INTRODUCTION

A HOMELESS OUTCAST falls with her Babe on the Hospital steps. . . A Pathetic story of a Fallen Woman turned on the streets with her Baby in her arms. Worn out and ill and homeless, the despised [Salvation] Army takes her in.

Salvation Army Rescue Home, Annual Report

This 1893 vignette is the very stuff of Victorian melodrama. Its heroine, the unwed mother, is penniless and homeless until sheltered by the Salvation Army, which would save her soul and send her forth to sin no more. The devastating depression of 1893 ruined thousands of Americans, and the destitution of this unwed mother, although certainly pitiable, was not unusual. Her “fallen-ness” and the “baby in her arms” distinguished this woman from other dependent people, making her a sinner, an outcast, turned out by the public hospital and welcome only at the Salvation Army home for fallen women.

The plight of this “homeless outcast” symbolizes American social policy toward unwed motherhood from the mid-nineteenth century until today. Unwed mothers have shared some experiences of others dependent on public or private aid, and this book underscores several familiar themes of social policy history—most obviously, the growing public responsibility for the maintenance and health care of dependent people. The book’s first and last chapters, on Cleveland’s public facility for the indigent, illustrate the importance of this theme. Also familiar are the shifting strategies for relieving dependence from residential institutions to relief checks, the change from volunteer to professional care providers, the persistence of racial segregation, and the enduring identification of dependence with delinquency, institutionalized in the all-purpose poorhouse sheltering the poor, the ill, and the criminal.

Nevertheless, the sexual delinquency of unwed mothers, defined as sin by the powerful rhetoric of organized religion, has distinguished them from other dependents. Pregnancy out-of-wedlock affronts deeply held beliefs that a woman should remain within her home, subordinate to a male breadwinner, and that female sexuality should remain within marriage. Receiving secular sanction in custom and law, this social construc-
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tion of womanhood undergirds the American social welfare system, differentiating not only between policies regarding men and women but between policies for married and unmarried women. Government has intended to provide unmarried mothers with the least possible support: the least residential care, the least relief, and the fewest medical services. As a result, the private sector has played an unusually significant role, reflected in the four chapters on private maternity homes. These institutions have remained “women’s work,” created and sustained by churches or church-related organizations and committed to the nineteenth-century strategies of the spiritual reclamation of fallen women.

The story of social policy and unwed motherhood reinforces and dramatizes much of what we already know about the interactions between gender and the allocation of public and private aid to dependent people. First, dependence is clearly linked to gender in a society that provides women with the fewest opportunities for self-support and the greatest responsibilities for child rearing. Second, gendered definitions of appropriate sexual conduct have an impact on public relief. Women with husbands sometimes receive preferential treatment; mothers without husbands often receive uncertain and minimal public benefits. Third, gender shapes the practices of private institutions for unwed mothers, guaranteeing that these practices would be women’s work. Fourth, gender explains the relative powerlessness of both unwed mothers and middle-class caretakers, reflected in the very minimal private and public support they receive.

In 1989 the federal government spent an estimated $21.5 billion on welfare programs for families of teenage mothers, most of them unmarried. This enormous expense is compounded by the astronomical social cost of unfinished educations, unemployment, and the persistent poverty of female-headed families. Proposed solutions to the problems of pregnancy out-of-wedlock from the political left and center have included more sex education for teenagers, more readily accessible abortions, and more adequate income maintenance programs.

These proposals have encountered vigorous political opposition during the last decade. The political right has proposed its own solutions. Conservative analyst Charles Murray has suggested that unwed mothers be placed in public poorhouses rather than on income maintenance programs. Murray believes that “a good correctional ‘half-way house’ might serve as an incentive for an unwed mother, if she has no money, to accept abortion or to give her child to the state.”

The religious right has generated renewed enthusiasm for maternity homes, the private sector’s historic solution to unwed motherhood. After declining during the 1960s and 1970s, the number of such homes in this
country rose from 99 to 140 during the 1980s. The new homes are modeled on those of the last century: "A rambling Victorian house... with lace curtains at the windows and religious samplers on the wall." Most are sponsored by churches or anti-abortion advocates such as the Reverend Jerry Falwell, the National Right to Life Committee, and the Christian Action Council. The facilities can shelter only about sixty-two hundred women, an admittedly tiny fraction of those who become pregnant out-of-wedlock each year.\(^6\)

Public poorhouses and private maternity homes were nineteenth-century strategies that became less able to solve the problems of unwed mothers and unwed motherhood. They certainly are not able to do so in the vastly different late twentieth century. Intelligent policy for the future must be informed by the past, not captive to it. Therefore, it is to the study of past institutions and policies that this book turns.

