable picture than that of a prospective mother housed in an unsanitary home and attended in this most critical period by an *accoucher* [sic], filthy and ignorant, and not far removed from the *jungles of Africa*, laden with its atmosphere of weird superstition and voodooism? And yet, that is a true description of the condition that prevailed in Mississippi at the birth of at least one-half of our white and of all of our colored babies, during the past half-century.³⁷

The rhetoric he uses suggests that the health care provided by the African American midwives is latent with voodoo magic and holistic treatments rather than prescribing modern treatments. Dr. Felix J. Underwood lacks a proper understanding of the importance of midwives and the respect to provide rural African American communities with the proper funding and help. By reinforcing the negative stereotypes surrounding African American women and demonizing the midwife occupation, it allowed for the continued justification of the Jim Crow system and social hierarchy rules. He repeats this sentiment in 1932, where he affirms the reason for the high mortality rates is a direct result of midwives. He boldly asserts

Most of the midwives in Mississippi are ignorant women who cannot be expected to know the first principles of obstetrics except the teaching they get with reference to cleanliness and calling physicians in unusual cases. As to how much these teachings they

³⁶ Yulando Eadie Sanoo, *Health Care for African Americans in Mississippi, 1877-1946*, pg. 34, 2010

³⁷ *Ibid*, pg. 37

have absorbed is a matter of question since their lack of education and previous mode of living cannot guarantee great results.³⁸

FOLOWS.

Births 1928-32

	Total	White	Colored
Number births attended by physicians:			
1928.....	26,359	21,619	4,730
1929.....	24,852	20,371	4,481
1930.....	25,818	21,231	4,587
1931.....	23,184	19,378	3,806
1932.....	22,138	18,932	3,206
1933.....	21,159	17,685	3,474
Percent of total number births attended by physicians:			
1928.....	54.7	91.4	19.3
1929.....	54.5	91.7	19.5
1930.....	53.8	91.5	18.5
1931.....	51.4	89.6	16.2
1932.....	47.6	86.5	13.0
1933.....	47.9	86.7	14.6

Births 1928-32—Continued

	Total	White	Colored
Number births attended by midwives:			
1928.....	21,315	1,776	19,539
1929.....	20,335	1,621	18,714
1930.....	21,843	1,777	20,066
1931.....	21,719	2,127	19,592
1932.....	24,106	2,798	21,308
1933.....	22,762	2,564	20,198
Percent of total number births attended by midwives:			
1928.....	44.3	7.5	79.8
1929.....	44.6	7.3	79.8
1930.....	45.5	7.7	81.0
1931.....	48.1	9.8	83.4
1932.....	51.9	12.8	86.6
1933.....	51.5	12.5	84.9

[Charts provided by Dr. Felix J. Underwood in his statement for public health in Mississippi]

The relationship between Dr. Felix J. Underwood's public health programs and black midwives is significant because it reveals how state and federal funding was not being used sufficiently to help rural and impoverished communities. The limited training and resources of black midwives were notorious in the South, yet there seemed to be a lack of public funding to provide proper compensation and programs for these women. Physicians and public health officials seemed to share a general concern regarding the lack of proper education and training

³⁸ Felix J. Underwood, *Statement of Dr. Felix J. Underwood, State Health Officer of Mississippi*

midwives received. Notably, the John A. Andrew Clinic organized in April 1918, focused specifically on the “advancement of Negro health” paying close attention to four major tenets: professional service to the needy sick, professional development of the Negro physician, professional interracial contact, and professional inter-sectional relationships.³⁹ In 1924, the John A. Andrew Society held an annual meeting featuring Dr. G.N. Woodward who delivered the presidential address. His speech was concerned primarily with racial health. He recognizes the imminent threat of segregation to the advancement of African American society and the urgent need for organized teamwork to address the health issues of Black communities. He, and the other physicians in attendance, understood the importance of providing proper healthcare to African American communities. Recognizing the mistrust amongst minority communities and doctors and the need to provide more than basic care, Dr. G.N. Woodward plainly stated that “as a profession, we owe the race more than mere diagnosis and treatment of already existing ailments. We should also endeavor to lessen the frequency of occurrence of ailments by using every possible method to instruct the masses in the simple laws of hygiene and preventive medicine.”⁴⁰ Notably however, at the same time, his progressive speech called for a more efficient and inclusive healthcare system. His direct blame of midwives for high infant and maternal mortality rates neglect blatantly shows how Jim Crow ideology continued to perpetuate negative cycles of racism and mistreatment for black female healthcare workers. Rather than acknowledging the lack of proper educational facilities and training centers for black women, he placed all the blame on midwives. He discredited their ability, their contribution to the healthcare field, and their impact in rural communities in assisting with home births. Dr. G.N. Woodward shared very similar beliefs with Dr. Felix J. Underwood stating

³⁹ John A. Andrew Society, Thirty First Annual Clinic and Twenty Fifth Annual Meeting of the John A. Andrew Clinical Society, Tuskegee Institute, April 1942

⁴⁰ Dr. G.N. Woodward, *Racial Health*, National Center for Biotechnology Information, 1924

“A very important factor in racial health, one which has given me great concern, is that mysterious apostle of ignorance and superstition—a living relic of witchcraft—the midwife. What shall we do with her? There is no doubt that both infant and maternal mortality are greatly increased through the very poor handling of thousands of maternity cases by careless, ignorant, and superstitious midwives. Still, it seems that they continue actively in the field for years to come.”⁴¹

The relationship between prominent healthcare physicians and Jim Crow ideology is significant. White communities used the term “ignorant” or “ignorance” frequently to describe African American communities. African American ignorance referred to an inability to learn, a lack of knowledge, or “denseness”.⁴² The hypocrisy of stereotyping an entire group of people as ignorant can be analyzed through the lens of segregation created by Jim Crow laws. Mississippi’s educational system was highly segregated. The separate but equal school system prevented many black communities from receiving a proper education. Education was a privilege and right that only existed for white Mississippians. According to the U.S. Department of Commerce, *Statistical Abstract of the United States* data published in 1930, the illiteracy rate among African American communities was 29.3% in the 1920s. By 1940, the *Statistical Atlas of Southern Counties* showed that the black population’s illiteracy rate had not notably improved but rather had declined to 23.2% respectively.⁴³ The “midwife problem” and the lack of education provided by local state departments was addressed by the passing of the Sheppard Towner Bill.

