“A Great Blessing to Defective Humanity”
Women and the Eugenics Movement in North Carolina, 1910-1940

Anna L. Krome-Lukens

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Approved by
Jacquelyn Dowd Hall
James L. Leloudis
Laura F. Edwards
Abstract

Anna Krome-Lukens: “A Great Blessing to Defective Humanity”: Women and the Eugenics Movement in North Carolina, 1910-1940
(Under the direction of Jacquelyn Dowd Hall)

This thesis examines the various ways that white middle-class women in early twentieth-century North Carolina drew on eugenics ideology as part of broad social reform efforts. Several groups of women—clubwomen, female state welfare officials, and female social workers—had divergent goals in their appropriation of eugenics principles, but nevertheless cooperated to create state-run custodial institutions and a sterilization program. I analyze how female reformers’ individual circumstances and identities tinged their political stances and forays into eugenics and progressivism, emphasizing the diversity of viewpoints among women reformers in North Carolina. I argue that examining the way individuals interpreted and employed eugenics principles is critical to understanding the eugenics movement generally, as it provides a nuanced view of the impact of eugenics on the lives of both reformers and targets—their fellow citizens.
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Chapter 1: Introduction

Over the Christmas season of 1922, members of the Raleigh Women’s Club did their best to brighten the lives of residents at Samarcand Manor, the state-run reformatory for delinquent white girls. Samarcand housed around two hundred girls in five cottages in 1922, and the women’s clubs of the state had long supported its activities. At Christmas, members of the club’s Social Service Department sent each cottage a Rocky Mountain cake—a decadent layer cake with filling made of brown sugar, coconut, pecans, and raisins—in a package beautifully decorated with red ribbon and holly. The women even included Christmas paper napkins “to add to the season’s cheer.” Adding a personal touch to their goodwill efforts, clubwomen and their friends sent each resident of Samarcand a Christmas card. The Samarcand girls responded by writing “a letter to the chairman expressing their gratitude.”¹

Two months earlier, the same women’s club had hosted Dr. Harry W. Crane, who spoke to the assembled women and community members about “The State’s Duty to Her Mental Defectives.”² Dr. Crane served as director of the Bureau of Mental Health and Hygiene for the state’s Board of Charities and Public Welfare. In his lecture, Dr. Crane described North Carolina’s county poor homes as “breeding places for the feeble minded” and gave multiple examples, illustrated by photographs taken at the county homes, intended

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¹ Raleigh Women’s Club, Department of Social Services Annual Report, undated [1922-23]. NC State Archives, RWC papers, box 3, folder: Reports 1923-1924.

² Ibid. and “Crane Attacks County Homes,” Raleigh News and Observer, October 14, 1922, p. 3.
to demonstrate the hereditary nature of feeble-mindedness. After Crane’s lecture, his supervisor, Board Commissioner Kate Burr Johnson—an active member of the Raleigh Women’s club—addressed the audience, advocating the centralization of care of the feeble-minded into state institutions. Johnson implied that with better supervision, the state’s wards would not be able to procreate, solving the state’s problem of a growing feeble-minded population.

Commissioner Johnson encouraged Dr. Crane’s public appearances as a means of educating North Carolinians about the dangers of feeble-mindedness. A term with no precise modern equivalent, “feeble-minded” functioned for Johnson, Crane, and other North Carolina social workers as a catch-all category for people who were believed to be mentally retarded or who scored poorly on intelligence tests. For the purposes of the state’s eugenics programs, the feeble-minded were those with IQ scores below seventy. Many of the people whom the state declared to be feeble-minded, however, were simply poor and uneducated, or failed to observe social workers’ standards of proper sexuality. A woman who had a child out of wedlock, for instance, was likely to be screened for feeble-mindedness, as were residents of the state’s custodial institutions for the poor and those judged to be mentally ill or delinquent.

Kate Burr Johnson and other North Carolina reformers believed that the feeble-minded were a threat to public welfare. In her 1922 report to the state legislature, Kate Burr Johnson declared that “the undesirable elements of society, the delinquent, the defective and the dependent, are parasites—voluntary or involuntary—on the body social and politic.”

Driven by many of the same impulses that inspired the Progressive movement nationwide,

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Johnson and other social work professionals dedicated themselves to improving the living conditions of those at the bottom of the social scale. They drew on the same impulses when they created programs designed to prevent such people from having children, either through sexual sterilization operations or extended periods of institutionalization.⁴

Indeed, for reform-minded women in North Carolina there was no incongruity in advocating lifelong institutionalization for the same people whose lives they tried to brighten with Christmas cards and cake. In both cases, reformers were motivated by a desire to improve society by caring for—or tampering with the lives of—its neediest citizens. At the heart of these policies lay the pseudo-science of eugenics, which held that the human race could improve itself through the deliberate manipulation of inherited traits. According to eugenicists, citizens with harmful—dysgenic—traits should be segregated or sterilized to prevent the transmission of these traits to hypothetical future offspring. Advocating sterilization or institutional segregation for the “feeble-minded” may strike us as an invidious use of power, but these actions were part and parcel of progressive social reform of the early twentieth century. Across the nation, progressive thinkers turned to eugenics as a scientific solution to social problems.

Nevertheless, there were differences among the different groups of women who sought in various ways to solve the problem of the feeble-minded. Social workers and state officials such as Kate Burr Johnson embraced eugenic sterilization as the most effective solution, while clubwomen who were active social reformers instead stressed the possibilities of custodial institutions. Still, the clubwomen, female social workers, and female state officials remained committed to cooperation in pursuit of their common goals and attempted

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⁴ At any given time in the early twentieth century, the state held hundreds of feeble-minded people in sex-segregated institutions with the express purpose of preventing them from having children.
to present a united front to the state’s (male) political leaders. Moreover, the groups
overlapped a great deal. Welfare officials belonged to women’s clubs, and many of the
women reformers moved in the same social circles. In this context, exploring the variations
in women’s application of eugenics principles can lead us to a deeper understanding of both
women’s identities and the complex process of policy formation.

Historians have written about the eugenics movement since the 1950s, but only
recently have they begun to explore the relevance of gender and sexuality to the movement.
A few historians since the mid-1990s explosion of scholarship on America’s eugenics
programs have analyzed the role of women in the eugenics movement, as activists or as
victims, as well as the importance of gender and sexuality in structuring eugenic policies and
practices. Edward J. Larson in particular has explored the contributions of southern women
to the eugenics movement, arguing that the support of women’s clubs was critical to the fight
for eugenics legislation throughout the Deep South. Larson’s analysis, however, is limited
by his failure to look beyond women’s clubs for female eugenics activism. While
clubwomen were indeed important supporters of some eugenic policies and female reformers
were united by common bonds of race, class, and belief, I find crucial differences between
the actions of clubwomen and those of female social work professionals.

In Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health
and Welfare, Johanna Schoen redirects the debate to issues of women’s reproductive
autonomy, arguing that reproductive technologies are a double-edged sword: they can grant
reproductive control to women, or they can be used to control women’s reproduction. Most

5 Edward J. Larson, Sex, Race, and Science: Eugenics in the Deep South (Baltimore: Johns Hopkins University
Press, 1995); and Larson, “‘In the Finest, Most Womanly Way:’ Women in the Southern Eugenics Movement,”
historians have argued that eugenic sterilization clearly falls into the latter category, but Schoen maintains that it also allowed women to access a desirable form of birth control. That is, some poor women who lacked access to medical contraception and struggled with the physical and financial effects of serial pregnancies sought a sterilization operation to limit the size of their families. *Choice and Coercion* stands as the only significant study of the eugenics movement in North Carolina. Schoen’s emphasis on local events (in her study, the events that led to each sterilization case) informs my own interest in the individuals who created and ran eugenics programs. Her work, however, focuses mainly on the post-1940s eugenics programs. My goal is to trace the roots of eugenics programs and their relation to an emerging social welfare state in the early twentieth century.6

I argue not only that eugenics was central to progressive reform, but also that gender was “central to eugenics because the movement called for a new approach to understanding sexuality, reproduction, and the role of men and women in society.”7 I show how female reformers’ identities tinged their forays into eugenics and progressivism with middle-class notions of women’s roles and ask how women mobilized their particular power as caretakers of dependent classes. I explore the widespread “social concern about feeblemindedness that so worried educators, physicians, and social work professionals.”8 Finally, I suggest that eugenics ideology appealed to women for different reasons than it appealed to men—and that it appealed to different groups of women for different reasons.

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Viewing eugenics ideology and activism through the analytic lens of gender prompts reconsideration of several conventional arguments about the structure and power of the eugenics movement. Historians have underscored the role of well known (male) eugenicists in formulating eugenics-driven policies at the state and national levels, painting men as the key intellectuals and administrators in the field. The crucial role of women in the state’s eugenics programs—linked to their role as leaders in many kinds of social reform—leads to a reassessment of the true loci of power within the eugenics movement. We must recognize the impact of social workers in local communities, where eugenics ideology was transformed into policies, and where officials wielded the power to sterilize and institutionalize their fellow citizens.

