Changing Faces of Unwed Motherhood: The Salvation Army Rescue and Mary B. Talbert Home, 1892–1990

[Salvation Army] Major Van Der Schouw says she has a colored girl only 14 years old with a baby eight months old. Her mother . . . cannot take the baby into her home but will take her daughter back. She wants the girl to wean the baby and find a boarding place for it.

In 1915, when the matron of the Salvation Army Rescue presented this unusual case to the Federation Conference on Illegitimacy, the Rescue was the only Cleveland maternity home that admitted black women, and very few applied. A decade later, the Army opened its second Cleveland facility, Mary B. Talbert Home, for black women only. This segregated and inadequate facility became less able to serve its growing clientele in the post–World War II period. Talbert Home closed in 1960, replaced by an outpatient clinic. In 1990, the Army maintained the city’s last home for unwed mothers at its Booth Hospital; its small size represented an effective end to maternity home care in Cleveland.

Cleveland’s Talbert Home is a striking illustration of the separate and unequal provision for black Americans by white social policymakers. At this home, inequities were guaranteed when racist assumptions about black illegitimacy were combined with gender-derived traditions of caring for unwed mothers. Ultimately, a black clientele would change those traditions.
BLACK AMERICANS AND SOCIAL WELFARE

After emancipation, social welfare policies provided little for freed blacks. White neglect was countered by black self-help, often initiated by black, middle-class women whose welfare goals resembled those of their white counterparts.

As federal reconstruction ended in 1877, historic American racism revived. The belief in the inherent superiority of whites was behind a foreign policy that expanded beyond the territorial boundaries of the United States at the expense of nonwhite populations in the Pacific and around the Caribbean. Domestic policies excluded Orientals, segregated American Indians on western reservations, and ghettoized southeastern European immigrants in urban slums.

Racism also shaped social welfare practices. In the South, where most blacks lived, local officials provided separate and unequal poorhouses and insane asylums and minimal outdoor assistance. In the North, public poorhouses only occasionally admitted blacks: very few appear on the registers of the Cleveland Infirmary or elsewhere. There were striking disparities in the provisions for black and white children. In 1883, 78 percent of child-care institutions admitted only white children; 19 percent of the total claimed to take both white and nonwhite children, but probably sheltered no more than one nonwhite child. Only 9 of the 353 institutions were for black children. By 1910 there had been little improvement: only 52 of 1,151 child-care institutions across the country were for nonwhite children; the few integrated institutions were probably public facilities such as the Ohio county children's homes.

Blacks, therefore, organized their own social services. As was the case for whites and especially for Catholics, churches and church-related organizations such as benevolent societies were the most important welfare providers, distributing relief to members, doing mission work in slums and jails, and supporting a few institutions such as orphanages, hospitals, and homes for the aged. Institutions, however, were expensive, and the great untaxed fortunes of men like Charles Crittenton had few counterparts among blacks.

By the early twentieth century, black charity work was dominated by the black women's club movement, particularly by members of the National Association of Colored Women (NACW), founded in 1896. The impetus for the NACW lay partly in the segregationist policies of national women's organizations such as the General Federation of Women's Clubs or the YWCA, but also partly in the years of experience and expertise gained by black women in charitable and benevolent activity within their
local churches. The NACW’s leadership, drawn from the black elite, was well-educated and at least middle-class; many had wealthy husbands and some, although married, had careers or professions.

The NACW shared with the YWCA the conventional beliefs in women’s moral superiority and social responsibilities. The first NACW president, Mary Church Terrell, told the organization’s 1897 convention that black women should aid their own people because they were “the mothers, wives, daughters and sisters of [the] race.” Consequently, NACW clubs sponsored a wide variety of welfare activities and institutions, including homes for the aged, orphanages, kindergartens, day nurseries, vocational classes, and employment bureaus. In 1896, black women in Cleveland established the Home for Aged Colored People (later renamed the Eliza Bryant Home).