After thirteen major women’s organizations pushed for the enactment of the bill and pressured Congress to pass it, the Sheppard Towner Bill: For the Protection of Women and Infancy was signed into law by the President on November 23, 1921.⁴⁴ These same thirteen women’s organizations would later fight to preserve the legislation from being repealed.⁴⁵ The

⁴¹ Ibid, pg. 178

⁴² Yulando Eadie Sanoo, *Health Care for African Americans in Mississippi, 1877-1946*, pg. 39, 2010

⁴³ Ibid, pg. 39

⁴⁴ Anna E. Rude, *The Sheppard Towner Act in Relation to Public Health, 1922*

act was progressive for two major reasons. The bill provided Federal aid to the States to promote the care of maternity and infancy. The U.S. Children's Bureau oversaw the state advisory committees created resulting from the bill to ensure the funds were being used correctly. The states were obliged to provide instruction in the hygiene of maternity and infancy through public health nurses, consultation centers, and other suitable methods. Public funds were allocated to increase education efforts regarding hygiene and better medical care for mothers in need. As historian, J Stanley Lemons observed,

“The act authorized an appropriation of \$1,480,000 for the fiscal 1921-1922 year and \$1,240,000 for the next five years ending on June 30, 1927. Of this sum, \$5,000 more would go to each state outright; \$5,000 more would go to each state if matching funds were provided; and the rest would be allocated on a population percentage and matching basis. The cost of administering the program could not exceed \$50,000, and the money was channeled by the Children’s Bureau through the state child welfare or health divisions.”⁴⁵

The direct recipient of the Sheppard Towner Bill were the nurses and midwives that assisted Black mothers during home births. It was well understood that African American women were experiencing disproportionate rates of infant mortality. The Sheppard Towner Bill addressed the lack of physicians willing to assist with births for economic and racial reasons by allocating money to the states for midwife training and nurse clinics. According to the Children’s Bureau, in 1923, Mississippi received \$22,076.36 which was a significant increase in the funds budgeted for the training and education programs for nurses and midwives. Mississippi would receive \$22,076 each year for the next six years until the bill expired in 1929. Mississippi cooperated with state public health boards and the Children’s Bureau to hire an additional 16 public health nurses.⁴⁶ The bill targeted maternal hygiene by extending education efforts. The methods used included the distribution of literature and consultations. In terms of literature, it

⁴⁵ J. Stanley Lemons, *The Sheppard Towner Act: Progressivism in the 1920s*, 1969

⁴⁶ U.S. Department of Labor, M 86 Box 1, Roberta Wellford Collection of Women’s Rights Ephemera 1915-1956, James Branch Cabell Library, VCU Libraries

was reported that 25 states reported using booklets, pamphlets, or letters devoted entirely to prenatal care.⁴⁷ The increase in the literature surrounding prenatal and postnatal hygienic care most likely had little effect in Mississippi where illiteracy rates remained high, and there were very few opportunities to receive an education for African American communities. However, the Children's Bureau addressed the problem of illiteracy and midwives by assigning supervisors to deliver letters, and offer classes, in addition to creating rules and disseminating regulations to follow. Furthermore, training, licensing, and supervising midwives increased in rural areas as it appeared to be one of the few practical ways to address the problem of high maternal and infant mortality rates.⁴⁸ The training programs were sufficient in addressing the "ignorance" of midwives touted by Executive Public Health Officer Dr. Felix J. Underwood. The Sheppard Towner Act likewise funded nutrition classes which Mississippi capitalized on providing classes from a part-time special nutrition worker.⁴⁹ An emphasis on nutrition was critical as Mississippi experienced high malnutrition deaths. Dr. Felix J Underwood reported that in 1915, 1,500 Mississippians had died from Pellagra.⁵⁰ Moreover, the Sheppard Towner Bill helped fund dental hygiene clinics while educating mothers on the importance of dental hygiene for themselves and their children. Mississippi children suffered greatly from malnutrition and poor dental hygiene. Dr. Felix J. Underwood reported that in 1923, a new division called Mouth Hygiene was created that worked amongst school children. 3,000 children were examined in the first year. A total of 33,317 children were examined, and it was reported that 25,767 had dental defects.⁵¹ The Sheppard Towner Bill, repealed in 1929, continued lasting effects in Mississippi through the 1930s. The bill was influential and progressive for the period creating new programs and public

⁴⁷ Ibid, pg. 9

⁴⁸ Ibid, pg. 15

⁴⁹ Ibid, pg. 19

⁵⁰ Felix J Underwood, *Twenty Five Years of Maternal and Child Health*, 1948

⁵¹ Ibid, pg. 1515

health initiatives that positively impacted each state that adopted the legislation. The Sheppard Towner Bill was passed during a critical point in public health history. While it helped many urban communities, it seemingly failed to reach rural towns suffering from debilitating health issues.

On a general level, it appears that the midwife program established through the Sheppard Towner Bill impacted black midwives positively. The Sheppard Towner Bill seemingly failed to address the social context of racial health ideology which persisted throughout much of the south. It did not address the healthcare problems provoked by racist white physicians and doctors. The bill failed to differentiate between race and social class and thus ultimately created a health program better suited toward impoverished white communities rather than African American communities suffering from the share-cropping system. Moreover, the program required midwives to be licensed and certified which caused higher rates of unemployment for those who could not pass the background check. Of the 5,000 midwives active before the background checks were implemented, only 4,209 received permits to continue working.⁵² The Sheppard Towner Bill was modeled as a progressive bill in the 1920s, and while its efforts should not be discounted, the bill appeared to have little to no effect on Mississippi's rural communities. While it arguably indicated a positive trend in the healthcare movement, the South's deep connection with Jim Crow laws and racism created an uneven distribution amongst public health progress and African American communities.

To fill this gap, grassroots organizations and African American public health female activists, mobilized to provide rural and disenfranchised minority communities with proper healthcare. The Freedmen's Hospital, created in 1863, was integral in providing African American nurses and physicians with proper education and training. The Freedmen's Hospital

⁵² Yulando Eadie Sanoo, *Health Care for African Americans in Mississippi, 1877-1946*, pg. 46, 2010

was responsible for training fifty percent of the Black physicians in the United States for many decades.⁵³ Since its origin, the Freedman's Hospital has graduated 1,700 nurses who have provided leadership throughout most of the United States. Dr. Dorothy Ferebee was one of the most prominent physicians who emerged from the Freedmen's Hospital. She completed her medical internship at Freedmen's Hospital and joined the faculty of Howard University in 1925. Dr. Dorothy Ferebee was integral in promoting public health initiatives for African American communities in Washington D.C. and Mississippi. She created the Southeast House in 1929, providing daycare and recreational facilities to children in the area. The Southeast House was invaluable to the African American community as the only childcare centers were for white families.