Moreover, historians’ neglect of the gender dimensions of the eugenics movement has obscured the myriad motives of eugenics advocates. Too often scholars have focused on writings of prominent male eugenicists such as Charles Davenport or Harry Laughlin. They have extrapolated that eugenicists were motivated by racism, sexism, or, more charitably, by misplaced trust in hereditary science. My research on female social workers and other advocates of eugenics programs in North Carolina demonstrates the complexity of eugenics ideology’s appeal to a wide range of white, middle-class citizens. Although racism and faith in science certainly laid the groundwork for the acceptance of eugenics principles, focusing on female social workers reminds us that eugenics ideology also appealed to those seeking rationales to marshal public support for more comprehensive social welfare programs. For North Carolina’s social workers, eugenics was not a coherent scientific ideology, but rather a collection of politically viable solutions to the problems of poverty and mental disease that plagued the state.
Although sterilization in the name of eugenics was a nationwide phenomenon, North Carolina stands out as having had the highest per-capita sterilization rate of any state. Between 1929 and 1975, the state sterilized more than seven thousand people, the vast majority of them women.\(^9\) Its eugenic sterilization programs continued long after most states’ programs had ceased.\(^{10}\) In addition, North Carolina had an active department of social welfare—a model for other southern states—that advocated and implemented institutional segregation programs. North Carolina is thus a prime arena for a study of the social and political circumstances that promoted active eugenics programs.

North Carolina’s eugenics programs demonstrate the complex racial dynamics of social welfare in the Jim Crow South. North Carolina’s eugenics programs during the Jim Crow era targeted whites, not blacks. For example, from 1929 until 1936, less than 17 percent of sterilization victims were black, while the state’s general population was about 30 percent African American.\(^{11}\) Scholars have posited two reasons for this focus on whites rather than blacks. First, the South’s social welfare programs, including eugenics programs, were segregated. Programs for African Americans received significantly less funding and attention from state legislatures. Second, southern eugenicists were concerned with purifying and strengthening the white race. Anti-miscegenation laws forbade the mixing of non-white and white genes, creating whites as a race apart, at least in theory. For southern eugenicists,

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\(^9\) Eighty-five percent of North Carolina’s sterilization victims were women; see Schoen, *Choice and Coercion*, 76.


\(^{11}\) North Carolina Eugenics Board, *Biennial Report of The Eugenics Board of North Carolina, July 1, 1934 to June 30, 1936* (Raleigh: Eugenics Board of North Carolina, 1936), 15. In 1930s and 1940s only 23 percent of those sterilized were black. Schoen, *Choice and Coercion*, 108.
the black race was so degenerate that it was beneath their concern. Instead, it was poor and uneducated whites who were a danger to their race.\textsuperscript{12}

North Carolina also serves as a particularly instructive example of women’s eugenics activism. Clubwomen across the state, such as the Raleigh women who attended Dr. Harry Crane’s lecture in 1922, learned about eugenics measures as part of their broad interest in progressive social reform. In addition, hundreds of women served in official roles within the state’s public welfare system or its county-level administrative boards. The structure of North Carolina’s sterilization law permitted social workers an unusual amount of freedom in determining candidates for sterilization. Whereas all other states considered involuntary sterilization as an option only for inmates of state-run custodial institutions, North Carolina’s law allowed local public welfare officials to recommend non-institutionalized clients for eugenic sterilization. Because the local officials in closest contact with patients were often female social workers, women played an important part in determining who would be considered for sterilization. Moreover, several women held prominent positions in state government and used their positions to connect North Carolina’s women’s organizations to the national eugenics movement. Although men, too, had significant responsibilities within

\textsuperscript{12}See Larson, \textit{Sex, Race, and Science}, 93-4 and 153-6; and Steven Noll, “Southern Strategies for Handling the Black Feebleminded: From Social Control to Profound Indifference,” \textit{Journal of Policy History} 3 (2):130–151. While there was some concern for providing for black feeble-minded residents, North Carolina’s segregated social welfare programs largely ignored African Americans. (See Noll, “Southern Strategies,” 136-7 for attempts to provide an institution for the black feeble-minded that were ultimately defeated by economic exigencies.) The North Carolina Bureau of Charities and Public Welfare focused almost all of its efforts on whites, with only one of its five divisions—the Division of Negro Services—addressing the needs of blacks. The racial composition of each year’s group of sterilization victims shifted until blacks became the majority of sterilization victims around 1956-58. Some of this change is due to blacks’ gradually improving access to all kinds of social services, including welfare. In addition, Johanna Schoen argues that “the state’s interest in sterilization changed over time.” While the early years of the sterilization program were marked by eugenic concerns, “during the 1950s and 1960s, eugenic sterilization became a way both to regulate undesirable sexual behavior and to control the size of the state welfare rolls.” Racism unquestionably played a role in the disproportionate sterilization of blacks in the 1950s and 1960s, as “discourse about ADC mothers blamed black single mothers for urban plight, poverty, and social unrest.” Schoen, \textit{Choice and Coercion}, 108-9 and 134.
the state bureaucracy, a state-wide network of women of varying public importance was
critical in the creation and implementation of the full range of the state’s eugenics programs.
The actions and motives of these women varied, but they shared faith in the efficacy of
science—including the principles of eugenics—to ameliorate social ills.
Chapter 2: The Eugenics Movement in North Carolina

Eugenics is a problematic term, with eugenicists, anti-eugenicists, and scholars positing different definitions to suit their arguments. For most recent scholars, the term denotes not only the movement associated with the progressive reforms of the early twentieth century, but also the hereditarian thought that runs through the American popular and scientific imagination to this day. Trickier still is the vocabulary that social workers and progressive reformers used to describe their eugenic efforts. Some reformers did not readily identify themselves as eugenicists, but they shared assumptions, ideologies, and goals with eugenicists. Proponents of “mental hygiene,” advocates of sex-segregated institutions for the mentally retarded, and supporters of eugenic sterilization had much in common, however they chose to label themselves. A broad definition of eugenics captures the wide range of motivations that led reformers to eugenic goals, without necessarily characterizing individuals as eugenicists. As a corollary, I also argue that it is misleading to think of the eugenics movement as a unitary whole. Although a few national organizations disseminated information and represented the movement to the public, membership in these organizations

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13 Scholars such as Edwin Black, Daylanne English, Daniel Kevles, and Diane Paul have argued that hereditarian thought still shapes American policy and cultural values. Pre-natal testing, for example, relies on the assumption that some hereditary conditions are undesirable. Edwin Black, War Against the Weak: Eugenics and America’s Campaign to Create a Master Race (New York: Four Walls Eight Windows, 2003); Daylanne K. English, Unnatural Selections: Eugenics in American Modernism and the Harlem Renaissance (Chapel Hill, N.C.: University of North Carolina Press, 2004); Daniel J. Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (New York: Alfred A. Knopf, 1985); and Diane B. Paul, Controlling Human Heredity, 1865 to the Present (New Jersey: Humanities Press, 1995). Alternatively, Wendy Kline and Laura Lovett see the dominant legacy of eugenics as a continued focus on narrowly defined family values and pronatalist policies. Kline, Building a Better Race; and Laura L. Lovett, Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938 (Chapel Hill: University of North Carolina Press, 2007).
was not a prerequisite for eugenic beliefs. Many reformers who found eugenics principles appealing learned about eugenics through eugenics publications or professional gatherings, in the process forming their own ideas about how eugenic policies fit into their worldview.

The eugenics movement began in nineteenth-century Britain and soon spread to the United States. American scientists institutionalized the movement in 1910 in the form of the Eugenics Records Office at Cold Spring Harbor, New York, and a number of pro-eugenics organizations sprang up elsewhere in the country. Eugenicists studied human heredity, charted the transmission of supposedly hereditary traits such as feeble-mindedness, and lobbied for eugenic policies. In the 1910s, 1920s, and 1930s, many states passed laws based on eugenic principles requiring the institutional segregation or the involuntary sexual sterilization of those deemed unfit. Eugenics owed much of its widespread appeal to the success of the Progressive movement, whose proponents had faith in the power of reform to improve multiple facets of society. In addition, commonplace racist ideas bolstered public support for eugenics programs. Many white Americans at the turn of the century assumed that blacks were biologically inferior to whites. But ethnic differentiations were even more important for the eugenics movement. Building on anti-immigration sentiment, many eugenicists put forth a hierarchy of white ethnic groups, with Anglo-Saxon or Nordic whites at the top and whites of Mediterranean or Eastern European descent at the bottom. These eugenicists believed that immigrants and lower orders of whites threatened the greatness of

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the white race through their supposedly profligate breeding. In simple terms, eugenicists feared that they—the better types—would be outnumbered.\(^\text{15}\)

From the beginning, however, some social scientists attacked eugenics, and in the mid-1920s geneticists’ findings began to chip away at the scientific foundations of eugenics ideology. In the 1940s, scientists directly challenged eugenic policies, and post-World War II revelations about the horrors of Nazi Germany’s eugenics programs further damaged the public image of American eugenics programs. Yet several states—including North Carolina—continued to perform eugenic sterilizations into the 1970s, and the tenets of eugenics persisted, most directly in the assumptions of the population control movement. Historians have also seen eugenics ideology lurking in various facets of modern human genetics research, in definitions of homosexuality, in California’s anti-immigrant Proposition 187, and in applications of contraceptive technology.\(^\text{16}\)

While the eugenics movement in many states was declining by the 1930s, in North Carolina it was just taking off—a timeline reflected across the South, where progressive reformers embraced eugenics ideology less rapidly and less fervently than did their northern counterparts.\(^\text{17}\) North Carolina’s activists did, however, make some early attempts to establish eugenic programs. Throughout the 1910s and 1920s, social workers, state public welfare officials, and clubwomen called for sex-segregated state institutions for the insane, epileptic, and mentally deficient. They joined progressive reformers across the south who

\(^{\text{15}}\) Kevles, *In the Name of Eugenics*, 46-7 and 74-6


\(^{\text{17}}\) Edward Larson attributes this delay in the Deep South to the lack of educational institutions, as well as strong religious and family traditions. Larson, *Sex, Race, and Science*, 40-42.
tried to protect society from the threat of the feeble-minded. Drawing on the notion that feeble-mindedness was hereditary, reformers believed that segregating this group from the rest of the society and preventing them from reproducing would benefit the social order—and simultaneously would protect women from male sexual aggression.