**Historians and Unwed Mothers**

Historians have written much about hospitals, prisons, orphanages, reformatories, insane asylums, and poorhouses, but, until recently, little about the institutions that sheltered unwed mothers. The lack of interest may be due to the fact that unwed mothers constituted a very small proportion of the country's institutionalized population. A national census taken in 1923, when institutional care was still widely used, revealed that of the 204,888 dependent, neglected, and delinquent children in institutions, only 2,389—.011 percent—were sheltered in homes for unmarried mothers and babies. (These numbers include both women and children.)\(^7\)

Unwed mothers inspire less interest than comparable populations for other reasons. They are less sympathetic than orphans and less exciting than prostitutes.\(^8\) Moreover, they defy easy identification; it is much easier for a woman to conceal her marital status than her pregnancy. The Cleveland Infirmary distributed outdoor relief to mothers described as "widows" and "grass widows," allegedly deserted by spouses. Members of neither group were married at the time, but whether they ever had been was not clear. Cleveland's public hospital even today simply notes whether a woman is "married" or "not married," which can mean separated, divorced, or widowed. The City of Cleveland, on the other hand, records as illegitimate the children of women who keep their maiden names because those names are different from their husbands' names.

Consequently, illegitimate childbirth is hard to quantify. Although social workers and city officials counted illegitimate births and unwed mothers, and although those numbers will be treated here as evidence,
the data are far from precise. Prior to the hospitalization of most child-
births and the end of midwife deliveries in the 1930s, registration of
birth, although required in most states, was not always done. In 1915 the
U.S. Children's Bureau found that only a few states and cities could pro-
vide accurate figures on births. On the strength of these, the bureau esti-
mated that 1.8 percent of all births were illegitimate—"probably a gross
underestimate," according to historian Susan Tiffin.9 The chief of the
Cleveland Division of Health commented in 1925: "For many years, at
least as far back as 1891, birth registration has been a favorite subject
for annual lamentations by health officials. . . . Some years it was esti-
mated as low as 75 percent." Therefore, although Cleveland annually
recorded illegitimate births, the numbers should be regarded with cau-
tion. As Daniel Scott Smith has noted (not entirely correctly): "The most
easily counted events in American history tend to be those belonging to
people who 'counted' at the time; these are not the people most likely to
conceive children out of wedlock."10

Standard histories of the public welfare system discuss unwed moth-
ers only briefly, mostly as recipients of federal public assistance, especially
Aid to Families of Dependent Children. Such peripheral attention some-
times overlooks the gender-based capriciousness and inequities of the
welfare state, which have been discussed by feminist historians and ap-
ppear here in unusually vivid ways.11

Historians of women have paid closer attention to private agencies
and institutions, in which women have been prominently involved as
agents as well as recipients of relief. However, only the largest of the
private agencies for unwed mothers, the National Florence Crittenton
Mission, has received extensive scholarly attention, and the focus has
been on the Mission as it began to secularize, downplaying its long-
standing evangelical thrust. Other research has also focused on Protes-
tant maternity homes, all of them for a white clientele. In general, these
historians have underestimated the tenacity of the woman-centered tra-
ditions of private benevolence described here, arguing that those tradit-
ions either died or became co-opted into male traditions during the
1930s.12

This book paints both a broader and a more specific picture. It is
broader because it describes practices from the mid-nineteenth to the late
twentieth centuries, and because it describes both Protestant and Catho-
llic institutions as well as those that sheltered both black and white
women.

At the same time, it is a case study of institutions in one specific city,
Cleveland. Like charity, and sometimes as charity, social welfare began
at home. From the colonial period until the mid-1930s and the New
INTRODUCTION

Deal, local government and local private agencies cared for those who could not care for themselves. For this reason, much social welfare history is local history. Policy statements may be made by national boards in New York City, or national conferences of social workers in Chicago, or the federal Congress in Washington, D.C., but policies are implemented—and just as often *not* implemented—at the local level in homes and hospitals in Cleveland and other cities across the country.

MATERNITY HOMES AND HOSPITALS IN CLEVELAND

Cleveland's economic and demographic development has been typical of midwestern cities. Originally part of colonial Connecticut's Western Reserve, Cleveland was founded by Connecticut land developers in 1796, and the city's elite retained a New England and staunchly Protestant flavor for several decades. In the first quarter of the nineteenth century, Cleveland and cities such as Pittsburgh, Detroit, and Buffalo constituted the urban frontier of the lower Great Lakes. Although Cleveland remained a tiny struggling hamlet (population barely more than one thousand in 1830), its location at the mouth of the Cuyahoga River on Lake Erie made it perfectly situated to take advantage of the national transportation revolution. In 1825 Cleveland became the northern terminus of the Ohio Canal and an important link between the cities of the East and the farmlands of the Northwest. By the 1830s and 1840s it was a prospering commercial village. Cleveland's population had increased to forty-four thousand by 1860 as immigrants from Germany and Ireland and from nearby country towns were attracted by early factories and transported by early railroads.

The Civil War encouraged the growth of Cleveland industry, especially oil refining and iron manufacture, and in the last three decades of the century the city became a center for the production of iron and steel products and ships. By the early twentieth century, it had added the manufacture of automobiles and automotive parts to its industrial base. Cleveland's population continued to grow rapidly. In 1870, it was the fifteenth largest city in the country; by 1910, with a population of 560,663, it was the nation's "Sixth City." A third of its population was foreign-born, increasing numbers of them from southeastern Europe. Beginning in the 1910s, these Italian, Polish, and Russian newcomers were joined by blacks, part of the great migration from the American South. Cleveland's black population tripled between 1910 and 1920.