The creation of the Southeast Neighborhood House could be viewed as a positive outcome due to racism and discrimination in Washington D.C. In describing the origins of the Southeast House, Ferebee recalls an incident of police abuse and neglect of two Black children. The officer attempted to arrest a young Black child who had taken milk off a neighbor's porch to feed his younger sibling. In the surrounding neighborhood, it was common for the older siblings, although typically young themselves, to take care of their younger siblings because their mother was subjected to working long hours. Poverty and lack of government subsidies created extremely vulnerable situations for young children growing up in urban neighborhoods. Dr. Dorothy Ferebee responded to the officer by stating firmly that children needed to be cared for rather than punished. She paid seventeen cents for the milk carton and walked the young boy home. Directly after the incident, she marched to the Friendship House⁵⁴. The Friendship House, founded in 1904, was the oldest settlement home in Washington D.C. The program served as a

⁵³ Washington D.C. School of Nursing, The Freedmen's Hospital School of Nursing 1894-1973, pg. 8, 1973

⁵⁴ Ferebee, Dorothy, Black Women's Oral History Project, Interview with Merze Tate, 1979

daycare for children in the subsequent areas. However, the one major stipulation was that it was a reserved space for only white children⁵⁵. By the 1900s, Washington had the largest population of African Americans compared to any other city in the United States⁵⁶. United States census data suggests that African American people comprised 25.1% of the Washington D.C. population in 1920 which would grow to 36.8% in 1930. This meant that many of the population were excluded from community resources due to endemic racism and discrimination policies. The example of overt segregation from the Friendship House indicates that exclusion was common practice and African American children faced unfair consequences. Poverty, lower literacy rates, and poor health services were a few impacts of segregation in the Washington D.C. area.

Creating the Southeast House in the Anacostia neighborhood in D.C. was pivotal in Dorothy Ferebee's career. She opened the Southeast House in 1929 and was fortunate enough to receive donations from wealthy local white community members who feared the increasing rates of African Americans in their neighborhood. Local donors and community members funded the settlement house. Dr. Dorothy Ferebee's commitment to public health activism was best represented in her work with the Mississippi Health Project.

The Mississippi Health Project created by Ida L. Jackson, and sponsored by the Alpha Kappa Alpha sorority, was initiated to provide proper healthcare to African American communities in the Mississippi Delta. The health project exposed the glaring disparities in public health initiatives that should have been addressed by the Sheppard-Towner Act. With the help of Ida L. Jackson, the two women assembled a team of nurses, physicians, teachers, secretaries, and amanuenses. Dr. Dorothy Ferebee spent her summers from 1935-1941 in Mississippi until the project was halted due to the war. The health project intended to bring medical care and public

⁵⁵ National Register of Historic Places Inventory, July 1969

⁵⁶ Mcquiter Annette Marya, African American Heritage Trail, Washington, DC, 2003

health education to rural communities in Mississippi. The project requirements included a deep understanding of medical and social issues, a willingness to adapt to Jim Crow laws, and the ability to defuse the hostility of white plantation owners. In her interview with Merze Tate, Ferebee recalls how Jim Crow laws threatened to curtail the entire project. Ferebee states:

“Going to Mississippi was quite an ordeal, probably as bad as travel in Africa—But I must say that the District of Columbia was almost as hostile as discriminating as some foreign countries—we had visited—because not one of the seventeen women who came to meet us in Washington, not one of them was able to ride in the train from Washington to Mississippi.”

The women were forced to drive their cars to Washington D.C. and then caravan down to Mississippi together. The clinic began in Mound Bayou, Mississippi. The population was 98% African American, and most families lived on plantations working as sharecroppers. As Ferebee noted in her annual report, “Most of the inhabitants of the county are bound to plantations on which they live, forming groups from four to eight hundred Negroes. These groups are operated independently, each owner doing as he pleases with his own Negroes. A family may never leave the plantation without the consent of the owner.”⁵⁷ Dr. Dorothy Ferebee described Mound Bayou as “a silent but powerful witness of misery and decay. Weather-beaten shacks, rutty, and treacherous dirt roads, impassable dilapidated wooden bridges that creak and sway beneath the weight of weary travelers.”⁵⁸ Her language is deliberate intending to illustrate an image of dire need and desperation in the town. However, her description of Mound Bayou does not corroborate with that of nurse Bessie E. Cobbs who volunteered for the project. Staff nurse Bessie E. Cobbs, from Freedmen’s Hospital, accompanied the mobile clinic down to Mound Bayou in 1936. She wrote about the experience in her journal which was later published by the American Journal of Nursing in 1941. In it she states

⁵⁷ Dorothy Ferebee, Mississippi Health Project Annual Report #2, 1935

⁵⁸ Ibid, pg. 13

I was greatly impressed by the small city of Mound Bayou. Its population is about 800, all of whom are Negroes. There is a mayor, a justice, a notary, a postmaster, and an alderman. There are several schools, churches, and a number of prosperous businesses, among them several gasoline stations, clothing and grocery stores, a pharmacy, and a cotton mill. The majority of the people own their home and have almost all of the conveniences and comforts of homes in larger towns.⁵⁹

The difference in descriptions provided by both women provides insight into the political methods that Dr. Dorothy Ferebee likely employed to gain federal funding. Staff nurse, Bessie E. Cobbs viewed the town environment of Mound Bayou in a positive light because she was intending to move away from common negative stereotypes surrounding African American communities. She directly challenges the notion that black people are “ignorant”, “feeble-minded”, and “lazy”. Her journal writing exemplifies how African American communities were agents of change and working towards building a better community for themselves. However, while her description of the community commends the hard work and capability of the citizens, she also understands the desperate need for increased public health measures. Dr. Dorothy Ferebee’s description of Mound Bayou is representative of the working environment and the political environment. She focuses on the infrastructure and the quality of living for the people in the area. She uses emotional appeals to convince political leaders and people throughout the country of the dire need for funding and increased medical resources. The quality of living in Mound Bayou is heavily influenced by plantation owners and white politicians allowing for dilapidated infrastructure and limited access to health care facilities.

The children are overworked, malnourished, and wracked with diseases. Similarly, the mothers are overworked, malnourished, diseased, and suffering from stillbirths. Local and federal governments' denial of medical care was a form of violence enacted on the citizens of Mound Bayou. The distrust amongst African Americans and the United States government

⁵⁹ Bessie E. Cobbs, *Health on Wheels in Mississippi*, American Journal of Nursing, 1941

continued to grow as the local Black communities continued to be devalued and ignored despite increased public health measures within the United States. The project was based on a plan for a community-wide immunization program against diphtheria and smallpox. Ferebee notes that the highest death rates have resulted in children who lack immunizations and proper care. She cites that the problem occurs due to the lack of understanding on the parent's end of how important immunizations are to children⁶⁰. This anecdote proves there is a lack of public health education and a strong distrust amongst African American communities and modern medical practices.