Of particular concern to middle-class clubwomen was the protection of black working women, who were far more likely than white women to be sexually exploited. Their exploitation was rationalized by prevalent stereotypes about black female sexual promiscuity and immorality, openly expressed in the racist climate of the turn of the century. An American journalist’s characterization of all black women as prostitutes inspired the first national black women’s conference in 1895, which proclaimed: “Now with an army of organized women standing for purity and mental worth, we in ourselves deny the charges . . . not by noisy protestations of what we are not but by a dignified showing of what we are.” This conference laid the groundwork for the NACW, which always felt compelled to defend the black woman’s reputation against charges of sexual immorality.

Like white women’s groups—and with much of the same elitist desire to impose their own sexual norms on lower-class women—NACW clubs founded agencies and institutions to provide safe shelter for black women, especially those new to city life. An early example was the White Rose Industrial Association of New York, whose purpose was “to establish and maintain a Christian non-sectarian Home for Colored Working Girls and Women, where they may be trained in the principles of practical self-help and right living.” The National League for the Protection of Colored Women had branches in several eastern cities, and other women’s organizations founded homes for working women who were excluded from local YWCAs. In 1898 black women in Atlanta organized a segregated Florence Crittenton Home, which received enthusiastic support from a local minister: “The shameless districts should be regularly canvassed and a way of escape be made for every erring girl that wants to lead a pure life.”

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THE SALVATION ARMY AND "Hallelujah Females"

The Salvation Army's attempts to proselytize black Americans made it unique and innovative among late nineteenth-century evangelical Protestant churches. However, its attempts to rescue unwed mothers, black and white, remained traditional women's work.

From its American beginnings the Army made ambitious efforts to recruit black members, launching in 1885 a "Great Colored Campaign and Combined Attack upon the South."11 Although black indifference and white hostility prevented much success during these years, the Army persisted in its mission. Black leader Booker T. Washington praised the Salvation Army: "I have always had the greatest respect for the work of the Salvation Army, especially because I have noted that it draws no color line in religion."12

Like the YWCA, the Army was the creation of British evangelical benevolence. And like the National Florence Crittenton Mission, its founder, William Booth, was a city missionary who inadvertently became a social worker. But Booth had a more compelling vision than Charles Crittenton or the WCA prayer groups. The church Booth founded in 1865 in London—first called the Christian Mission and renamed the Salvation Army in 1878—actually fulfilled the dream of late-nineteenth-century missionaries to "evangelize the world" in his own lifetime. By 1900 there were Salvation Army corps in Wales, Scotland, Ireland, France, Switzerland, Australia, India, South Africa, Ceylon, and the West Indies. Cleveland was the site of the first Salvation Army attack on American sin. The small mission established by British cabinetmaker James Jermy, an associate of Booth's in the London Christian Mission, survived only from 1872 to 1876.13

Four years later, when Commander George Scott Railton and seven "Hallelujah females" disembarked in New York City, conditions in the United States were ripe for the Salvation Army.14 The street preaching of American evangelicals such as the YMCA and the city missions of established Protestant denominations had left much of the urban population untouched and unchurched. The cities' dispossessed, the tramps, vagabonds, and alcoholics, eagerly listened to the Army's message that Christ would save their souls while the Army saved their bodies. The Army's colorful uniforms and lively bands attracted crowds and converts to the "Great Salvation War."15 After the Army returned to Cleveland in 1883, its open-air meetings were described with amused condescension by the Cleveland Plain Dealer: "A tall, stout man, fantastically attired, was exhorting sinners to repentance at the top of a powerful pair of lungs, and
CHANGING FACES OF UNWED MOTHERHOOD

drawing the most lurid pictures of the place of everlasting torment.” However, the Army quickly won over several corps of recruits and established its social service programs of street preaching, jail visitation, and outdoor relief. By the end of the 1880s the Army had gained a foothold in forty-three states.16