North Carolina’s progressive reformers also lobbied for eugenic sterilization measures during this period. In 1919, the General Assembly passed the state’s first sterilization law, which allowed medical officials at state institutions to perform “any surgical operation … for the improvement of the mental, moral, or physical condition of such inmate.” Although the bill’s text did not specifically mention sexual sterilization, the statue “was undoubtedly intended to make provision for sterilization operations,” according to a 1948 Eugenics Board publication. In practice, it had little effect on the state’s treatment of feebleminded people. Two physicians, William P. Richardson and Clarence Gamble, later wrote that the law’s “wording was not clear, and no sterilizations were performed under the act.” State officials may have been reluctant to use the provision in the context of numerous constitutional challenges to other states’ laws. In addition, the statute required each operation to be approved not only by the Secretary of the State Board of Health, but also


by the Governor. Nevertheless, the 1919 law signaled the state’s desire for a eugenic sterilization program, however tenuous the legal foundation of this first program remained.22

In 1929 the General Assembly passed another sterilization law, “an act to provide for the sterilization of the mentally defective and feeble-minded inmates of charitable and penal institutions of the state of North Carolina.”23 North Carolina sterilized forty-nine people before the North Carolina Supreme Court declared the law unconstitutional in 1933.24 Legislators and state officials quickly but thoroughly patched up the law’s objectionable bits—mainly its lack of an appeal process—and passed a new sterilization statute before the year was out. The 1933 law created a five-member Eugenics Board to oversee sterilizations of mentally diseased, feeble-minded, or epileptic patients, whether or not the candidates resided at state institutions.25 An institutional head or county welfare official, depending on the patient’s situation, prepared a petition that included the candidate’s medical history and family history. The Board met monthly to approve the petitions—for they almost invariably did approve the petitions.26 After approval, doctors at the nearest state institution performed the operation.

22 “An act to benefit the moral, mental, or physical condition of inmates of penal and charitable institutions.” North Carolina Public Law, Chapter 281 (11 March 1919).

23 North Carolina Public Law, Chapter 34 (18 February 1929).


25 “An act to amend Chapter 34 of the Public Laws of 1929 of North Carolina relating to the sterilization of persons mentally defective.” North Carolina Public Law, Chapter 224 (5 April 1933). The law was amended in 1935 and 1937 to allow for the temporary commitment of individuals to institutions for the purpose of sterilization. North Carolina Public Law, Chapter 463 (11 May 1935); North Carolina Public Law, Chapter 221 (17 March 1937).

26 Between July 1, 1933 and June 30, 1940, the Board approved 98 percent of the petitions presented. Not all of the patients concerned underwent sterilization operations; approximately 84 percent of the patients whose
The patient or her legal guardian could protest the sterilization petition at a hearing, but few did.\textsuperscript{27} Moreover, the Board could authorize sterilization despite these protests. Thus, although the sterilization process nominally required the consent of the sterilization candidate or her guardian, in practice the process was often fairly coercive.\textsuperscript{28} Facing the authority of state officials and the impenetrable language of sterilization consent forms, many candidates and their families must have felt powerless to dissent.\textsuperscript{29} In addition, the target population—poor, uneducated whites, children, and single mothers—lacked political power or the means to mount group opposition. Susan Cahn argues that “as long as [eugenic sterilization] met with favor among a selected group of professionals and administrators, the state required no other support—only a lack of organized opposition. Once politicians enacted the original

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\textsuperscript{27} Johanna Schoen argues that some parents or legal guardians, anxious to avoid the stigma of illegitimate progeny, were happy to consent to their child’s sterilization. In addition, as mentioned earlier, some women sought sterilization operations as a form of birth control. Schoen finds 446 cases from 1937 to 1966 of women seeking or responding enthusiastically to sterilization. In the 1960s, up to 20 percent of petitions were clients requesting sterilization. Schoen, \textit{Choice and Coercion}, 113. See also Kline, \textit{Building a Better Race}, 86-89.

\textsuperscript{28} Based on her analysis of sterilization petitions, Johanna Schoen describes the typical outcome of a case in which the patient refused to give consent: “Theoretically, the state had the power to force individuals by court order to submit to the surgery once it had been authorized. In practice, however, state authorities were hesitant to resort to outright force. If patients did not submit to sterilization orders, state authorities either rested the cases or filed new petitions at a later date in the hope that families would change their minds.” Schoen, \textit{Choice and Coercion}, 86 (quotation), 125-128.

\textsuperscript{29} For example, the “Notice of Hearing” presented to the patient and his or her guardian stated that “There has been instituted before the Eugenics Board of North Carolina, by [petitioner], a Petition … which prays for an order to be entered by the Eugenics Board of North Carolina requiring the aforesaid Petitioner to perform, or that said Petitioner have performed by some competent physician or surgeon as may be designated by the Board in such order, upon you [patient], one of the operations specified in Section 1, Chapter 224, Public Laws of the North Carolina 1933, which in the discretion of the Board shall be best suited to the interests of you, the said patient or to the public good.” For a copy of forms used in sterilization petitions see Woodside, \textit{Sterilization in North Carolina}, Appendix A, 181-189.
law, its implementation became part of an administrative state that remained largely invisible except to those whom it directly affected.”

From October 21, 1933, when the Eugenics Board held its first hearing, until June 30, 1940, 884 people underwent sterilization operations, most of them on the grounds that they were feeble-minded. More than three-quarters of these people were women or girls, and most were poor, uneducated whites. Although the majority of the patients were residents of state or county institutions—Caswell Training School for the Feebleminded, Samarcand Manor for white delinquent girls, or the State Hospital for the mentally ill, for example—a significant number were also community residents. This latter group was even more disproportionately female. Many of these women came to the attention of county officials because of their illegitimate children.

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31 The 1938-40 Eugenics Board Biennial Report reported that from 1929 to June 30, 1940, 932 people were sterilized, 569 of them because they were diagnosed as feeble-minded. *Biennial Report of the Eugenics Board, 1938-1940*, 18.

32 Between 1929 and June 30, 1940, 730 women and 202 men were sterilized, with women constituting 78 percent of the total. Of institutional sterilizations, 73 percent were performed on women, while 88 percent of non-institutional sterilizations were performed on women. During the same time period, 35 percent were non-institutional sterilizations, while 65 percent of the sterilizations were performed on residents of state or county institutions. See *Biennial Report of the Eugenics Board, 1938-1940*, 14. On class and education levels, as well as sexual misbehavior as a cause of sterilization, see Schoen, *Choice and Coercion*, 76, 89-95; and Woodside, *Sterilization in North Carolina*, 196 (Appendix B, Table XI).
Chapter 3: Clubwomen as Social Reformers

In the first decades of the twentieth century, women played central roles in establishing and executing North Carolina’s eugenics programs, as leaders, as social workers, and as behind-the-scenes supporters. Three women in particular led the way. Daisy Denson, Kate Burr Johnson, and Annie Kizer Bost used their positions with the State Board of Charities and Public Welfare to gather information on eugenics, then used their connections with local and state women’s clubs to disseminate this information. The result was a well connected, though certainly not monolithic, network of women who pushed the state to establish, improve, and expand eugenics programs as part of a broad social reform agenda. Over the years, key members of this network became part of the emerging group of professional social workers, receiving formal training in principles and techniques of social work. But the bulk of the network were white, middle-class clubwomen.

Both black and white clubwomen across the south worked for a variety of reforms, and North Carolina’s women were no exception. Anastasia Sims has described North Carolina’s long tradition of progressive reform work by women’s clubs, whose “public housekeeping” efforts encompassed numerous civic improvement efforts that expanded the state’s conception of its responsibility for community welfare. Public health, public welfare, and prison reform campaigns were common. Sims notes that “using the power of indirect influence, organized women accomplished a great deal years before they got the vote. Key players in Progressive reform, they helped North Carolina earn its reputation as the most Progressive state in the New South.” Sims also acknowledges the limitations of women’s
independent power, noting that women’s authority was enabled by their agreement with men about social work priorities.  

Sims’s analysis points to the ambivalent situation of white progressive women reformers. While men recognized women’s traditional role in social reform efforts, women had to remain constantly aware of their delicate position within the state’s bureaucratic hierarchy. They took on roles within the government, but were careful to avoid being “political.”  

One woman, the principal of Caswell Training School in 1914, remembered a legislator’s response to her plea for funding for the “boys and girls” at Caswell: “I looked up at the chairman, saw the glow on his face and heard him say, ‘I am not interested so much in whether women get the vote, but I am always interested when women show kindness to little children.’ I knew Caswell School was saved.” This woman knew that her power as a woman rested in her femininity and her maternal role, and she chose to draw on those roles in her appearance before the legislative committee.  

Black women, on the other hand, seldom held official posts as government officials and had to avoid even the appearance of political action. Nevertheless, they achieved significant reforms outside the bounds of state government. As Glenda Gilmore has explained, black women in North Carolina were active reformers who began their progressive activism by transforming church missionary societies into social service agencies and bargaining for their share of new state services. Reaching out to white women, who


34 Clubwomen’s successes in reform movements were linked to their avowed disinterest in partisan political matters. Drawing on their tradition of charity work, they claimed a place within the expanding state welfare apparatus and left the rest of public life to men. See Sims, Power of Femininity, chapter 3.