The host of social and economic problems attendant upon rapid industrialization and urbanization inspired Progressive reformers across
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the country and also inspired Cleveland’s energetic Progressive mayor, Tom L. Johnson. During Johnson’s administration, 1901–1909, journalist Lincoln Steffens called Cleveland “the best governed city” in the country. The first three decades of this century were probably the city’s glory years: its great fortunes were made or increased, its great public buildings were erected according to a design by city planner Daniel Burnham, and its great cultural institutions were founded.

In 1930, Cleveland’s population of 900,429 ranked it behind New York, Chicago, Philadelphia, Detroit, and Los Angeles. But in April of that year one-seventh of the city’s work force was unemployed, and by January 1931, 100,000 Clevelanders were out of work.16 Federal relief funds and New Deal public works projects, including the country’s first public housing units, rescued Cleveland, but the Depression ended the city’s growth. Although defense industries sustained its economy during World War II, Cleveland began to lose population to its surrounding suburbs. The loss was slow at first, then, during the 1950s and 1960s, the middle-class and working-class white population rushed to flee the second migration of southern blacks who had arrived during and after the war.

The shift of industry and commerce to the suburbs and the postwar deindustrialization of the national economy brought a crippling loss of jobs and tax monies. Neighborhoods and services deteriorated, and in July 1966, a race riot devastated the Hough inner-city area, causing four deaths and millions of dollars worth of property damage. Despite the election in 1967 of a black mayor, Carl B. Stokes, another outburst of racial violence occurred in July 1968. The city’s economy began the gradual transition to a service base, which did not provide adequate jobs or income for the city’s steadily declining population. Cleveland’s poverty rate, already well above the national average, continued to climb through the 1980s. Historians Carol Poh Miller and Robert Wheeler have concluded that “Cleveland not only shared America’s urban crisis, it epitomized it.”17

Cleveland has one notable geographical and historical peculiarity. The Cuyahoga River divides the city into east and west sides, which originally were separate political entities, Cleveland and Ohio City respectively, until their merger in 1854. Clevelanders still joke about the alleged cultural differences between the two sides of town. But nobody jokes about the fact that the East Side is predominantly black and the West Side predominantly white, and that consequently, Cleveland is reputedly the most racially segregated city in the country. This residential segregation has had serious political and economic consequences, such as the forced busing of schoolchildren. Segregation also means that black
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Table I.1
Cleveland Maternity Homes and Hospitals, 1855–1990

_Cleveland Infirmary_, 1855
  Cleveland City Hospital, 1889
  Cleveland Metropolitan General Hospital, 1958
  Cleveland MetroHealth Services, 1989

_The Retreat_, 1869–1936

_Stanley's Infant and Maternity Asylum_, 1873
  St. Ann's Loretta Hall, 1918
  DePaul Infant and Maternity Home, 1951
  DePaul Family Services, 1973

_Salvation Army Rescue Home_, 1892
  Booth Memorial Hospital and Home, 1923–87
  Mary B. Talbert Home, 1925–60
  Booth-Talbert Clinic, 1960–76
  Booth Home, 1987

_Florence Crittenton Home_, 1912
  Florence Crittenton Services, 1970

_Maternity Hospital_, 1917
  MacDonald House of University Hospitals, 1936

_Cleveland Federation for Charity and Philanthropy_, 1913
  Cleveland Welfare Federation, 1917
  Cleveland Federation for Community Planning, 1971

women living on the East Side have to travel four miles across the city for health care at the public hospital on the West Side, which may partially account for the city's very high black infant mortality rates. Although the use of the public facility by nonwhite, medically indigent women is not unique, the four-mile trip may be.

The Cleveland facilities that cared for unwed mothers have often changed their names. (See Table I.1.) When the city took over the small township poorhouse in 1855, it became the Cleveland Infirmary. In 1909, when the institution moved to the outskirts of the city, it became Farm Colony, then Cooley Farm. The medical department of the poorhouse in 1889 became an independent institution, City Hospital. In 1958 it was
renamed Cleveland Metropolitan General Hospital, and in 1989 the complex of health facilities became Cleveland MetroHealth Services.

Cleveland’s first private maternity home, the Retreat, was opened by the Woman’s Christian Association (later the Young Women’s Christian Association). The Catholic facility for unwed mothers began as St. Ann’s Infant and Maternity Asylum or Home, but in 1918 the separate facility for unmarried women became St. Ann’s Loretta Hall. In 1951 it was renamed DePaul Infant and Maternity Home, and from 1973 to 1983 it was called DePaul Family Services, indicating its shift to outpatient programs.

The Salvation Army Rescue Home became Booth Memorial Hospital and Home in the 1920s and then simply Booth Memorial Hospital, although the hospital housed both married and unmarried women. Booth Memorial Hospital was purchased by Cleveland Metropolitan General Hospital in 1987, but the Army maintained the city’s last residential program for unwed mothers at the Booth site. In 1925 the Army opened Mary B. Talbert Home for black women, which in 1960 was replaced by Booth-Talbert Clinic. The clinic closed in 1976.

In 1912 the National Florence Crittenton Mission opened a home in Cleveland, and when in 1970 the Cleveland Florence Crittenton Home changed its clientele to delinquent, nonpregnant adolescents, it changed its name to Florence Crittenton Services.