The Salvation Army’s solution to all secular problems was, and is, religious conversion. Booth maintained: “Our specialty is getting saved and keeping saved and then getting somebody else saved” so that an intensely personal religious experience assumes a larger social purpose, “religious salvation through social service.”17

Because Salvationists believed that sin and error originated in human nature, not in the external world, they had no quarrel with the economic or political status quo. The Army’s mission of saving the poor without damaging the rich appealed to many American philanthropists and politicians. Although the Army’s symbol was the “lassie” with the Christmas kettle for small contributions, the organization also got financial support from wealthy men such as Clevelanders John D. Rockefeller, Mark Hanna, and Myron T. Herrick, as well as political endorsements from prominent public figures like Theodore Roosevelt (“I thoroughly believe in a brass band”).18

Women always outnumbered men in the Army, both as officers and as foot soldiers.19 “My best men are women,” Booth admitted. He had been surprised in 1860 when his wife, Catherine, persuaded of her own call to preach, unexpectedly rose and took over the pulpit from her husband, her first step on a long and successful career as a preacher. Catherine Booth, convinced even as an adolescent of women’s spiritual and intellectual equality, was inspired in 1859 by American evangelist Phoebe Palmer to write her own influential pamphlet, “Female Ministry; or, Woman’s Right to Preach The Gospel.” In it she attempted to refute arguments against women’s preaching derived from the Bible and from custom by invoking familiar and reassuring ideas about womanhood: “We have numerous instances of [woman] retaining all that is most esteemed in her sex and faithfully discharging the duties peculiar to her own sphere, and at the same time taking her place with many of our most useful speakers and writers. . . . [Women ministers] have been amongst the most amiable, self-sacrificing, and unobtrusive of their sex.”20

The rare opportunity to preach as well as practice the gospel may explain the preponderance of women in the Army: in 1896, at least one thousand of the Army’s 1,854 officers were female.21 Two of William Booth’s daughters were commanders of the American Army: Emma Booth-Tucker, “the Consul,” with her husband, Frederick St. George

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deLautour Booth-Tucker; and Evangeline Booth, commander of the American organization from 1904 to 1934.

Evangeline Booth, the symbol of the Army to much of the American public, became so prominent a female evangelist that she delivered the invocation at the 1932 Democratic convention. Like her mother an advocate of sexual equality, Evangeline also entertained conventional ideas about women’s work. “In the Salvation Army,” she wrote in 1930, “we see the summation of the woman’s movement, her equal status with man in social and spiritual and intellectual responsibility, her readiness to find a greater happiness in service than any selfish pleasure could have afforded. . . . The hospitals and homes for mothers, deserted by those who should have been at their side as partners in parenthood, the hotels for working women, the visitation of women in prisons, the bureaus of employment, the young women’s residences . . ., these are only some of the agencies which are conducted by the women officers of the Salvation Army.”

In 1934 Evangeline became the fourth general of the Army and the first woman to hold the post, illustrating Army women’s important but still secondary role. Even today, although they receive similar training, women do not receive equal pay and have been less likely than men to be promoted to leadership positions. Army officers, male and female, can marry only other officers, and female officers assume their husbands’ ranks and are expected to follow their husbands’ assignments rather than their own.

Women directed many of the Army’s social service programs and headed the Women’s Social Service Department. (There was also a Men’s Social Service Department.) In the United States and Britain, the Women’s Social Service Department grew out of the Army’s rescue work, which became the department’s chief responsibility, although it also administered day nurseries and homes for children and working women. Female officers headed the Army’s homes for unwed mothers (and later hospitals), serving, like Protestant matrons and Catholic nuns, as spiritual exemplars for fallen women.

The rescue homes were the Army’s most successful institutions. Its first home, in New York City, announced this intention in 1886: “The Rescue Home for the fallen and the falling is now opened for young women who desire and are earnestly seeking the salvation of their bodies and souls.” By 1920 the Army administered twenty-six such homes.