The Mississippi Health Project required annual reports to be written each summer. The reports were used to outline the efficacy of the project, describe the area and the community members, and show proof of correspondence between Dr. Ferebee and prominent health officials. There are six total reports archived at Howard University written by Dr. Dorothy Ferebee and Ida L. Jackson. The annual reports are comprehensively filled with statistics, photographs, correspondence, and how the project operated on the ground. Dr. Ferebee wrote the annual reports in a diplomatic manner introducing her team and the project professionally. Her writing style is intentional using both statistics and pathos to further the argument for why rural African American communities need increased public health initiatives. She appeals to the United States Congress by acknowledging their progressive legislation and work done to relieve the plight of poor communities in the country. Dr. Dorothy Ferebee exclaims, "Work, relief, subsistence homesteads, vast constructive projects, and especially the volume of legislation enacted by the last Congress, comprising measures which deduct from the wealthy and relieve the poor, are revolutionizing our social and economic institutions."⁶¹ Her optimism in the introduction of the report aligns with her belief in racial uplift theory as she states that every

American is living in a "remarkable age." Dr. Ferebee believes that there are clear and obvious

⁶⁰ Dorothy Ferebee, Mississippi Health Project Annual Report #4, 1937

⁶¹ Dr. Dorothy Ferebee, *Annual Report #2*, 1935

methods that will level the playing field allowing African American communities to thrive and progress in the United States. However, she is also acutely aware of the issues that keep these communities from moving forward socially, economically, and politically. Ferebee states

Actually, there are two primary obstacles to the execution of these Utopian projects among Negroes. First, we have the influences of local race prejudices and discrimination, which militate against them especially in the Southern States where, although their need is the greatest, their share of the proposed benefits will probably be the least. Then there is the deplorable lack of initiative and organization among the Negroes themselves, many of whom are still waiting for donations from benefactors or hoping in vain that their own leaders, the special advisors and experts, will accomplish something for them. We could do little about the prejudice, but we felt we could do something about the organization of Negroes to help Negroes.⁶²

Her language she utilizes in the introduction is important to unpack as it reveals her political and personal intentions with the program. First, she admits that the amount of discrimination and prejudice has impacted African American communities significantly. However, she is careful not to directly place blame or name the institutions that continue to disadvantage these communities. Ferebee appears to be conscientious of her audience which consist of federal public health officials and state officials. She is aware that the project needs greater funding and a platform to continue serving Mississippians. For this reason, she is meticulous with her words and cautious when speaking on the levels of discrimination and prejudice present in the country. It is evident that the public health care system is wracked with racial undertones and discrimination. Dr. Felix J. Underwood, Mississippi's executive public health official, has proven this to be true with his sentiments regarding the African American race. Yet, she states that prejudice is only one part of the problem. Dr. Ferebee is more pointed in her comments regarding "Negro" race. She critically calls their lack of initiative "deplorable" and alludes to their idleness by stating organizations continue to wait "in vain" for leaders and state advisors to do the work for them. Clearly, she is appealing to stereotypes that have been commonly used to describe African American

⁶² *Ibid*, pg. 1

communities. Furthermore, she is deliberately using such terms to promote the health project and why it is a necessary initiative worthy of state and federal funding. She finishes the introduction by commenting, “Hence, realizing the unfortunate condition and the pathetic outlook of the majority of American Negroes, the Alpha Kappa Alpha Sorority inspired and led by its grand basileus, Miss Ida L. Jackson, to whose rare vision and insight we owe the idea of the project, conducted during the summer of 1935, a significant program of pioneer work in public health among Negroes of Holmes County, Mississippi.”⁶³ The introduction of the annual report is important to unpack because it reveals the attitudes the committee has towards government leaders and the rural communities in Mississippi. Furthermore, it highlights how Ferebee positioned herself and the program within the broader political and health care system.

It is likely that Dr. Dorothy Ferebee’s description of Mound Bayou more accurately captured the social and political climate in the small rural community of that time compared to Bessie E. Cobb's depiction. Her description has been corroborated by Norma Boyd who was actively part of the health committee for the Mississippi Health Project. In an interview, Mrs. Boyd stated that the economy in Mound Bayou relied on the sharecropping system and the children were often called “Negro boy” or “Negro girl” with no actual name given to them.⁶⁴ Regardless of the town having proper buildings and no reason for a prison system, the social ramifications of Jim Crow laws were persistent in keeping African American families from receiving equal health care.

The correspondence featured in the annual report is particularly important to analyze as it reveals the unwillingness to assist the project by the board of public health in Mississippi and the federal government. There are three letters written to the surgeon general, Dr. Hugh S. Cumming

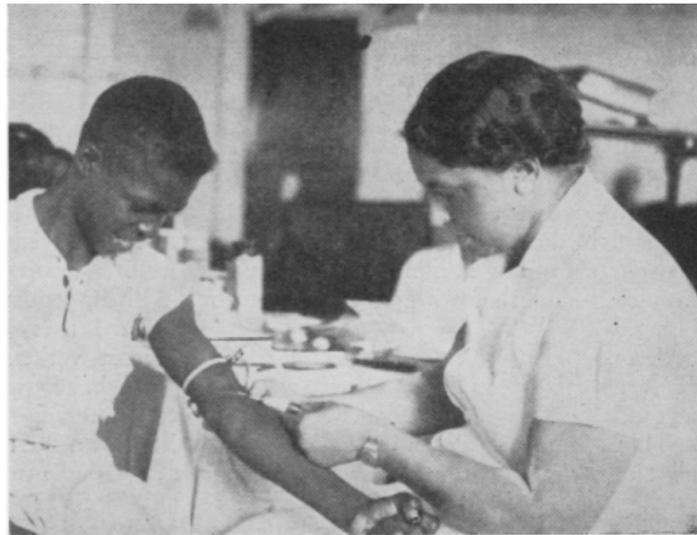
⁶³ Ibid, pg. 1

⁶⁴ Staff, MSRC, "Facets of Our Diamond: An Interview with Norma E. Boyd" (1984). *Alpha Kappa Alpha Sorority, Inc Media*.

describing the program's objectives and goals in detail. The letters are from Dr. Dorothy Ferebee, the Mississippi Chairman Pat Harrison, and the Congressional representative William M. Whittington. The letters were written in June of 1935 and the program ended in early August. There was no correspondence written by surgeon general Dr. Hugh S. Cumming which proved a lack of willingness to support and fund the program on a national level. Once again, as the nation progressed with modern legislation, there was a disconnect between government leaders and the minority communities that needed assistance the most. Federal funds were available to the state via the Work Relief Bill. In her letter to Dr. Cumming, she stated that she understood that many of the cities would be able to access funds under the pending Social Security Legislation. Ferebee also wrote that she wished to meet with him to discuss the matters of improving the rural community of Mound Bayou. Rather than directly responding back to her, the assistant general wrote a letter to Dr. Felix J. Underwood and asked for his approval to assist the program, which again, received no correspondence back. The program's success relied on the work of 15-20 women respectively each summer and the lack of federal support limited the success of the program. The nurses were only available in the summer for around six to seven weeks. While it was effective in providing vaccines and short-term solutions, the goal of education on health-care education and proper hygiene was limited. However, regardless of the restricted funds and limited time, the program was successful in raising awareness and providing families with proper care even if it was only for the summer months.