The most significant private hospital to provide medical care for unwed mothers was Maternity Hospital, which in 1936 was renamed MacDonald House of University Hospitals. The last agency that needs to be identified here was founded in 1913 as the Cleveland Federation for Charity and Philanthropy, whose goal was to systematize the policies and practices of the city’s myriad private agencies. After a 1917 merger with the Cleveland Welfare Council, the organization became the Welfare Federation, and in 1971, the Federation for Community Planning. It will be referred to here as the Federation.

Sources

Few institutions record, and fewer are willing to share, accounts of daily life within their walls: the dull, dreary routines or the out-of-the-ordinary and untoward incidents that might illuminate or enliven the historian’s account. Like most histories of institutions, therefore, this one focuses on their public faces, revealed through their public documents. Most are clearly self-serving. Many were intended to raise money or justify its expenditure. For example, in 1857 the superintendent of the Infirmary
blamed its escalating costs on the early onset of winter and the expenses of transporting idle transients out of town. Many documents emphasized successes: in 1905, the Salvation Army boasted that 90 percent of the 2,482 inmates received since the Rescue's founding had "proved satisfactory." Many accounts were partial: a Federation study of private maternity homes probably undercounted their infant or maternal mortality because the homes transferred their seriously ill clients to hospitals. In the 1920s and 1930s, feeling pressure from the Federation and from professional social workers, homes' public records occasionally adopted the language of social work, stressing the expertise of their own staff, for example. The jargon of psychoanalytic theory appears in homes' reports of the 1950s and 1960s. The language is deceptive, however; homes talked far more about new services than they provided them.

Nevertheless, some revealing records survive. The registers of the Cleveland Infirmary provide glimpses of life inside walls that housed not only pregnant women but men and women with syphilis, frozen feet, or "sore eyes," who were insane, intemperate, or just down on their luck. Births and deaths are also a matter of public record, and public reports contain helpful although sometimes puzzling information. In 1905 the Cleveland Public Health Department reported an astonishingly high mortality rate for the foundlings and illegitimate infants at St. Ann's: 145 deaths, compared with 3 at the Jewish Orphan Asylum, the city's largest orphanage with a population of more than five hundred. The statistics are probably evidence of an outbreak of infectious disease, not poor medical care provided by St. Ann's.

Other records contain hints about life within the institutions. The minutes of the board of managers of the Florence Crittenton Home during the 1910s painstakingly detail squabbles with local grocers over past-due bills; the 1968 board of trustees minutes record a break-in at the home even as the board discussed the dangers of the neighborhood. The archives of the Cleveland Catholic Diocese contain a stern letter to the sister superior of St. Ann's Hospital from the bishop of Cleveland because she challenged his appointment of a doctor to the hospital staff.

Because the Federation acted as a watchdog for Cleveland's voluntary agencies, its records sometimes contain unflattering comments. A frank letter from a Federation official to Maud Morlock at the U.S. Children's Bureau describes the matron at one of the homes as "the worst yet." The Federation, dedicated to research and professionalism, also collected invaluable data, including the most thorough study of the city's maternity facilities, the 1936 Bolt Report, which will be referred to often.

The sources also dictate that this history of social policy is less often
about the choices of female clients—unwed mothers—than about the decisions of female policymakers. We know a good deal about the women who wrote and signed the surviving reports, letters, and minutes of meetings. We know, for example, that the meetings of the Retreat and Florence Crittenton boards opened with a prayer (sometimes we even know what the Florence Crittenton board had for lunch). We know these women’s names and sometimes their addresses and occupations. Almost all of them were white, but they did not constitute a homogeneous group. The founders of the Retreat belonged to Cleveland’s social elite; the founders of the Florence Crittenton Home did not. The Catholic nuns and the Salvation Army officers belonged to different churches and probably came from different ethnic and socioeconomic backgrounds as well. In general, however, most of these women can be described as middle-class by virtue of their financial resources, which allowed them to pursue religious vocations, professional training, or volunteer benevolence.

We know almost nothing about the unmarried women who bore children unaided and unnoticed by public and private agencies. Their fates have been unrecorded and remain inaccessible to the historian. This study, consequently, deals only with those unwed mothers whose recorded dependency on public and private welfare agencies has made them visible. They were generally, although not exclusively, working-class. The clientele of the public hospitals were indigent, or they would have been somewhere else. Throughout the Depression, the inmates of maternity homes sometimes were factory workers and waitresses, but most were domestic servants, as were unwed mothers in other cities. (See Table 1.2.) Even after World War II, when the maternity home clientele became middle-class, unmarried women remained anonymous, because it was the homes’ policy never to record a client’s real name in order to hide her shame. There are no case records available, and in the surviving case studies, the women have only pseudonyms. Like most social welfare clients, these women were almost always literarily and figuratively inarticulate.