The Army opened its Cleveland home, the Rescue, in 1892 when Colonel Mary Stillwell made an impromptu but successful plea for funds after the brass band scheduled to entertain a mass meeting was detained.
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Pairs of female officers, emboldened by their faith that “God has given his angels charge concerning them,” then searched through the city’s slums and red-light districts, finding many women in desperate straits. “One young girl, 17 years of age, wept bitterly when the Rescuers prayed behind a saloon, and said it reminded her of her childhood days.”

Beneath the Army’s religious rhetoric, its annual reports provide some empirical evidence of the poverty and family disruption of urban working-class women: “The average age of the 12 girls now in the Home is 21 years. One girl, 17 years of age, has been in the workhouse twice, and in the dungeon of the workhouse several times for bad conduct while in there. Another fell at 13: has been in jail several times. Married at 15. Can neither read nor write. Another fell at 17. Her family deserted by her father when she was only 8. Mother a drunkard.” This 1893 report also included a rare public allusion to abortion: “[The young woman] was a very bright girl, 20 years of age; deceived under promise of marriage and cruelly deserted. . . . She had determined to take her own life but delayed and consulted a physician as to a criminal operation. He very wisely advised her to come to our Home.” (The story ended happily when the young woman converted and later married her deceiver.)

Like the other homes, the Rescue sought the fallen woman’s conversion to Christ, glorying in the women who became Army recruits, “workers for the Master” and “dedicated to God and the Army.” The Rescue also employed the traditional strategies for reclamation: prayer meetings, Bible readings, the Christian example of matrons (who were Army officers), training in domestic skills, and lengthy confinement of mother and child.

The institutional development of the Cleveland Rescue also paralleled that of other homes. Its first inmates probably were prostitutes or would-be prostitutes. Many of the rescued women stayed only briefly at the home, and many were not pregnant. By 1907, however, the home, describing itself as a maternity home as well as a rescue, boasted of its hospital department with a generous doctor who donated his services. Like St. Ann’s, the home then became a hospital, in 1923, with the new medical orientation acknowledged by a name change to Booth Memorial Home and Hospital. The hospital took paying patients by 1929, but most mothers paid little or nothing. In 1930 the Army moved the hospital to East Cleveland. The old building became the site for the Talbert Home.

The Army’s social service institutions for blacks were generally segregated. In 1917 the Army opened the Evangeline Booth Home for black unwed mothers in Cincinnati, where the Army already maintained a home for white women. Evangeline Booth Home, although intended
for charity patients, also gave black physicians a place to deliver their private patients. This segregated home would be a model for Cleveland's Talbert Home.

Cleveland's Mary B. Talbert Home, 1925–1939

Despite the efforts of welfare reformers during the Progressive period, institutions were still a chief means by which Cleveland's private agencies coped with dependency. When the Army opened the Talbert Home in 1925, most Cleveland welfare facilities did not admit blacks.

Most Cleveland institutions were sectarian, founded before the turn of the century when the city's small black, middle-class population—slightly more than 1 percent of the city's total—was of little concern to social agencies. Through the 1920s thousands of Southern black immigrants migrated to Cleveland and other northern cities. Unused to urban life and often destitute, they found that private agencies made few efforts to help them. For example, in 1923, although 20 percent of private child-care agencies across the country had a policy of admitting children of both races, no private child-care institutions in Cleveland admitted black children, and there was no public children's home in Cuyahoga County. As late as 1930, Cleveland's noted black author Charles Chesnutt reported: "No colored children are received at any Cleveland orphan asylum. . . . None of the 'old folks homes,' male or female, are open to Negroes, except the Cleveland Home for Aged Colored Persons [the Eliza Bryant Home]." Exclusion from private institutions meant hardship when the private sector still spent little on outdoor relief and the public sector spent almost nothing.

For a number of reasons the city's black community did not establish its own institutions, except for the Eliza Bryant Home. Some black leaders opposed separate black facilities, preferring to push for integrated facilities. Two separate attempts to open a settlement house for blacks failed because of disagreement within the black community over whether the facility should be segregated. In addition, institutions may have cost too much. Efforts to raise money for a black hospital failed, even with the endorsement of black leaders.