The first year of the project was successful. In three weeks, the nurses were able to administer 5,000 vaccine doses. The clinic attendance was around 150-240 people daily, and 215 were given physical examinations. An important part of the project was providing children with immunization records that will be registered with the County Health Officer. The work done in

Mound Bayou during the first summer of 1935 furthered Dr. Dorothy Ferebee's belief in racial uplift. She was encouraged to progress public health access and the social status of African American communities in rural cities.



65

The Mississippi Health Project Team

⁶⁵ Howard University Archives, *Alpha Kappa Alpha Sorority: Health On Wheels, 1938*

In 1937, Dr. Dorothy Ferebee and her team spent considerably more time focusing on the women and children of Mound Bayou. The health team traversed 45-50 miles of Bolivar County visiting multiple plantation properties. The man-made clinics were physically set up by the nurses who used hammers and screwdrivers to transform old shacks and buildings into suitable medical facilities. The interactions between the women and their children with the physicians were important. The first step in serving the families was establishing a line of communication and trust. The women living on the plantation suffered great loss, abuse, and violence. Furthermore, the children were equally distrustful. A young boy named J.D. suffered from epileptic episodes and was resistant to any form of the throat, chest, or abdominal examinations due to prior abuse by the plantation owners. His siblings suffered a variety of gum and mouth diseases as well as malnutrition. The ailments were common among all the children on the plantation. The mother of the children, called Mother W, had eight living children and suffered two stillbirths. She estimated she was 26 years old and noted that she had her first child at 14. Despite being pregnant, she was forced to continue working on the plantation. The nurses gave Mother W a prenatal examination, abdominal examination, blood pressure reading, and a Wasserman test.⁶⁶ The blood analysis test presented a positive result, leading Mother W to receive proper treatment to ensure the unborn child was not plagued with congenital syphilis. Dr. Dorothy Ferebee stated that “repeated variations of this scene were reenacted for fifteen days at the end of which 1,400 families had received their boon of health service from the clinic.”⁶⁷ The Mississippi Health Project extended beyond exposing the lack of healthcare for rural southern communities. The health project exemplified the glaring social issues of Jim Crow laws and ideology. African American women and their children were devalued and abused due to racism. They were commonly described as ignorant second-class citizens which allowed policy-makers

⁶⁶ Ibid, pg. 16

⁶⁷ Ibid, pg. 16

to deny African American communities equal opportunities for growth and advancement amongst their white counterparts. Dr. Dorothy Ferebee and her team of nurses and educators proved policy-makers wrong through the Mississippi Health Project. African American women were agents of change and activists for their community.

Ferebee's team of nurses and educators that she assembled to join her in Mississippi exemplify the notion that African American women were consistently making a name for themselves despite racial and segregated conditions. The health committee consisted of 10 women from Washington D.C., Richmond, VA, Philadelphia, PA, Baltimore, MD, New York City, NY, and Tuskegee, Alabama. The geographic diversity highlights the importance of the health project. As stated before, in most states, African American women were not allowed to board trains or travel cross country. The women on the health committee not only provided a wide range of experiences and skill sets but were also deeply committed to the promotion of equal public health access for African American women.



68

Notably, Norma Boyd and Zenobia Gilpin were on Dr. Dorothy Ferebee's health committee. Norma Boyd was the founder of the Alpha Kappa Alpha sorority at Howard University. She served as an educator in public schools in Washington D.C. for over thirty years. She introduced Dr. Dorothy Ferebee to Ada L. Jackson which allowed the Mississippi Health Project to be fully realized.⁶⁹ Norma Boyd was a political activist who inspired Dr. Dorothy Ferebee and the other women in the sorority to fight against Congress's push-back of the anti-lynching bill.⁷⁰ For ten years, she worked out of her home with fellow sorority members raising money to ensure that African American citizens could vote.⁷¹ Her political activism and commitment to providing equal educational opportunities to African American children led to her becoming a prominent activist in the United States. Her name may be less known in mainstream teaching but her legacy influences the work of the Alpha Kappa Alpha sorority.

Zenobia Gilpin was a renowned physician, specializing in gynecology and obstetrics, who opened up medical clinics across Richmond, Virginia. Dr. Gilpin developed a health program that began in Black churches during a time when hospitals refused to treat Black patients.⁷² Zenobia Gilpin was a club woman and member of the Alpha Kappa Alpha sorority. Her community work included chairing a local committee that sponsored a federal nutrition program in Jackson Ward. Her program provided women with education on how to provide healthy meals on a budget to their families.⁷³ Dr. Gilpin held leadership positions in the NAACP

⁶⁹ Staff, MSRC, "Facets of Our Diamond: An Interview with Norma E. Boyd" (1984). *Alpha Kappa Alpha Sorority, Inc Media*.

⁷⁰ *Ibid*, minute 20.01

⁷¹ *Ibid*, minute 25

⁷² Clark, Adèle, Nora Houston, Zenobia Gilpin, Nancy Bailey Cogsdale, Evelyn Butts, Flora Crater, Chief Anne Richardson, and Stephanie Younger. "Agents of Change: Female Activism in Virginia from Women's Suffrage to Today (A Brief Summary)." *The Virginia Magazine of History and Biography* 128, no. 2 (2020): 102–17. <https://www.jstor.org/stable/26915632>.

⁷³ Megan Taylor Shockley, *We too Are Americans: African American Women in Detroit and Richmond*, pg.40, 2004

and the Alpha Kappa Alpha sorority attesting to the strength of African American women in breaking down barriers and fighting against the negative stereotypes.