“controlled the resources that black women needed to improve their communities,” black women launched projects such as playground construction, establishing better schools, and public health campaigns—quintessential projects of progressive activists. Black clubwomen also sought to create and maintain custodial institutions. Especially concerned with the plight of delinquent black girls, the state Federation of Colored Women’s Clubs founded the Efland Home for “maladjusted girls,” then tried to secure state funding for the institution. White clubwomen and the Board of Public Charities joined their calls for state support until the legislature provided an appropriation in 1927, a year after Efland opened. Black clubwomen shared some goals for custodial institutions with white clubwomen: preventing illegitimate pregnancy, treating venereal disease, and reforming young women’s behavior; but they were not interested in preventing the reproduction of supposedly undesirable types of people.

The South in the first decades of the twentieth century suffered from an almost total lack of a social safety net. By 1920, the state ran a few custodial institutions for the mentally ill and the feebleminded, but it also relied heavily on county homes for the poor and on a network of private charitable institutions such as orphanages and tuberculosis sanatoria. The legislature was reluctant to commit to long-term funding for more state institutions, even when private citizens took the initiative to establish them, as in the case of the Efland Home.

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for Girls.\textsuperscript{38} Part of the problem was a simple lack of tax revenue; southern states were poor by national standards, and had little money to spare for social services.\textsuperscript{39}

As a result, white clubwomen’s reform efforts in North Carolina focused especially on the establishment, monitoring, and improvement of penal and custodial institutions. They pushed in particular for sex-segregated institutions that would protect, reform, and redeem women. In these efforts, their goals often overlapped with those of the State Board of Public Charities; each hoped to protect inmates—especially women—and to improve society based on middle-class ideals and gender roles. In this ideal vision, a well regulated network of county and state institutions would care for any person who could not care for herself, in a clean, orderly, Christian environment. Girls would learn homemaking skills, and boys would contribute manual labor to the institution. With feeble-minded, insane, and criminal citizens secluded in institutions until they could become useful members of society once more, the rest of the state would achieve new levels of prosperity, brotherhood, and proper Christian behavior. Underlying this vision were assumptions about the superiority of whites, the immutability of gender roles, and the impropriety of sexual activity outside marriage.

Clubwomen saved many women from the indignity (or worse) of mixed-gender penal institutions. For a white female convict, a farm colony was a far better option than sharing a filthy prison with male prisoners who might rape her. At the same time, however, many of these custodial institutions served the purpose of eugenic segregation, separating delinquent and mentally retarded men and women from each other and from the population at large in

\textsuperscript{38} As Susan Cahn points out, “juvenile reformatories in the South were often founded later and granted far fewer funds by penurious legislatures.” Legislators’ reluctance to fund Efland also hinged on racist assumptions about the incorrigible immorality of black girls. Cahn, \textit{Sexual Reckonings}, 46, 70. The South also had lower per-capita levels of institutionalization than the rest of the nation. Noll, \textit{Feebleminded in Our Midst}, 39.

order to prevent their procreation. Neither the clubwomen nor the government officials doubted that institutional segregation served both the public good and the welfare of the inmates. A 1925 report of the state Federation of Women’s Clubs, for example, urged club members to “put into effect a Public Welfare legislative program that will be a great blessing to the delinquent, dependent, and defective humanity within our State’s borders.” These women had no compunction about intervening in poor citizens’ lives. Charity and benevolent social service had long been part of women’s realm, and clubwomen were accustomed to thinking of themselves as the protectors of the poor. Moreover, these elite white women’s class-based vision of society relied on a maternalist ideal in which the working classes needed and even welcomed upper-class help. Indeed, in the absence of state social services, many disadvantaged people did need help from some other quarter. Finally, these progressive reformers saw the home and reproduction as a battlefield in the fight to improve the race. Assumptions about a hierarchy of sexes and classes shaped their actions. While they did not volunteer to have their own family trees scrutinized, they saw the heredity of poor families as a matter of legitimate public interest and concern.

Clubwomen took multiple institutions—penal institutions, county homes for the poor, reformatories—under their wing. For example, the King’s Daughters played an essential role in establishing the Jackson Training School for delinquent white boys. Lawmakers,

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40 Many eugenicists believed that delinquency, like feeble-mindedness, was a sign of genetic inferiority.

41 Report of Mrs. W. T. Shore to the Federation, May 1925, Division of Social Services, Board of Public Welfare, Commissioner’s Office, Correspondence with Associations and Committees, 1918-1958, NC Federation of Women’s Clubs. North Carolina State Archives, Raleigh, NC (hereafter BPW/FWC Correspondence).

42 Anastasia Sims argues that “because organized women viewed the home as the wellspring from which all good influenced flowed, they tried to simulate the domestic environment in public institutions. They believed that in a homelike atmosphere even the most degenerate souls could be reclaimed.” Sims, Power of Femininity, 126.
Clubwomen believed, were wedded to outmoded ideas about the necessity of punitive treatment for lawbreakers, including juvenile offenders. Clubwomen took up the task of convincing the Assembly that new, progressive treatment methods such as reformatories would not only improve the behavior of delinquents but also produce long-term savings for the state. Samarcand Manor, too, had several supporters who lobbied for it over a period of several years. Present at the early hearings were the Woman’s Club of Raleigh, the King’s Daughters of Durham, various benevolent societies, and “some ladies from Greensboro.” The Federation of Women’s Clubs joined the lobbying effort in 1917, and the General Assembly passed a bill to create the institution. These first legislative victories took place before the Nineteenth Amendment granted women the right to vote, indicating the respect accorded women in the field of progressive reform.

Simply establishing institutions was never sufficient. The institutions would close without yearly legislative appropriations, and continued lobbying on behalf of the institutions was necessary to ensure uninterrupted funding. Institutions sometimes received insufficient funding to maintain a decent standard of living for residents. In Samarcand’s early years, for instance, the school suffered from a deplorable lack of facilities. According to one report, “the girls are sleeping in every available space at Samarcand. Beds are put down on the floor of the chapel every night and taken up in the morning, every porch of the administration

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43 Denson to Miss W. A. White 21 March 1917, BPW correspondence; and Denson to Judge J. S. Manning, 12 July 1916, BPW correspondence. See also a thorough history of the Jackson Training School in Sims, *Power of Femininity*, 119-122.


building is crowded with cots[,] and the infirmary has been diverted into a dormitory…. All the water used at the institution has to be carried by hand from the spring which is an eighth of a mile away. There is no laundry, the washing has to be done by the girls, using pots and kettles by the lake.”

Horrified by such circumstances, women’s clubs fought hard to improve the conditions at penal and custodial institutions. Concerned with inmates’ health, cleanliness, and general physical well-being, they conducted inspections and studies of institutional conditions, wrote to state welfare officials with concerns, and invited to their meetings speakers such as Dr. John E. Ray, principal of the School for the Deaf and Blind. Daisy Denson’s vision for the Federation of Women’s Clubs’ project to improve County Homes and Jails in 1912 reveals how effective clubwomen could be. Writing to Clara Cox, a Quaker pastor and progressive reformer active in the anti-lynching and inter-racialist movements, Denson declared that “the more of us who know the shortcomings and needs, the quicker will public opinion force improvements. When the ladies find conditions need improvement they can do much by tactful advice and help. When this fails and there is continued neglect they can appear before the Boards of County Commissioners.”

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47 Denson to Miss Clara Cox, 30 January 1912, BWP correspondence. At the time, Clara Cox served as Chairman of the Federation’s Department of Constructive Philanthropy.
Chapter 4: Welfare Officials at the Forefront: Denson, Johnson, and Bost

While white clubwomen provided support for progressive reforms, female state officials provided knowledge and leadership—in particular, Daisy Denson, Kate Burr Johnson, and Annie Kizer Bost. Daisy Denson oversaw the transformation of the small and under-funded Board of Public Charities into the increasingly complex and powerful State Board of Charities and Public Welfare during her service as Secretary of the Board from 1902 to 1921.\footnote{Denson likely was selected for this position because of her family connections. Nevertheless, she took pride in her competence and dedication, as well as in the distinction of being the only such female officer in the country at the time. Even though she likely could have found a well-to-do husband through her family connections, she chose to make the Board of Public Charities her life’s work.}

Daisy Denson’s father Claudius B. Denson achieved the rank of Captain in North Carolina’s Confederate Army. Daisy, properly named Sarah Sage Denson, was born in December, 1863, in the midst of the Civil War. After the war her mother, Margaret Matilda (Cowan) Denson, kept house while Claudius taught school. In the 1890s, Claudius served as North Carolina’s Secretary of Public Charities, and the family grew, moving from Chatham County to Raleigh. Daisy became the oldest of seven surviving children. The family seems to have been unusually close; in 1900, five of the children, all over the age of twenty-one,
were still unmarried and living at home. When Claudius Denson died in 1903, Daisy took over his duties as Secretary and remained in her parents’ home. In 1910, her sister Mary still lived at home, unemployed, perhaps taking care of their aging mother Margaret. Two brothers lived there as well, Thomas, a dry goods merchant, and Claude, a lawyer. Another brother, Lee, was a meteorologist for the state weather bureau.\textsuperscript{49}

In her role as Secretary, Daisy Denson carried on the daily work of the board, consulting from time to time with the Chairman of the Board and meeting with the full board four times per year. Although she was not the sole authority, in practice she wielded a great deal of power within the state’s bureaucracy. In fact, as she pointed out in 1912, she was the “only paid employee except the office janitor.”\textsuperscript{50} Denson’s regular duties included inspecting penal and charitable institutions and handling the office’s correspondence with numerous groups and individuals, public and private, from North Carolina and elsewhere.\textsuperscript{51} Her role changed in 1917, when the General Assembly reorganized the bureau as the Board of Charities and Public Welfare under the leadership of a Commissioner and increased its funding. Even after the addition of a Commissioner to the office, however, Denson remained the most experienced staff member. The Commissioner’s Report of 1917 lauded Denson, declaring that “her sound judgment, experience, careful study[,] and familiarity with social

\textsuperscript{49} US Census, 1870, 1880, 1900, 1910, and 1920.