For the most part, we see and try to understand the unmarried women through the eyes of their middle-class benefactors, whose perspectives were sometimes distorted. For example, the early twentieth-century description of women pregnant out-of-wedlock as “feebleminded,” although derived in part from the contemporary vocabulary of intelligence testing, came in larger part from the class and ethnic differences that often made the tests incomprehensible to those being tested: “feebleminded” often meant someone who could not read English. In the same way, racial stereotypes shaped white women’s interpretation of black unwed motherhood, reflected even in the thinking of the respected
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Table I.2
CONFERENCE ON ILLEGITIMACY SURVEY
OF UNWED MOTHERS, 1914

Occupation at time of fall
14 no occupation (at home)
37 domestic
2 telephone girls
4 dressmakers
15 factory girls
9 waitresses
4 clerks

Earnings at time of fall
Average $8.88 per week
Maximum $12.50 per week
Minimum $6.00 per week

Religion
46 Catholic
48 Protestant
1 Jewish
1 Russian Catholic

Causes of Downfall
19 misplaced confidence
10 mental and moral weakness
2 bad company
2 bad home influence
1 lack of protection
1 propinquity following separation from husband
1 propinquity and lack of protection

Source: Conference on Illegitimacy, May 25, 1914, FCP MS 3788, container 21, folder 516, WRHS.

experts at the U.S. Children’s Bureau: “Illegitimacy among Negroes . . . must be studied . . . in relation to . . . social and economic conditions,” specifically “laxness of marriage relations.”

Middle-class distortions were compounded by the deliberate deceptions of working-class clients. Certainly they lied, telling matrons or social workers that they were domestic servants because “barmaid” or “occasional prostitute” would not have gained them the shelter and medical care they needed.

We do find a few authentic voices. In interviews done for her master’s thesis in social work, Mabel Mattingly carefully recorded some women’s
responses. Most mothers told her that they had become pregnant after repeated sexual intercourse with a long-time sexual partner, whom they had “liked . . . at least at the time.” The women also recounted some unpleasant memories of maternity homes, such as the smells of the laundry and the burden of caring for numerous babies: “One girl ran away from the institution because she couldn’t bear the thought of doing the same job, in the same way, and at the same time each day.” Another, however, recalled that “she had found her salvation” in her work at the home. Mattingly also includes an eloquent letter written by an unwed mother to her social worker: “I shall never forget all you did for the baby and me. I can just say that it was what a real mother would do for a daughter of her own whom she loved very dearly.” The Salvation Army Rescue occasionally published appreciative letters like this one: “I thought I would write you a letter this evening to let you know how I am getting along. I am striving hard to be good. . . . Adjutant, I know Jesus will help me to conquer my tongue. I do want to get the victory over it. . . . Do pray for me, Adjutant.” The Florence Crittenton Home scrapbooks contain fond notes from former residents, as well as proud birth and wedding announcements; some women regularly returned to the home for its June fund-raiser. The DePaul Home papers include a few monthly newsletters written at the home in the early 1970s. In them, girls spoke affectionately of each other and of the staff, but with great pathos about giving up their infants for adoption: “Make the most of the little time you have left here. Appreciate your baby while you still have her. . . . The hardest time you will have is when you must . . . give them your baby. I know it was the hardest thing I ever did in my whole life. . . . Please pray for me and my baby. I need God’s help so much now.”

Because the unwed mothers too seldom speak for themselves, I have included as much descriptive and anecdotal material about them as possible in order to capture their individuality, if not their voices, and to allow them to become actors in this story. Here is a woman whose actions say more about her than did the exasperated social worker who wrote the account: “This woman of good American stock, a woman of 25 years of age now, is of normal intelligence and healthy. Under proper influences, her behavior is socially acceptable. She has been pregnant five times, had two miscarriages, and placed her three children up for adoption. All confinements had been in Cleveland maternity homes. The social agencies had known her. . . . [S]he had married the father of her first child, but he had not provided a home, and he was not the father of the other two children. The father of one child was colored, and the father of the other Jewish. While one social agency was attempting to follow her up on two separate cases reported, she was being confined in a maternity
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home for the second time under a different name. The case work agency never did catch up with her. At Probate Court two separate cases on her children were being investigated when it was discovered she was one and the same mother going by different names.”

WOMEN AND SOCIAL POLICY

Two of the most important leaders in this work were male, William Booth and Charles Crittenton, founders of the largest chains of homes for unwed mothers. Generous gifts from male philanthropists and financial aid and moral direction from Catholic bishops supported maternity homes decade after decade. But within homes and hospitals in Cleveland and elsewhere, women—founders, boards of managers, volunteers, matrons, nuns, nurses, and social workers—admitted and dismissed inmates, established rules and routines, cared for children and mothers, and managed the day-to-day operations that made institutional life livable or at least bearable.

Like other social policymakers, these women simultaneously “preach[ed] compassion and stress[ed] deterrence.” Genuine compassion prompted the establishment and shaped the administration of the scores of institutions for unmarried mothers. Women provided temporary and sometimes long-term housing and necessary medical attention for mothers and infants. They were well aware of the other, grim options: public humiliation, infanticide, illegal and dangerous abortion, prostitution, homelessness, and almost certain destitution for the mother, and for the infant, perhaps abandonment, the disgrace of bastardy, poverty, or even infanticide.

Deterrence was also a primary goal. The prescribed regimen of the homes—long confinements, religious instruction, domestic chores, rigid rules—was undeniably restrictive. At least until very recently, workers at facilities for unwed mothers would have freely admitted that they were trying to control their clients’ behavior and prevent additional illegitimate pregnancies.