By including profiles on Norma Boyd and Zenobia Gilpin, it proves that African American women were steadfast and committed to closing the gap between white and Black communities medically, politically, and socially. Dr. Dorothy Ferebee and her team of nurses and educators worked together to provide better healthcare for rural communities in Mississippi. Simultaneously, each one of these women were respectively working in their states to progress African American health care, education, and political standing.

The Birth Control Movement: The Successes and the Failures

In 1940, Dr. Dorothy Ferebee joined the National Council of Negro Women. Her work on the Mississippi Health Project and her involvement with the Alpha Kappa Alpha sorority propelled her onto the national stage. Dr. Ferebee understood the plight of African American women well and how government systems were effectively working against perpetuating cycles of unequal health access and poverty. Her experiences working with women in rural Mississippi encouraged her to become even more involved in the birth control movement. Dorothy had always been interested in reproductive issues, sex education, and child health. According to the biography written by Diane Kiesel, in 1929, she spoke at a DC Conference on Social Hygiene and Juvenile Delinquency. The speech was titled “Sex Education of the Child”.⁷⁴ The promotion of sex education and her support of birth control was controversial during this time period. There are two main laws that informed how women, particularly minority women, were valued and

⁷⁴ Diane Kiesel, *She Can Bring Us Home*, pg. 40, 2015

perceived in society. The environment in the 20th century was not conducive to supporting women's rights furthering the importance of Dr. Dorothy Ferebee's activism.

The Comstock Law of 1873 was enacted to restrict any individual from selling or sending what were considered obscenities, including any information regarding conception and abortion.⁷⁵ Anthony Comstock, head of the New York Society for the Suppression of Vice, designed the obscenity bill to restrict "immoral" and "lewd" acts from being circulated throughout the United States. Anthony Comstock designed the statute under the guise of protecting children from corruption and crime.⁷⁶ However, it is clearly formulated to control women and prohibit them from accessing equal health care. More specifically, the denial of birth control disproportionately impacted low-income African American women who had limited ability in controlling their family size. Comstock laws continued to influence United States policy regarding obscenity, sex, and lewdness until 1965. The landmark decision of *Griswold v. Connecticut* found it unconstitutional to restrict access to birth control because it interfered with a person's right to privacy.⁷⁷ Individuals convicted of violating the Comstock Act of 1873 could receive up to five years of imprisonment with labor and a fine of \$2,000.⁷⁸

The infamous *Buck v. Bell* Case in 1927 set a legal precedent throughout the United States that the involuntary sterilization of inmates did not violate the Constitution. The precedent allowed for institutionalized and incarcerated women to be sterilized with very little evidence to prove "insanity" or "feeble-mindedness".⁷⁹ The *Buck v. Bell* precedent was particularly dangerous for low income minority women because it also targeted those who are "genetically unfit" or in "poor condition" to raise children. In less than 1,000 words Justice Oliver Wendell

⁷⁵ Sheraden Seward, *The Comstock Law of 1873*, 2009

⁷⁶ Brandon R. Burnette, *Comstock Act of 1873*, 2015

⁷⁷ Seward, Sheraden, "Griswold v. Connecticut (1965)". *Embryo Project Encyclopedia*, 2009

⁷⁸ Encyclopedia Britannica, *Comstock Act 1873*, 2020

⁷⁹ Antonios, Nathalie, Raup, Christina, "Buck v. Bell (1927)". *Embryo Project Encyclopedia*, 2012.

Holmes “breathed new life into an otherwise fading public eugenics movement.”⁸⁰ The *Buck v. Bell* precedent perpetuated the disenfranchisement of African American women and the continued politicization of their bodies. Black women had little autonomy over their own bodies in many ways. Black bodies and their value in society was ultimately defined by white males. Comstock laws coupled with sterilization efforts created a particularly dangerous environment for African American women.

The topic of the birth control movement in the 20th century was particularly controversial. Many historians and scholars have dedicated research solely to explore the birth control movement and the complex relationship between African American activists and white activists advocating for contraception use. For the purpose of this chapter, the topic of birth control and contraception will be narrowly looked at, specifically speaking about Dr. Dorothy Ferebee’s contributions to the movement, the relationship between African American activists and contraception, and the controversy of Margaret Sanger’s relationship to the movement. Dr. Dorothy Ferebee aligning herself with the birth control movement furthered her political and personal agenda while simultaneously extending the work she did with the Mississippi Health Project indirectly.

I feel that the Negro, as all other groups, will be reached most effectively if the birth control movement becomes integrated into all public health services. Here again the Negro professional can be utilized to help create a community demand, in areas where health departments are reluctant to receive it. It was in recognition of this that mobile clinics were used by the Alpha Kappa Alpha Health Unit in Mississippi to demonstrate a technique for taking public health services into rural areas. This might be kept in mind as a potential technique for carrying birth control together with other health services to the Negro as well as to other groups.⁸¹

Dr. Dorothy Ferebee demonstrates her knowledge and experience by asserting that she understands the needs of rural African American communities well after her experience with the

⁸⁰ Jasmine E. Harris, *Why Buck v. Bell Still Matters*, 2020

⁸¹ Dorothy Ferebee, *Dr. Ferebee Urges More Effective Birth Control Services to Reach More Negro Groups*, Pittsburgh Courier, 1941

Mississippi Health Project. She directly correlates the struggles of mothers and children in Mississippi with the birth control movement. The rates of untreated syphilis and tuberculosis would decrease leading to safer pregnancies and longevity for mothers.⁸² She committed to spreading education regarding birth control to families in Mississippi even though she knew the risks involved. Plantation owners relied on African American women to continue reproducing to provide unregulated and unpaid child labor. The emergence of birth control in the South would disrupt the economic system. However, Dr. Dorothy Ferebee was not intimidated by the white plantation owners. She understood that the introduction of family planning and birth control was critical in providing women in the south with a greater life expectancy and an opportunity to escape impoverished conditions.

Furthermore, Dr. Ferebee places the responsibility on African American health care professionals to provide medical care and access to rural communities. By doing so, it urges state political leaders to support the proposal as it would not directly impact their agenda and it increases the efficacy of the movement as rural communities hold a lot of distrust towards white physicians and doctors. Moreover, Dr. Ferebee is simultaneously calling out the greater problem in the United States which is the lack of initiative by health care officials and political leaders to provide equal access to every community in America.