\textsuperscript{51} Daisy Denson to Miss Inis H. Weed, 18 November 1910, Division of Social Services, Board of Public Welfare, Commissioner’s Office, Board of Public Charities, Correspondence, North Carolina State Archives, Raleigh, North Carolina (hereafter BPW correspondence). On C. B. Denson, see Daisy Denson to Mrs. W. A. White, 21 March 1917, BPW correspondence; and Public Welfare Progress 5, no. 10 (October 1924), 4, in Material on Social Welfare, Welfare Department, NC, Nell Battle Lewis Papers, North Carolina State Archives, Raleigh, North Carolina.
problems and conditions, make her help invaluable.” Denson was also well connected outside of the state. She participated in national social work organizations, attended social work conferences, corresponded with social workers in other states, and occasionally visited institutions in other states. Like the state’s other clubwomen, she was especially interested in prisons and penal reform.

During Denson’s time as Secretary, the Board of Public Charities began to explore more effective ways to deal with the state’s feeble-minded population, and its solutions were tinged with eugenics ideology. The first decades of the twentieth century saw a major upsurge in eugenics activity around the country. Indiana passed the country’s first eugenic sterilization law in 1907, and by 1920 sixteen more states had adopted similar statutes. Excitement about the possibilities of eugenics permeated the correspondence of social workers. In 1902, when Denson assumed her position, North Carolina made no provision for the care of feeble-minded people. The state relied on the work of charitable organizations such as the King’s Daughters to provide social services to its citizens. By the time Denson retired in 1921, the state had transformed its social welfare bureaucracy and was on a course


53 For example, see William T. Cross to Denson, 20 March 1914, BPW correspondence; H. D. Coghill to Denson, 29 March 1917, BPW correspondence; and Denson to Prof. Charles L. Coon, 2 January 1911, BPW correspondence.

54 Addison E. Sheldon to NC Secretary of State, 24 October 1914, BPW correspondence; Charles Davenport to Denson, 28 January 1914, BPW correspondence; Joseph P. Byers to Denson, August 23, 1915, BWP correspondence.

55 Woodside, Sterilization in North Carolina, 194 (Appendix B, Table IXA).

56 For example, the Director of Nebraska’s Legislative Reference Bureau asked Denson to return a survey about North Carolina’s eugenics legislation. Denson received similar requests from both the Eugenics Records Office and the Committee on the Provision for the Feeble-Minded, influential national eugenics organizations. No evidence remains in the BPW files about whether or how Denson responded to these requests for information. Nevertheless, she considered them important enough to retain and file. See Addison E. Sheldon to NC Secretary of State, 24 October 1914, BPW correspondence; Charles Davenport to Denson, 28 January 1914, BPW correspondence; Joseph P. Byers to Denson, August 23, 1915, BWP correspondence.
to provide services, both coercive and caring, to the state’s dependent and retarded citizens. The burden of care had shifted to the state, which financed services such as mothers’ aid payments and oversaw a number of county- and state-run poor homes, mental hospitals, and training schools. This transformation reflected the gradual professionalization of the field of social work.

During Denson’s tenure, the Board of Public Charities consistently supported increasing social welfare programs, including (but certainly not limited to) programs with an explicit eugenic focus. In the 1910 Board of Public Charities report, Denson advocated the establishment of a sex-segregated institution for “mental defectives,” testifying to legislators that she had received a number of letters asking for a place to care properly for the feeble-minded. “Most especially should the feeble-minded women be provided for,” she argued, “and guarded against the unmentionable horrors which some have undergone, entailing money loss to the counties and suffering and weakness to their unfortunate progeny who can not hope to be anything but feeble-minded and dependent upon the counties for support.” She urged the Assembly to create “an epileptic village with buildings for the feeble-minded and idiots, entirely separate from any existing institution.”

Denson’s eugenic concerns, as expressed in this 1910 report, were partly economic and partly moral. Denson and members of the Board saw the feeble-minded, and especially feeble-minded women, as pitiful creatures in need of protection from exploitation—in the case of women, sexual exploitation. Moreover, because of the presumed hereditary nature of feeble-mindedness, these women’s children would inevitably be feeble-minded as well and

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57 Annual Report of the Board of Public Charities, 1910, 6-7. Although this report does not call specifically for sex-segregated institutions, North Carolina’s penal institutions in this period were sex-segregated (at least in theory), and the Board probably assumed that any institution created for the feeble-minded would provide separate facilities for each sex.
would themselves require state support or institutionalization. By keeping the feeble-minded
locked up for life—that is, enforcing institutional segregation—eugenicists across the nation
hoped to keep genetically inferior women from reproducing and burdening the state with
their offspring.

Shortly after issuing this report, Denson wrote to a professor in Wilson, North
Carolina that “There is certainly no doubt of the need of a ‘School and Home for the
Feebleminded’ in this State… [T]he need for a place where the feebleminded and idiots can
be cared for and where our women of marriageable age who are weak minded can be
protected comes home to me frequently.” 58  Three months later in March 1911, after pressure
from Dr. Ira M. Hardy and the Seaboard Medical Society, the state legislature founded the
Caswell Training School for the Feebleminded in Kinston, North Carolina—a model for the
seven other southern states that opened institutions for the feeble-minded between 1919 and
1923. 59  Denson expounded on the possibilities of the institution to an out-of-state
correspondent, rejoicing, “We intend to take into this institution not only children but adult
women under forty-five and we expect to keep them all their lives if we can. We believe that
is the way to limit feeblemindedness, at least one way, by segregation.” 60  In her report to the
state legislature the following year, she reiterated to lawmakers her belief that “The feeble
minded, especialy [sic] feeble minded women of marriageable age, should be segregated.”

58  Denson to Prof. Charles L. Coon, 2 Jan 1911, BPW correspondence.  For a similar situation, see also Denson
to Mrs. Thomas, 25 November 1912, BPW correspondence.

59  Dr. Hardy was inspired by his (apparently mentally retarded) child, who died at a young age, to found
Mississippi, Georgia, South Carolina, Tennesse, and Louisiana opened institutions for the feeble-minded.  Noll,
Feebleminded In Our Midst, 22-26.

60  Denson to Dr. Hubert Work, 26 Jan 1912, BWP correspondence.  For another example of her willingness to
reduce feeble-mindedness by lifelong segregation, see Annual Report of the Board of Public Charities, 1913,
10.
She saw Caswell as “an institution whose chief end and aim will be the ultimate decrease of the class for whom it is designed.”\textsuperscript{61} Denson and her successors continued to push lawmakers for funding that would allow an increase in Caswell’s population, at one point calling for space for 1000 to 1500 residents.\textsuperscript{62} Denson made her appeals through her annual reports to the state legislature in florid prose:

> The unfortunates never ‘grow up,’ they are always children; time as commonly counted by men means nothing to them, or very little, and fortunately for them they do not grow old, their usual span of life is short. Here long enough to impress upon normal men by their mute suffering the necessity for guarding and preparing for the coming into this world of the new-born soul so that its wings may cleave the skies and not trail in the dust of the earth weighted by physical and mental infirmities. There should be no age limit. Certainly young women grown in body and little children mentally should be received for their own protection, for the protection of the race.\textsuperscript{63}

In 1923, the legislature amended Caswell’s rules for admittance to allow not only feebleminded children between the ages of six and twenty-one, but also feeble-minded women between the ages of twenty-one and thirty.

Denson’s focus on sexually mature young women demonstrates her concern with deviant sexuality. This concern, as Susan Cahn has argued, was tied to white supremacy. That is, the “very sexual activity [of working-class white girls] suggested an inversion of the ideology of white female purity. They exposed the southern myth of virtuous white womanhood, toppling a longstanding pillar in the defense of white privilege and racial segregation.” These fears were heightened with the arrival of urbanization, modernity, and the New South. In this atmosphere, teenage girls took on enormous symbolism: “Viewing

\textsuperscript{61} Annual Report of the Board of Public Charities, 1912, 10-11.


\textsuperscript{63} Annual Report of the Board of Public Charities, 1913, 10.
modern adolescence, womanhood, and sexuality as a direct challenge to their established authority, antimodern elites turned ‘problem girls’ into conspicuous subjects of social policy and regional imagination.”

If deviant women could be contained in the state’s racially segregated custodial institutions, the state could cling to Victorian notions of morality and prevent the possibility of inter-racial sexual relationships. In one letter, Denson described the case of a feeble-minded white woman who recently had sought refuge in a county institution in order to give birth to her second black child. This woman, Denson believed, needed the protection of a state-run custodial institution. Like other feeble-minded women, she was at particular risk of miscegenation. Denson’s anxieties about racial mixing reflected common white segregationist attitudes in Jim Crow North Carolina. The sexual activities of poor white women blurred racial lines and challenged social norms.

Denson’s social and professional home was in Raleigh, but the problems of social welfare that she addressed on a daily basis extended across the state. Her friends and contacts among the clubwomen of the state were critical in extending her reach. Denson worked closely with the state’s leading clubwomen for years, helping to shape their reform platforms and their opinions. She herself was an active member of the Woman’s Club of Raleigh, a Federation Club. Although the clubs undertook reform projects on their own, Denson often recommended specific projects for them to support, or named additional ways for the clubwomen to learn more about social work. For example, she encouraged Clara Cox to have the Federation lobby for a home for crippled children, and she suggested that Mrs. B.