Although it was an obvious attempt at social control, the work of these middle-class women, while perhaps intellectually or spiritually empowering for them as individuals, did not empower them as a group. Like much women’s work, theirs was private and domestic, done inside the walls of institutions, unpaid or ill-paid. Even within the closed universe of the homes, there were failures. In 1872 the Retreat board noted sadly: “Some [women] have returned to their former lives of sin, tis true, and that is the experience of every such institution [as ours].” In 1915 the
### Table I.3

**Information on Unmarried Mothers Reported Having Two or More Children, 1936**

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Color</th>
<th>Religion</th>
<th>Occupation</th>
<th>Places of Confinement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First</td>
</tr>
<tr>
<td>1</td>
<td>16</td>
<td>W</td>
<td>Protestant</td>
<td>Student</td>
<td>Booth</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>N</td>
<td>Protestant</td>
<td>At home</td>
<td>City</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>W</td>
<td>Catholic</td>
<td>At home</td>
<td>Retreat</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>N</td>
<td>Protestant</td>
<td>At home</td>
<td>Talbert</td>
</tr>
<tr>
<td>5</td>
<td>19</td>
<td>W</td>
<td>Catholic</td>
<td>Waitress</td>
<td>Mansfield</td>
</tr>
<tr>
<td>6</td>
<td>19</td>
<td>W</td>
<td>Catholic</td>
<td>Factory</td>
<td>St. Alexis</td>
</tr>
<tr>
<td>7</td>
<td>19</td>
<td>W</td>
<td>Catholic</td>
<td>Waitress</td>
<td>Own home</td>
</tr>
<tr>
<td>8</td>
<td>19</td>
<td>W</td>
<td>Protestant</td>
<td>At home</td>
<td>Retreat</td>
</tr>
<tr>
<td>9</td>
<td>20</td>
<td>W</td>
<td>Protestant</td>
<td>Unemployed</td>
<td>Retreat</td>
</tr>
<tr>
<td>10</td>
<td>20</td>
<td>W</td>
<td>Catholic</td>
<td>Domestic</td>
<td>Miscarried</td>
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<tr>
<td>11</td>
<td>20</td>
<td>N</td>
<td>Protestant</td>
<td>At home</td>
<td>Talbert</td>
</tr>
<tr>
<td>12</td>
<td>20</td>
<td>W</td>
<td>Protestant</td>
<td>Factory</td>
<td>Booth</td>
</tr>
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<td>21</td>
<td>W</td>
<td>Protestant</td>
<td>At home</td>
<td>Hospital</td>
</tr>
<tr>
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<td>W</td>
<td>Catholic</td>
<td>Domestic</td>
<td>St. Ann’s</td>
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<td>Catholic</td>
<td>Waitress</td>
<td>Toledo</td>
</tr>
<tr>
<td>16</td>
<td>21</td>
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*Source: Committee on Unmarried Mothers, Oct. 19, 1936, FCP MS 3788, container 33, folder 829, WRHS.*

Florence Crittenton matron puzzled over what to do with "a young woman with a second illegitimate baby who shows no disposition to work or even to be of any service in the household . . . and is back with her original bad companions and seems altogether indifferent." 32 The Federation in 1936 discovered women who had multiple illegitimate pregnancies. (See Table I.3.) Many of these second- and sometimes third-
time offenders had earlier been confined to maternity homes where they had obviously refused to be reformed.33

Women workers certainly did not have power over men, who continued to make the important financial and policy decisions for every institution examined in this book. The Cleveland Infirmary was run by a male superintendent who took his orders and funds from the men in the city council or the mayor's office. The Retreat, perhaps the most autonomous of all the institutions, was even so financially dependent on male philanthropists. The Florence Crittenton Home's female board of managers had to beg for grocery money from the male board of trustees, just as the Sisters of Charity had to beg the bishop of Cleveland for subsidies and do the bidding of doctors whom the bishop appointed. At City Hospital male doctors headed the obstetrical staff and male politicians allocated crucial funding. In the Cleveland Federation the social workers were mostly women; the Federation's director, however, was male, and the Federation controlled much of the homes' funding. The most prominent women in this story were the social work professionals at the U.S. Children's Bureau, a federal agency with a small budget and only investigative powers, under the direction of the male-headed Department of Commerce and Labor.

The unwed mothers themselves may have occasionally frustrated their middle-class benefactors, but they too were clearly less powerful than men. Too many sources describe the women as seduced and abandoned by deceitful men to dismiss the characterization as a middle-class distortion or working-class deception. This description appears first in late-nineteenth-century promotional materials for the maternity homes that abound with tales of "romance, ruin, and rescue," and it surfaces again and again. At the 1917 National Conference on Social Work, a trained caseworker for the Cleveland Humane Society described "Martha" to the audience: "[She was] of American parentage, neatly and modestly dressed, and altogether pleasing in appearance. She was unmarried and the mother of a perfectly normal baby two months of age. . . . [S]he had left her home in a small town in Virginia . . . [and] had first been employed at housework in Cleveland, but just previous to her confinement worked as a marker in a laundry. She told us that she had the father of her baby arrested, but for some reason she could not explain, nothing came of it. He disappeared after giving her fifty dollars. She described him as a sturdy American, four years her senior, and a carpenter by trade." Half a century later, a social worker for Cleveland's Children Services, the descendant of the Humane Society, discovered that the "majority of the clients confided in the father first, telling him of the preg-
nancy,” and that they continued to “hold out hope for marriage” as long as possible, coming to the agency for help only after the men refused to marry them.34