Dr. Dorothy Ferebee became the chair of the Family Planning Committee for the National Council of Negro Women in 1941. Her work with the National Council of Negro Women connected her to prominent African American activists. The civil rights leader and educator, Mary Mcleod Bethune, was the president of the NCNW. Bethune was highly influential and involved in the federal government. She was part of President Franklin Roosevelt's "Black Cabinet" and fought against sex and race discrimination present in New Deal

⁸² Smith University, *The Negro Project: Making Democracy Real*, 2020

health and welfare policies.⁸³ Mary Mcleod Bethune was labeled “THE top Negro Woman in America today” by Florence Rose, secretary of Margaret Sanger. In a letter to the Birth Control Federation of America, Mary Mcleod Bethune shared her support for Dr. Dorothy Ferebee’s resolution on family planning. Dr. Dorothy Ferebee wrote

We are resolved to urge upon the Health Committees of every Negro Organization throughout the country the inclusion of all public health programs, especially the less familiar one of Family Planning, which aims to aid each family to have ALL the children it can support and afford, but no more—to insure better health, greater security, and happiness for all.⁸⁴

Dr. Dorothy Ferebee’s work at Freedmen’s Hospital and her work with the Mississippi Health Project made her acutely aware of the detriment of poverty for a family. The resolution of Family Planning allowed women to choose whether to bear children or not bear children reaffirming the emphasis on female autonomy. Furthermore, the family planning resolution would decrease the need for illegal abortions. By 1910, according to the Planned Parenthood Organization, abortion was not only restricted but illegal at every stage of pregnancy in every state of the country.⁸⁵ According to the Guttmacher Institute, illegal abortion was the cause of death for nearly 2,7000 women in 1930. One out of every five maternal deaths stemmed from illegal abortions that year. A woman named Etta Perkins, in 1944, died following an abortion performed by Dr. B.F. Johnson of Jackson, Mississippi.⁸⁶ The stories of women dying from unsafe abortions help justify the need for contraceptives and safe birth control access in Southern states. The expansion of contraceptives into the South would decrease the amount of illegal abortions and women would have a choice whether to regulate their fertility or not. The advancement of the birth control movement by African American women focused on providing

⁸³ Smith College, *Leading Voices: Making Democracy Real*, 2020

⁸⁴ Mary Mcleod Bethune, *Division of Negro Services: Birth Control Federation of America Inc*, 1941

⁸⁵ Planned Parenthood Inc, *Historical Abortion Law Timeline: From 1850 to Today*, 2020

⁸⁶ Isabelle Taft, *The state fight to dismantle abortion rights has a long history of permissive abortion laws*, 2022

minority women with bodily autonomy. African American women's argument for birth control positioned women's rights and equality against proponents of eugenics and involuntary sterilization. This is an important distinction because the emergence of family planning and contraception often gets entangled with the eugenics agenda. There is a clear and obvious difference between eugenics and family planning. Negative eugenics focused on race degeneration and ridding the United States of minority communities. The goal of family planning was to allow African American women the option to control their fertility, escape poverty, and provide their children with a more stable upbringing.

Dr. Dorothy Ferebee advocated staunchly for birth control accessibility in the South. She saw birth control as a basic right for women as well as an opportunity for racial uplift which she positioned much of her advocacy around. She understood that her status in the United States placed her in a compromised position with limited opportunity to reach every rural community within the United States. However, working within the confines of her political and social environment, she created political relationships with prominent female activists to further the birth control movement. Margaret Sanger was an ally to the National Council of Negro Women in the beginning phases of the birth control movement. Oftentimes, Margaret Sanger is credited as the leader of the birth control movement and she undoubtedly worked diligently to progress the movement. Her work, establishing birth control projects and initiatives, were critical as it arguably allowed for African American public health activists such as Dr. Dorothy Ferebee to advocate and spread the movement on a larger scale to a broader audience.

In 1942, Dr. Dorothy Ferebee delivered her "Planned Parenthood As A Public Health Measure for the Negro Race" speech in New York City at the Waldorf Astoria Hotel in January 1942. The speech positioned the problem of unequal access to healthcare for African American

women as a national issue. “We are all in agreement that birth control is equally desirable for all races because it performs two major services in the health and welfare of the family unit.” She appeals to the women in the audience stating that “it can reduce the maternal death rate by enabling mothers with the severe constitutional disease to avoid pregnancy”. Birth control access and family planning will improve women’s health by decreasing infant mortality rates and enhancing the living standard, which is desirable for all women. While her speech focuses on African American women's difficulties due to inherent racism and discrimination, her language suggests that she is advocating for better healthcare for all women. She approaches with a straight-forward and reasonable position regarding the importance of birth control. However, she remains critical in asserting that the efficacy of the project relies on the cooperation between both white and Black activists. She briefly states “It calls for a specialized promotional program which will educate all strata in the Negro community, and will carry the techniques directly to the people who are unfamiliar with it and isolated from it. This probably would be best achieved by the integration of this work directly into all public health services in the areas of need.”⁸⁷ She continues her speech citing that the death rate amongst African American women is 50% higher than that of whites and 34% higher than the national average. Dr. Dorothy Ferebee has two main points in her speech. Firstly, she argues that the existing socio-economic and medical problems of the African American race are problems of the nation. A well-planned public health initiative must be integrated throughout the country, extending to the most disproportionately affected African American communities. The public health initiative would destigmatize modern medicine, provide African American women with African American doctors, and enhance public health and safety. Poverty and death rates would drop, benefitting the entire nation. Ferebee concedes that while birth control will not be the answer to the public health problem, it will

⁸⁷ Dorothy Ferebee, *Planned Parenthood as a Public Measure for the Negro Race*, 1942

undoubtedly encourage pregnancy spacing, thus improving the general welfare of the people. Secondly, she states that many obstacles must be overcome within the African American community before change can occur. These obstacles include but are not limited to addressing the wrong-doings of past medical procedures, misinformation that equates birth control to abortion, and social beliefs that it is inherently immoral. While she understands that the obstacles are disheartening, she states that families are willing to learn and secure health services that will improve the health and happiness of their community. "Those of us who believe that the benefits of Planned Parenthood as a vital key to the elimination of human waste must reach the entire population also believe that a double effort must be made to extend the program as a public health measure to Negroes whose need is proportionately greater"⁸⁸. The benefits of birth control access and a robust public health initiative outweigh any obstacles.

Margaret Sanger was an ally to the National Council of Negro Women in the beginning phases of the birth control movement. While she experienced sex-based discrimination, she held a much higher status in the United States because she was white. She had experience working with African American communities in Tennessee and believed that education was the best way to promote the spread of birth control.⁸⁹ Her views and project intentions, in this regard, narrowly aligned with Dr. Dorothy Ferebee.