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64 Cahn also points out that “adolescents formed the easiest and most desirable group to sterilize… The state acted as a formidable sexual authority that, by fusing scientific expertise with traditions of patriarchal and racial domination, practiced violence and deception under the guise of protection.” Cahn, *Sexual Reckonings*, 20, 158-160.

65 Denson to Prof. Charles L. Coon, 2 Jan 1911, BPW correspondence. For a similar situation, see also Denson to Mrs. Thomas, 25 November 1912, BPW correspondence.
A. Hocutt attend an upcoming state conference on sociological issues. In return, club officers also sought Denson’s advice, revealing the strength and reciprocity of their relationship. Requesting Denson’s aid in formulating her committee’s program, the Chairman of the Federation’s 1913 Social Service Committee explained, “You have had so much experience along that line, I feel that your suggestions would be most valuable in formulating our line of work.”\textsuperscript{66} Other department chairs asked Denson to attend meetings, and one prominent clubwoman requested a copy of the latest report of the Board of Public Charities.\textsuperscript{67}

Denson strove to involve clubwomen with the Board’s work, encouraging them to take on official oversight roles as county welfare board members. She wrote to Clara Cox in 1912, “I think that perhaps there may be some club women who would be enterprising enough to take up the work [of inspecting county institutions]. … [W]e have some who have done the work for fifteen or twenty years. Some of the women love it. They are often the ladies who have been identified with the W.C.T.U. which has always done prison work. But there is no reason where the need is so great why our Club women should not accept appointment and go in officially.”\textsuperscript{68} Six years later she wrote to the Chairman of the Federation’s Civics Department that “I think that the Club women, especially those clubs located at the County seats[,] should know that we think there should be at least one woman on the county Boards of Public Welfare.”\textsuperscript{69} Women may have already been strongly

\textsuperscript{66} Mrs. Isaac M Taylor (S. E. Taylor) to Denson, 16 Dec 1913, BPW correspondence.

\textsuperscript{67} Denson to Mrs. H. W. Chase, 14 August 1918, BPW/FWC correspondence; Sallie Southall Cotten to Denson, 16 March 1916, BPW correspondence.

\textsuperscript{68} Denson to Cox, 25 June 1912, BPW correspondence. On the importance of experiences with the WCTU in forming white women’s attitudes toward reform and the expression of “female consciousness” through temperance work, see Gilmore, \textit{Gender and Jim Crow}, 47-8. For descriptions of early WCTU public health campaigns and charitable work in North Carolina, see Sims, \textit{Power of Femininity}, 111-112, 115.

\textsuperscript{69} Denson to Chase, 14 August 1918, BPW/FWC correspondence.
represented on these boards, but by November, 1920, 89 of the state’s 100 county boards had at least one woman among its three members.\textsuperscript{70}

Daisy Denson’s years with the Board were marked by increased institutional care for the state’s dependent populations. The clubwomen of the state surely rejoiced in these state welfare provisions as progressive victories. For Denson, too, they were evidence that North Carolina was taking positive steps to care for its neediest classes. As a professional social worker with connections to the vanguard of progressive thought, however, Denson was also aware of the eugenic potential of these institutions—to separate the feeble-minded from the rest of the population and to prevent them from having children.

World War I coincided with a period of upheaval in North Carolina’s social welfare leadership. In 1917, the General Assembly reorganized the State Board of Charities and Public Welfare and created the position of Commissioner of Public Welfare. The first commissioner, Roland F. Beasley, served less than three years before resigning in March, 1920, to find work in the private sector. Daisy Denson, still Secretary to the Board, resumed the helm and led the organization through another year. In March, 1921, at the age of fifty-seven, she finally retired from the post she had held for nineteen years. Another woman almost immediately took executive control of the Board. Kate Burr Johnson had headed the bureau’s child welfare division for two years, and she became Commissioner in July 1921. Although her education comprised only two years of college and two summer courses in social work, Johnson headed a corps of increasingly professionalized and educated social workers. Like social workers across the nation in the 1920s, North Carolina’s social workers

\textsuperscript{70} Biennial Report of the State Board of Charities and Public Welfare, 1918-1920, 70-75.
relied increasingly on methods of casework to set themselves apart from “lady volunteers” or other sentimental reformers.\footnote{Casework had its origins in the 1880s, but its principles were formalized in Mary E. Richmond’s \textit{Social Diagnosis}, published in 1917. According to Daniel Walkowitz, Richmond’s approach cast social workers’ job as the definition of class. Despite their newfound professional authority, however, social workers’ autonomy was constrained by male administrators and psychiatrists. Daniel J. Walkowitz, \textit{Working with Class: Social Workers and the Politics of Middle-Class Identity} (Chapel Hill: University of North Carolina Press, 1999), especially chapter 2.}

Even as her corps of workers became more professionalized, however, like her predecessor Johnson relied on clubwomen and functioned as an intermediary between clubwomen and the state. Hailing from Morganton, she was an active member of the North Carolina Federation of Women’s Clubs, serving variously as President of the Federation and Chairman of the Committee on Institutional Relations.\footnote{Mrs. Charles E. Quinlan, Chairman of Industrial and Social Conditions, NC Federation of Women’s Clubs, to local Club Presidents, March 1 1922, BPW correspondence. Also Sims, \textit{Power of Femininity}, 150.} Like Denson, she drew clubwomen into official governmental positions, encouraged their social reform projects, and depended on their support for her programs. Johnson used her connections around the state to push for the latest kinds of treatment for the insane and the feeble-minded.

Johnson relied on her personal relationships to spread the Board’s messages. She sometimes asked Federation officers to push a specific portion of her program, and the clubwomen willingly accommodated her. Many of the clubwomen shared her views about the importance of social work. In 1925, the Chairman of the Federation’s program on Public Welfare stressed her commitment to supporting Johnson and the Board of Public Welfare, writing that she would like for Johnson to speak at a lunchtime conference during the annual statewide convention. She proposed as topics “What the State Department of Public Welfare is doing now” or “Looking to the Future,” believing that “maybe we could bring home our problems and get the women to thinking more seriously … I think [the department’s work] is
our most important work.” Moreover, in 1926-27 the FWC went so far as to pass a resolution applauding Johnson’s work and pledging support and loyalty to the Board of Charities and Public Welfare. They regularly asked her what kinds of information they should distribute to clubs or if they should stress anything in their bulletins, and Johnson responded with concrete suggestions. In 1926 she listed problems “of prime importance” as “the problem of the feebleminded, penal conditions, Mothers’ Aid [], and the work of our new Bureau of Work Among Negroes, founded a year ago,” and she offered to provide informative material or statistics for the club’s bulletin. In addition, the Federation president asked Johnson to speak “in your usual charming way” after the Public Welfare report at the 1927 statewide convention. Perhaps most indicative of Johnson’s relationship with clubwomen is the way they signed their letters: “Love,” “With love and best wishes,” or “With much love, Affectionately.” Kate Burr Johnson’s correspondents in the Federation were more than business contacts or casual acquaintances; they were close friends with whom she shared personal news, club affiliations, and political awareness.

73 Willie May (Mrs. W. T.) Shore to Kate Burr Johnson, 29 March 1925, BPW/FWC correspondence.
74 List of FWC’s legislative priorities, undated and untitled, probably written 1932, BPW/FWC correspondence.
75 For example, see Johnson to Mary Avery, 14 March 1927, BPW/FWC correspondence; KB Johnson to Mrs. Anna Fenner or Mrs. White (unclear), 2 January 1929, BPW/FWC correspondence; Johnson to Annie Quinlan, 1 February 1922, BPW/FWC correspondence.
76 Shore to Johnson, 11 February 1926, BPW/FWC correspondence; L. F. L., on behalf of Johnson, to Shore, 23 February 1926, BPW/FWC correspondence.
77 Gertrude McKee (Mrs. E. L. McKee) to Johnson, n.d., BPW/FWC correspondence; and Johnson to McKee, 21 April 1927, BPW/FWC correspondence.
78 Johnson to Mary Avery, 14 March 1927, BPW/FWC correspondence; Avery to Johnson, 21 January 1927, BWP/FWC correspondence; Johnson to McKee, 21 April 1927, BPW/FWC correspondence; Shore to Johnson, 29 March 1925, BPW/FWC correspondence.
Johnson also continued Denson’s custom of drawing clubwomen into official or semi-official positions within the state bureaucracy, at the institutional level as well as at the county level. The 1923 Chairman of the Federation’s Social Service Department, Gladys Sitterson, asked Johnson if there was any phase of welfare work that Johnson would like Sitterson to stress in her plan for the next year. Johnson suggested that the clubwomen visit jails, county homes, and other county institutions to inspect the conditions and make sure the inmates received humane treatment. In addition, she recommended that clubs create a committee to cooperate with local public welfare officials. On another occasion, Johnson asked Gertrude McKee, president of the Federation, to write to the Governor and push him to announce his appointments for the Board of the Farm Colony for Women—appointments that Johnson assumed would include women. For Johnson, reform-minded women were a vital and integral part of the state’s system of public welfare. They extended her reach and oversight and allowed her to make the most of her limited resources.

While the state’s clubwomen lobbied for increased institutional funding and better conditions for the poor, mentally ill, and mentally retarded, Johnson and professional social workers employed by the Board of Charities and Public Welfare increasingly embraced more drastic measures. Under Johnson’s direction the Board began to advocate eugenic sterilization and stricter marriage laws in addition to their long-standing efforts to secure institutions for the state’s feeble-minded. The Board’s Biennial Report for 1920-1922—the first published under Kate Burr Johnson’s supervision—acknowledged the existence of the 1919 sterilization statute but argued forcefully that the statute needed improvement to be

79 Gladys W. Sitterson (Mrs. S. C. Sitterson) to Johnson, 24 March 1923, BPW/FWC correspondence; and Johnson to Sitterson, 27 March 1923, BPW/FWC correspondence.