This is not to deny the scattered evidence of a more entrenched illegitimacy found, for example, in the Federation Bolt Report. Occasional case studies describe unwed mothers who were illegitimate themselves or who had sisters who bore children out-of-wedlock. An example would be one “American girl, 19 years old,” who bore two illegitimate children, the first of which was taken from her and died in an institution. Angry and resentful because her family had not institutionalized her sister’s illegitimate child, the young woman refused to care for her second child until a social worker talked with her and the police charged her with neglect.35

Like most women’s history, this study is less about power than about degrees of powerlessness. The American social welfare system not only distinguishes between the undeserving and deserving poor but rewards those with power and punishes those with none. Public and private social policy and practice have often penalized most heavily those women who have obviously violated sexual norms and provided least not only for them but for their caretakers.

Powerlessness is not the whole story. Both groups of women were able to use the system to their advantage. Middle-class women, church members, nuns, Salvation Army lassies, volunteers, and social workers kept alive a religious mission in a secular age, maintained nineteenth-century institutions into the twentieth, and at the very least kept themselves employed. Similarly, unwed mothers succeeded in getting outdoor relief from the city, mothers’ pensions from the state, and ADC/AFDC, despite all efforts to make it impossible. Women weren’t enticed or coerced into maternity homes and hospitals, but they used private and public facilities as temporary way stations or medical facilities for themselves and their children. Even dependent, unwed mothers were resourceful enough to care for themselves and their children.

**IN AND OUT OF THE SOCIAL WELFARE MAINSTREAM**

The development of national social welfare policies and practices from the mid-nineteenth to the late twentieth century will provide a rough chronology for this study. Each of the Cleveland institutions receives a separate chapter, but each also operated within the larger context and in conjunction with national organizations: the National Conference on Charities and Corrections and its later manifestations, the National
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Conference on Social Work and the National Conference on Social Welfare; the Young Women's Christian Association; the National Florence Crittenton Mission; the Salvation Army; and the Conference of Catholic Charities. Each chapter focuses on the local institution that best illustrates the ways in which care for unwed mothers conformed to and deviated from mainstream social welfare policy as it was applied to other dependent groups.

Chapter 1 describes the Cleveland Infirmary or poorhouse, built in the mid-nineteenth century when the only public responsibility for dependence was borne by the local government, in accordance with custom and statute inherited from seventeenth-century poor law. Like government itself, that responsibility at first was minimal: to provide enough outdoor relief to stave off starvation. However, a commercializing economy and a surge of European immigrants to American cities multiplied the number of destitute people during the first third of the century, prompting Americans to search for a better remedy for dependence. That remedy was institutionalization, shelter within a public facility for the absolutely destitute where material sustenance could be combined with moral improvement that would prevent further reliance on local taxpayers.

The Cleveland Infirmary was one of scores of public institutions founded throughout the country during this period. The Infirmary housed growing numbers of the city's destitute and homeless, including some unwed mothers. Because Americans made little distinction between dependence and delinquency, women pregnant out-of-wedlock initially received the same treatment as did male inmates. By the last decades of the century, as welfare reformers argued for an end to the undifferentiated poorhouse, mothers, most of them unmarried, were removed from the Infirmary and it became a home for elderly men. Subsequently, there have been in general no public funds to shelter unwed mothers.

Denied long-term care at public facilities like the Infirmary, Cleveland's unwed mothers became the special responsibility of private sectarian refuges and maternity homes such as the Retreat, the subject of chapter 2. Throughout the nineteenth century, churches were significant welfare providers, especially in the nation's cities, where rapid industrialization created vast economic opportunity and great poverty in the post--Civil War decades. The century's powerful religious impulses, fanned by waves of revivalism and sectarian rivalries, culminated in the last third of the century in the proliferation of evangelical social welfare institutions. Their mission was to rescue destitute co-religionists and proselytize everyone else. Of particular concern were dependent children, whose religious conversion would ensure the future of the faith, and
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“fallen women,” with whose sexual exploitation middle-class evangelical women could empathize. Institutions that sheltered women became women’s work.

The Retreat typified this female evangelical benevolence. Founded and administered by middle- and upper-class members of the Woman’s Christian Association (and financed by their fathers and husbands), the Retreat sought to rescue its clientele—at first prostitutes and then unmarried mothers—through conversion to Christ within the cloistered walls of the home. Unlike the care of children, which began to move out of sectarian institutions and to receive significant public funding, the care of unwed mothers remained the province of women and private, church-related organizations. Although the Retreat closed in 1936, the other Cleveland maternity homes remained privately funded, committed through the 1980s to their original goal of spiritual reclamation through long institutionalization.