Starting in the mid-1930s, Sanger sent field workers into the rural South to establish birth control services in poor communities and conduct research. She sought to test various contraceptive jellies and foam powders to see if they could effectively be used without a diaphragm, which would be cheaper and easier for poor women to use. Physician and philanthropist Clarence Gamble (1894-1966), who was on a quest to find the best birth control for the "uneducated masses," funded and supervised several of these rural Southern projects.⁹⁰

⁸⁸ Dr. Dorothy Ferebee, *Planned Parenthood As A Public Health Measure for the Negro Race*, 1942

⁸⁹ The Margaret Sanger Paper Project, *Birth Control or Race Control? Sanger and the Birth Control Movement*, 2001

⁹⁰ Ibid

Margaret Sanger based her efforts around a community-oriented educational approach. The pamphlets created by the Division of Negro Service were approachable and answered questions regarding the birth control. The pamphlet titled *Plan Your Family for Health and Happiness* had separate sections that were created for current and prospective clinic patients. The separate sections were titled: *Plan your Family*, *Space your Babies*, and *Questions Mothers Ask about birth control*. The questions addressed whether birth control was equivalent to an abortion, whether it was an operation, or whether it was harmful or immoral. The pamphlets were intentionally attempting to move away from medical terminology to establish trusting relationships with African American patients.⁹¹

Dr. Dorothy Ferebee did not need Margaret Sanger to advance her political status nor did she need her to promote her career. However, their campaigns for birth control existed simultaneously in the 1940s. It is difficult to understand the birth control movement without narrowly analyzing the connection to Margaret Sanger and the controversy surrounding her efforts. Dr. Dorothy Ferebee was earnest in her intention of improving the African American race. During this time, she experienced a personal tragedy. Her daughter tragically passed away and it was speculated that she died after an unsafe abortion. However, even after the loss of her only daughter, she continued her campaign for women's rights two weeks later. Margaret Sanger, however, was much more problematic in her intentions for the spread of birth control. Sanger was connected to the eugenics movement and in many ways spread racial stereotypes. She became the sensationalized feminist figure for the birth control movement. She was a white radical feminist advocating for women's rights. She simultaneously aligned herself with eugenic ideology allowing her to become a recognized national figure in the United States. Her beliefs were not always pure and her contribution to reproductive health was not without deeply

⁹¹ Birth Control Federation of America, *Plan Your Family: For Health and Happiness*, 1944

disturbing viewpoints. Sanger, in a 1921 article published, wrote that “the most urgent problem today is how to limit and discourage the over-fertility of the mentally and physically defective.”⁹²

Five years later in a speech in 1926 she spoke:

It now remains for the U.S. government to set a sensible example to the world by offering a bonus or yearly pension to all obviously unfit parents who allow themselves to be sterilized by harmless and scientific means. In this way the moron and the diseased would have no posterity to inherit their unhappy condition. The number of the feeble-minded would decrease and a heavy burden would be lifted from the shoulders of the fit.

Margaret Sanger was undoubtedly a feminist and her activism should not be dismissed. However, her connection to the birth control movement and her support for eugenics ultimately undermined the efforts of Dr. Dorothy Ferebee and public health activists. Dr. Dorothy Ferebee faced more difficulty integrating large scale projects without the full support of white political leaders and feminist activists. It is reported that relatively few women, only about 3,000, visited demonstration clinics to receive instruction on contraceptive use. While black nurses were met with much greater success than white nurses, the Federation ended funding for the project in 1942 effectively halting all progress done in rural communities. The Federation never reopened clinics in rural communities.⁹³

⁹² Green, *The Negro Project: Margaret Sanger's Eugenic Plan for Black Americans*, 2002

⁹³ John Overton, "A Birth Control Service Among Urban Negroes," *Human Fertility*, Aug. 1942



Dorothy's initiatives were not always success stories but her ability to inject herself into the national conversation was admirable. She never wavered in her commitment to advancing the lives of African American women. She worked within the confines of the time and established herself as a prominent figure in the medical and political world. The controversy surrounding the birth control movement tends to place the blame on the proponents of contraception. The arguments against birth control are often very critical stating it was used to justify sterilization in the United States. However, there seems to be little criticism until recently, regarding the political leaders who were creating policy legitimizing the sterilization of minority women and effectively limiting African American women from progressing socially in the United States. It is important to understand the relationship between Dr. Dorothy Ferebee's public health projects and how she had to navigate the difficult political environment. Even as she established herself with top African American leaders such as Mary Mcleod Bethune and even developed a relationship with Eleanor Roosevelt, she continued to face discrimination and racism. The social stratosphere of the United States was deeply rooted with racial undertones and leaders who were

unwilling to support Black communities. Despite the struggles, Dr. Dorothy Ferebee never stopped fighting for equal public health access and female bodily autonomy.

Epilogue

My interest in public policy and the history of eugenics initially inspired this research. The early stages of my research led me to many secondary sources on the history of medical experimentation and the shocking mistreatment of African Americans as subjects of medical abuse. There are severe implications and immense consequences resulting from medical establishments imbued with racial and discriminatory practices beginning as early as the 19th century. This thesis explores the relationship between “progressive” legislation and how it further contributed to the disenfranchisement of African American women. Medical, political, and social establishments perpetuated racial practices and policies in the 20th century. Despite all the challenges, African American women emerged from the depths of oppression to fight against discriminatory policies.

Despite a lack of government support, black public health activists were instrumental in providing rural communities with proper health care and education. More specifically, Dr. Dorothy Ferebee’s commitment to public health activism and her ability to create meaningful political relationships made her a prominent figure in the United States. The Mississippi Health Project and the birth control movement are key pivotal moments in history that deserve to be acknowledged in this history of medical experimentation and abuse of African American women.

Since Dr. Dorothy Ferebee passed away in 1980, there have been many positive outcomes regarding public health activism. A few examples include the decision by the Supreme

Court in *Planned Parenthood v. Casey* in 1992, which the court upheld the right to abortion, the removal of the Dr. James Marion Sims statue in New York City in 2018, and the creation of the Henrietta Lacks statue and the acknowledgment of the injustice by Johns Hopkins University. However, the fight for equal rights and public health accessibility is ongoing. This thesis is particularly essential as we move forward in a post *Roe V. Wade* society. The United States' history of disenfranchising minority women and creating policies against these women seems to be everlasting. However, by highlighting the agency of minority women and providing another platform for their voices to be heard, it creates a space in which more women can be represented, inspired, and heard.

Due to time constraints, this paper utilizes specific primary source documents that I focused on to validate my research. There is much more to be uncovered regarding the legacy of African American public health activists. There is also much more extensive research that could be done on the legacy of public health policy in the United States. However, by focusing on Dr. Dorothy Ferebee and her commitment to advancing rural southern communities, I hope to have provided a new perspective on the relationship between African American public health activism and medical injustice.

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