80 Johnson to Mckee, 21 April 1927, BPW/FWC correspondence.
effective. Johnson also stressed the need for separating the feeble-minded from the general population in sex-segregated facilities, arguing that “unless the State’s public welfare program is such as to segregate this defective and thus prevent his promiscuous breeding, society will be increasingly weakened by the perpetuation of the mentally defective.”  

Although the state had opened Caswell Training School for the Feebleminded in Kinston, North Carolina in 1914, Johnson believed that this facility was insufficient. During the 1920s, the Board repeatedly called for expanding the facilities for “caring for, training, and segregating the feeble-minded,” arguing that Caswell was “entirely inadequate” for the needs of the state’s many feeble-minded. 

The Board’s 1922 report argued that life-long segregation should be mandatory for many of the inmates: “While not all cases of feeblemindedness need to be sent to special institutions, and while not all who are sent there need remain permanently, yet the great majority of all cases do need the benefit of at least temporary training of a special kind, also very many must remain always at the institution.” The Board also continued its opposition to allowing feeble-minded people to mix with other institutional residents. In the case of children, they believed that “the presence of a large number of the feebleminded, in with children of normal intelligence, interferes with the development of the normal children in their cottage life, their school life, and on the playground.”

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82 Ibid., 39-40.

83 Caswell was the only institution designated to house the feeble-minded, although state studies showed that many residents of other institutions, including Samarcand, Jackson Training School, and the mental hospital at Raleigh, were also feeble-minded. The Board hoped to separate the feeble-minded residents of these institutions from the rest of the institutional population.

84 Ibid., 44, 48.
The perceived need for long-term eugenic segregation of many inmates at a dedicated institution—as well as North Carolina’s very real need for the services that custodial institutions could provide—strained the capacity of the state’s existing institutions. In addition to the state’s desire to institutionalize its feebleminded citizens, many parents of mentally retarded children lacked the knowledge or means to care for their child’s special needs. These parents pleaded with Caswell’s director for their children’s admission. The number of children on Caswell’s waiting list often exceeded the number of current residents.  

Given the inadequate capacity of existing institutions for long-term segregation, Board members sought an alternative mechanism to prevent the reproduction of the unfit. In this context, eugenic sterilization offered an opportunity to release the feeble-minded from life-long institutionalization, granting them some freedom and relieving the pressure on the state’s limited resources. The Board did not, however, advocate sterilization for all feeble-minded citizens. Rather, it divided the feeble-minded into several categories:

[V]ery many must remain always at the institution. Many others may be so trained at the institution that they, while remaining permanently under institutional supervision, are fitted to live outside and earn even more than their living. A still smaller group of the higher grade cases, showing no anti-social tendencies, might, if rendered incapable of having children, be allowed to take a position in society without any special supervision. This could be done, both with greater happiness to the members of this group, and with greater benefit to society, than by using institutional methods. The particular method of handling each case of feeblemindedness can only be determined after a serious study of the individual.  

The Board contended, then, that for some of the state’s feeble-minded patients sterilization was a viable option. To Johnson and the social workers who looked to her for leadership,  

85 In 1934, there were eight hundred applicants on a waiting list. Brown and Genheimer, Haven on the Neuse, 81.

sterilization seemed a kind alternative compared to life-long segregation. After being sterilized, “high grade” feeble-minded children could rejoin their families as productive members. Without the constant danger of illicit sexual activity that might result in the birth of another feeble-minded child, they could even eventually marry and become part of their community.

When Johnson wrote this report in 1922, North Carolina’s only existing sterilization law was the legally dysfunctional 1919 statute. The General Assembly did not pass a revised sterilization statute until 1929, but in the meantime the Board incorporated other eugenic measures into their routines. For example, Johnson and her staff in the bureau busily conducted mental examinations, case studies, and family histories. Between October 14, 1921, and June 30, 1922, the 10 staff members carried out 575 mental examinations. The 1922 report included an extensive description of the “Wake family study,” conducted along the lines of other eugenicists’ family studies. Miss Emeth Tuttle was in charge of the project; she spent six months studying the family history of “Joe,” “Mary,” and their descendants. She concluded that had the couple been refused a marriage license “on the ground of feeblemindedness—as is done in a number of states—and sent to an institution, the State would have been spared much expense and trouble.” Stricter marriage laws were a staple of eugenics policy across the nation.

As the state’s professional social workers learned about eugenics programs and policies, clubwomen, in contrast, shied away from the more extreme eugenic option of

87 Family studies, the most famous of which were studies of the Kallikaks and the Jukes, were a common means by which eugenicists traced the transmission of dysgenic traits from one generation to the next. The Wake family study indicates that employees of the North Carolina Board of Charities and Public Welfare were well versed in eugenics research techniques.

sterilization. Throughout the 1920s their strategy for dealing with the mentally retarded or mentally ill was “mental hygiene,” which stressed education as a means of preventing mental illness or mental defectiveness. In 1925 the Federation of Women’s Clubs created a committee on Mental Hygiene as part of its Department of Public Welfare. Johnson praised this decision, writing to the chairman that “This is an almost uncharted field, and one that is in desperate need of being given consideration.” She recommended that the Federation write to Dr. Harry W. Crane, her employee at the Board of Charities and Public Welfare and a professor of psychology at the University of North Carolina at Chapel Hill, to request him as a speaker. Several years later, the Federation’s legislative priorities included supporting the Board’s proposal to enlarge the Division of Mental Health and Hygiene.

Despite their interest in mental hygiene, clubwomen appear to have had little, if any, part in securing the passage of the state’s 1929 or 1933 sterilization statutes. Only twice did North Carolina women’s organizations explicitly espouse eugenic sterilization measures. In 1924, the Federation of Women’s Clubs acknowledged the state’s inability to care for its wards and went on record “as approving a workable sterilization law.” The next year, the League of Women Voters adopted the same resolution. These actions indicate general approval of the principle of eugenic sterilization, but they do not support Edward Larson’s argument that southern women played a major role in the passage of all kinds of eugenics legislation. Rather, clubwomen’s emphasis remained on other aspects of social welfare work such as establishing libraries, modernizing the state’s school system, and conducting public

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89 Johnson to Mrs. W. T. Shore, 1 September 1925, BWP/FWC correspondence.

90 Johnson to Mrs. Land, May 9 1930, BWP correspondence.

health campaigns. They continued to lobby the General Assembly to increase funding for the state’s institutions, including Caswell, and they remained concerned about numerous reforms affecting the wellbeing of the state’s women and children. The differing emphases of social work professionals and clubwomen, however, did not dampen these women’s enthusiasm for cooperative efforts. Under Johnson and her successor, the Board of Charities and Public Welfare and women’s clubs continued to collaborate on public welfare initiatives.

Kate Burr Johnson left North Carolina in 1930 to become the head of New Jersey’s State Home for Delinquent Girls in Trenton, where she remained for nineteen years. Her successor as Commissioner of Public Welfare was Annie Kizer Bost, who was also a dedicated clubwoman and reformer. Born in 1883, Bost grew up in Rowan County, North Carolina, where her father, Professor R. G. Kizer, was the superintendent of schools. She had more formal education than either Denson or Johnson; she graduated from the State Normal School at Greensboro—later the North Carolina College for Women—in 1903 and then taught school for six years. She married W. Thomas Bost in 1909, had two sons, and moved to Raleigh. There she became a fixture in the community, serving over the years on the executive councils of the League of Women Voters and the Raleigh Community Chest, as president of a Parent-Teacher Association, and as a trustee of the North Carolina College for Women. She also served as president of the Raleigh Woman’s Club, and for three years she was the executive secretary of the state Federation of Women’s Clubs. In addition to her local ties, Bost fostered connections with state and national social work organizations. As Commissioner, Bost’s professional memberships included the National Conference for Social Work, the American Public Welfare Association (for which she served on the board of

92 For examples of clubwomen’s activities, see Sims, Power of Femininity, especially chapter 3.
directors), the State Commission for the Blind, the North Carolina Mental Hygiene Society, the Inter-racial Commission, and the North Carolina Conference for Social Service.  

Like both Denson and Johnson, Bost encouraged the Federation of Women’s Clubs to use her as a resource; the clubs, in turn, continued to support her work. In 1932, Bost thanked the chairman of the Federation’s legislative committee “for recommending ‘blanket’ endorsement of the welfare program.”

The Federation continued to see social reform as a key component of their civic action. One clubwoman quoted their president, Lucille Hobgood, as saying that “the heaviest load of the Federation will rest upon [the] Public Welfare Department” in the coming year.

As Commissioner of the Board of Charities and Public Welfare, Bost had the additional responsibility of administering the state’s new eugenic sterilization program. The Eugenics Board, organized in 1933, oversaw eugenic sterilization proceedings and endowed the state’s actions with legal legitimacy. The law mandated that Bost, as Commissioner, serve as Chairman of the Eugenics Board as well. Bost headed the board until she resigned from her position as Commissioner in 1944. Like her predecessors, Bost felt no qualms about sterilization as a tool for preventing the reproduction of the feeble-minded and mentally defective. In 1932, she wrote that “[t]he population of our institutions will continue

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94 Annie Bost to Harriet Elliott, 9 March 1932, BWP/FWC correspondence.

to increase until we do more to prevent the mating of feeble-minded and diseased people who bring their feeble-minded and diseased progeny into the world to fill up Caswell and other like institutions.\textsuperscript{96} Here, Bost stressed the financial needs of the state to sterilize its undesirable citizens—an increasingly pressing concern as state revenues shrank during the Depression. Her rhetoric also conveys impatience and distaste for needy citizens—a change from Daisy Denson’s vision of Christian charity.