Chapter 3 focuses on the professionalization of social work as it gathered steam in the 1910s. The growth of professionalization is illustrated by the changing relationship between the Cleveland Florence Crittenton Home and the Cleveland Federation. Professional social work emerged from the same social and economic disorder of the early twentieth century that spawned Progressive reformism. The graduates of the first social work schools did in fact hope to reform existing social welfare practices by remedying the haphazard delivery of relief and services by sectarian private agencies such as the Retreat and the corruption of local welfare systems such as Cleveland’s. These early social workers were mostly women, and child-saving became a paramount interest of theirs as well as of Progressive reformers in general.

The Cleveland Crittenton Home opened in 1912, almost simultaneously with the founding of the Federation, which sought to professionalize the staffs and practices of social agencies. Initially the pious volunteers and matrons of the maternity homes and the new Federation-endorsed professional caseworkers agreed on strategies and goals. In the late 1930s and early 1940s, differences emerged, stemming from the rescue work tradition of the maternity homes and the child-saving orientation of professional workers. The Crittenton Home nevertheless evaded Federation pressures through much of the post-World War II period and retained historic practices at odds with social work standards. When the goal of the Crittenton Home and the goals of professional social workers diverged too widely in the late 1960s, the Federation ended the home’s life as a shelter for unwed mothers.

Chapter 4 describes a simultaneous version of the professionalization of social policy, the medicalization of childbirth, best exemplified by
the institutional development of St. Ann's Infant and Maternity Asylum. Since the colonial period, home had been the birth setting preferred by both women and doctors. Hospitals, like poorhouses, initially were places for poor people without homes, and early lying-in hospitals sheltered mostly poor and unmarried mothers. Hospital childbirth, therefore, was correctly identified with sexual immorality and even more correctly with disease, especially puerperal fever. In the first decades of this century, doctors became convinced of the professional and medical advantages of hospital care, and hospital administrators became convinced that private patients must pay the rising costs of that care. When middle-class women became convinced that hospitals and doctors were both safe and respectable, childbirth moved from home to hospital. In 1930 the majority of Cleveland women giving birth did so in hospitals.

St. Ann's was founded as a charitable shelter for destitute unwed mothers, one of scores of Catholic social welfare institutions including hospitals, orphanages, and schools administered by thousands of Catholic nuns. During the 1910s and 1920s, St. Ann's spawned a separate maternity hospital where middle-class married women could receive the best of medical care from professionally trained doctors and nurses. For unwed mothers, housed after 1918 in a separate facility, childbirth remained an occasion for spiritual reclamation under the direction of nuns, not a medical event under the direction of doctors. The postwar psychiatric interpretation of unwed motherhood as symptomatic of personality disorder merely added the patina of medical expertise to what remained essentially a moral and religious rather than a medical assessment of pregnancy out-of-wedlock.

Chapter 5 is the story of the Salvation Army Rescue and especially Mary B. Talbert Home for black women. Mary B. Talbert illustrates the ways in which twentieth-century white social policymakers tried to solve the problems created by a black clientele. In the late nineteenth century, social welfare institutions for blacks were separate and unequal, reflecting contemporary racist ideas and practices. In response the black community, especially black clubwomen, struggled to serve their people by building their own institutions. However, the great migrations of blacks to northern cities during the first and second world wars taxed to the limit the abilities of the private sector, black and white, to provide adequate care. Although segregationist policies were retained by private social welfare agencies even through the second postwar period, these policies were mitigated by the diminished importance of institutional care for most dependent populations.

Initiated by the Cleveland Council of Colored Women, the Mary B. Talbert Home was administered by the Salvation Army, a church recep-
tive to the spiritual needs of black Americans but susceptible also to the racist ideas and practices of the white social work establishment. Segregation at Mary B. Talbert was standard social welfare practice. Moreover, white assumptions about black women's sexual mores outweighed traditional assumptions about the desirability of institutional care for unwed mothers, guaranteeing that the segregated home would never adequately serve black women. In 1960 the Federation closed Mary B. Talbert, and it was replaced by outpatient services for women pregnant out-of-wedlock. The closing thus marked the effective end to the institutionalization that had been the private sector's historic solution to unwed motherhood.

By the 1960s, Cleveland's public hospital, the subject of chapter 6, had become the city's largest single provider of health care to unwed mothers, many of them black. The story of this hospital best illustrates the ways in which responsibilities for relief and health care have shifted from the private to the public sectors during the twentieth century. Public hospitals and local governments were the primary providers of financial and medical aid to the urban destitute, but private hospitals and private relief agencies also played important welfare roles during the first decades of the century. During the Great Depression, however, private agencies and institutions could not handle the sustained economic emergency. The New Deal then (briefly) provided relief, and public hospitals supplied increased medical services to more people. During the 1960s, expanded funds for relief and health care—AFDC and Medicaid—provided more but never adequate public aid for the dependent.

Cleveland's city hospital began as the city poorhouse, and it retained much of its almshouse flavor because it was forced to care for the indigent at the least possible expense to taxpayers. Among the indigent were unwed mothers. During the 1930s, when private maternity homes and hospitals began to abandon charitable patients, this public facility delivered greater numbers of illegitimate children, especially to black women. By the early 1960s it became the largest home for unwed mothers, just as its parent Infirmary had been in the mid-nineteenth century. Here at the public hospital where patients were not only poor and nonwhite but sexually delinquent, they received again the ungenerous and politically vulnerable care of the old poorhouse.