The 1929 and 1933 sterilization laws and the creation of the Eugenics Board opened the gates for the official involvement of numerous social workers—mostly women—in the state’s sterilization programs. When social workers became aware of feeble-minded individuals whose reproductive capacities were seen as a danger to their communities, they could gather the necessary family history, and their county superintendent of public welfare (or a similar official) could submit the petition to the Eugenics Board. During the 1930s, 35 percent of sterilization petitions came from such sources, demonstrating the readiness with which some social workers embraced eugenics as a pragmatic solution to overburdened welfare departments, or even as an appealing ideology.\textsuperscript{97}

\textsuperscript{96} Bost to Elliott, 9 March 1932.

\textsuperscript{97} See \textit{Biennial Report of the Eugenics Board, 1938-1940}, 14. Unfortunately, the original sterilization petitions are not open to the public, so it is difficult to discern the reactions of individual case workers to the possibilities of eugenic sterilization.
Chapter 5: Conclusions

The divergence between the priorities of the state’s female social work professionals and the clubwomen of the state prompts consideration of the similarities and differences between segregation and sterilization as eugenic measures. The transformation of North Carolina’s eugenic measures from institutional segregation to a more comprehensive program that included eugenic sterilization reflected similar patterns across the nation.

Between 1910 and 1930, twenty-four states passed eugenic sterilization bills.\(^{98}\) In general, states turned to eugenic sterilization after practicing institutional segregation for some time. This chronology reflected the increasing acceptance of eugenics ideology, coinciding with increasing concerns about immigrant populations and white “race suicide.”\(^{99}\)

Eugenic segregation, however, remained more politically palatable than involuntary sterilization. One reason for this difference was the association of eugenic sterilization with castration (euphemistically referred to as “asexualization”), which had been used as a punishment for criminals in the nineteenth century. Proponents of eugenic sterilization fought for years against the image of sterilization as punishment. In addition, for some opponents of sterilization, physical violation of the body may have seemed more disturbing than the restriction of physical mobility implied by institutionalization. The American public

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\(^{98}\) Woodside, *Sterilization in North Carolina*, 194 (Appendix B, Table IXA).

\(^{99}\) The notion of “race suicide” reflected fears that immigrants or other races reproduced at higher rates than Anglo-Americans. Eugenicists worried that Anglo-Americans could find themselves outnumbered by members of other, “lower” races.
had long accepted the state’s right to limit its citizens’ mobility, most notably in the form of incarceration for criminal acts. Nevertheless, eugenic institutionalization and eugenic sterilization were closely linked, both ideologically and pragmatically. John Radford has argued that whether or not the public always understood them this way, “specialized custodial institutions for the mentally deficient were essentially manifestations of eugenically-driven social policy.”

For its advocates, sterilization combined a number of benefits, humanitarian and economic. It permitted some feeble-minded people to leave institutional care, decreasing the state’s economic burden and allowing social workers to congratulate themselves for granting their feeble-minded clients some degree of freedom. The Eugenics Board was fond of quoting in its Biennial Reports language from the Human Betterment Foundation, a pro-eugenic sterilization organization based in California. The Human Betterment Foundation argued that “It permits patients to return to their homes who would otherwise be confined to institutions during fertile periods of their life. The records show that many moron girls paroled after sterilization have married and are happy and succeeding fairly well. They could never have managed and cared for children, to say nothing of the inheritance and fate of such children. Homes are kept together by sterilization of husband and wife in many mild cases of mental disease, thus removing the dread by the normal spouse of the procreation of a defective child and permitting normal marital companionship.”

Yet despite the perceived benefits of sterilization, North Carolina’s clubwomen remained less vocal in their support for eugenic sterilization than for institutional


segregation. Perhaps they were influenced by their long tradition of penal and institutional reform. It is also conceivable that at some level their progressive reform ideology, based in civic maternalism and notions of care and kindness, made them uneasy with eugenic sterilization, with its connotations of castration and involuntary violation of the body. Clubwomen may have been uncomfortable with the fact that sterilization deprived other women of the experience of motherhood, a central part of their own lives and vision of reform.

Female social workers, by contrast, strongly supported the sterilization programs. As the bulk of the state’s corps of social workers, they were responsible for the vast majority of non-institutional sterilizations, most of which targeted women. Johanna Schoen has identified cases in which social workers seemed sympathetic to their clients’ lack of access to birth control and has argued that some social workers manipulated the eugenic sterilization process to help their clients procure sterilizations as a reliable form of birth control. In general, however, the language of sterilization petitions suggests that field workers and their superiors were more concerned with the economic costs of caring for the feeble-minded and their offspring—and in later decades, caring for welfare recipients and their offspring—than with helping clients control their reproductive lives or, conversely, with purely eugenic ideas.

Juxtaposing the positions of clubwomen, female social workers, and female welfare officials reveals a pattern that may explain the divergence of their actions, as well as their relationship to the eugenics movement. Clubwomen of the 1910s, 1920s, and 1930s operated

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103 Ibid., 82, 89-92, 96-98.
within a context of progressive social reform that promoted sympathy with but distance from poor whites, who constituted most of North Carolina’s feeble-minded people. The social workers who identified feeble-minded candidates for sterilization and collected information to present to the Eugenics Board likewise sometimes sympathized with their clients, but their perspective on the lower classes was informed by their daily contact with extreme poverty, as well as their personal knowledge of the state’s overburdened welfare system. For these female social workers, sterilization may have seemed a pragmatic solution to a number of problems, including not only the burden that feeble-minded offspring posed to the social welfare system, but also the devastating poverty that characterized large working-class families. Similarly, Daisy Denson, Kate Burr Johnson, and Annie Kizer Bost understood the magnitude of the difficulties facing the North Carolina Board of Charities and Public Welfare. In addition to receiving reports about the plight of the state’s feeble-minded poor, they continually struggled for adequate funding from the state legislature. Like the social workers, Denson, Johnson, and Kizer may have seen sterilization as the best option for their clients, their clients’ communities, and the state’s budget.

To be sure, women were not solely responsible for the state’s eugenics programs. Men such as Harry Crane, Ira Hardy, Ronald Beasley, and C. Banks McNairy played key roles in the state’s institutional programs. Their knowledge of eugenics principles helped to reshape the state’s goals. In addition, they represented North Carolina within national eugenics organizations and used their ties with state lawmakers to push eugenic measures. Still, North Carolina’s custodial institutions and its eugenic sterilization programs would have foundered without the help of clubwomen, female social workers, and progressive leaders such as Denson, Johnson, and Bost. These women consciously or unconsciously
implemented eugenics ideology in their daily welfare work. While men were certainly more involved in the professional and medical organizations that promulgated theories of eugenics, North Carolina’s women reformers saw in eugenic policies the potential to realize their reform goals. Viewed within the context of women’s progressive reform work, eugenics acquires a new valence. For these women, eugenics was not a coherent ideology as much as a set of assumptions that yielded useful social policy tools.

Moreover, these women were not drawn to eugenics ideology because of abstract ideas about the improvement of the white race—although their targets for sterilization and segregation were mostly white. Certainly, concern for the image of white women as sexually and morally pure motivated some clubwomen in their quest for a women’s reformatory, and eugenics was part of a large body of thought that provided a crucial backdrop for their race-based actions. But female social workers and state officials tied their arguments for long-term institutionalization or eugenic sterilization to the perceived needs of individual patients, or the assumed benefits for small communities. Perhaps Daisy Denson, Kate Burr Johnson, and Annie Kizer Bost, from their vantage point in the state capital, had a deeper sense of the supposed peril to the white race from feeble-minded members of the white population. Even these women, however, rarely used language that drew on the idea of the white race as a whole. Instead, they based their pleas on the needs of the body politic, particularly the economic constraints the state faced. Of course, in the Jim Crow South, the body politic was white, and these women had internalized a racist worldview that ignored blacks as inferior and unworthy of social services. Nevertheless, these women were not driven primarily by the eugenic concept of preserving the Nordic race. Feeble-mindedness, for them, was first
and foremost a problem to be dealt with pragmatically—a problem of overcrowded institutions, illegitimate children, and ever-increasing burdens on the state’s welfare system.

No economic rationale can excuse the actions of North Carolina’s social welfare officials, or repair the thousands of lives damaged by coercive sterilization or life-long institutionalization. Yet rather than merely condemning the actions of these women and other pro-eugenics reformers, we must contemplate the circumstances that led to the decades of eugenics programs in North Carolina. In the context of minimal social services, clubwomen and female reformers were an important political voice advocating a state-run social safety net. Many female social workers and clubwomen thought they were acting in the best interest of their clients as well as their communities. Exploring the frontiers of progressive social science, these women drew on eugenics policies to address the poverty and sexual deviance they witnessed in their communities. Their actions demonstrate the dangers of acting uncritically on the advice of even well-intentioned social or scientific experts.

Their political achievements and the challenges they faced reveal the extent and limits of their power within the state—as well as their power relative to the clients of the state’s welfare system. By gaining control over some aspects of the state’s welfare bureaucracy, women social reformers and their community allies brought the force of state power to back their notions of appropriate behavior for poor and mentally retarded citizens. As a result, poor women who sought social support opened themselves to the possibility of stigmatization, institutionalization, or sterilization. Eugenics-inspired policies gave reformers more tools to mold society. Yet the cost of the power they claimed for themselves was deducted from the autonomy of their clients.
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