The problem of providing services for blacks without integrating white facilities was solved by the establishment of separate institutions for blacks such as Cleveland's Phillis Wheatley Association. This residence for black working women, named for the first American black poet, was opened in 1911 by Jane Edna Hunter, a Southern migrant and
an admirer of Booker T. Washington's philosophy of self-help. When Hunter discovered that black women were not permitted to live at the YWCA, she founded this separate facility over the protests of some black leaders. She received funds from the white community, particularly from YWCA board members, and in return was forced to include whites on Phillis Wheatley's board of trustees. The Phillis Wheatley Association would be the local model for Mary B. Talbert: a segregated institution, financially controlled by whites, with nominal aid from the black community.

Hunter realized, as had the black clubwomen, that black women migrants to the city experienced the same cultural and familial dislocation that had made earlier newcomers sexually exploitable. Rural customs of premarital intercourse persisted without guarantees of marriage or even stable cohabitation with male sexual partners, who often were unable to find steady work. Women's sexual vulnerability was further compounded by the prevalent stereotypes about their promiscuity and especially by their poverty. The safe and inexpensive housing at the Phillis Wheatley Association would shield women from premarital sexual activity and unwed motherhood.

Rising illegitimacy rates accompanied the black urban migration. The U.S. Children's Bureau in 1920 found that illegitimacy rates for black women in cities like Baltimore, Washington, D.C., and Philadelphia were higher than the national average. However, the Cleveland Conference on Illegitimacy displayed little interest in black women in its early years. Summary data conscientiously reported "nativity" of unwed mothers served at member agencies in 1914, but there is no mention of "colored" women. In 1921 and 1922, the conference noted uneasily the growing numbers of illegitimate births to black women, and in 1923 recorded that 100 of 446 registered illegitimate births were to black women. (See Table 5.1.) Only fourteen were delivered at maternity homes: five at St. Ann's and nine at the Rescue. Neither the Florence Crittenton Home nor the Retreat accepted black women.

The conference was torn between accepted ideas about black illegitimacy and accepted ideas about maternity home care. On the one hand, conference members shared the popular belief that shaped policy for another four decades: that illegitimate pregnancy was more readily accepted by blacks than by whites and that black unwed mothers therefore were less in need of the sheltered setting of the maternity home. Stereotypes about the sexual permissiveness of black women may have been implicit, but assumptions about black illegitimacy seemed to be supported both by the available Cleveland data and by the 1920 statistics and analysis of the U.S. Children's Bureau. The authors of the analy-
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Table 5.1
REGISTERED ILLEGITIMATE BIRTHS, BY RACE,
CLEVELAND, 1922 AND 1923

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Illegitimate Births Registered</th>
<th>White</th>
<th>Colored</th>
</tr>
</thead>
<tbody>
<tr>
<td>1922</td>
<td>372</td>
<td>297</td>
<td>75</td>
</tr>
<tr>
<td>1923</td>
<td>446</td>
<td>347</td>
<td>99</td>
</tr>
</tbody>
</table>

Source: Conference on Illegitimacy, June 21, 1924, FCP MS 3788, container 30, folder 739, WRHS.

sis, respected child welfare experts Emma O. Lundberg and Katharine E. Lenroot, explained black illegitimacy rates in environmental terms: "laxness of marriage relations among the Negroes" stemmed from poverty, the disruptive impact of urban life, and lack of educational opportunities. But the authors also noted that illegitimate black children were customarily cared for by mothers or relatives. These data made it easy for white social workers, like those at the Cleveland Conference, to conclude that no maternity home care was necessary and to ignore or overlook contrary evidence.

Almost simultaneously with the debate at the conference, Elsie Johnson McDougald, a black social worker and high school principal, challenged the Children's Bureau conclusions in an article published in Survey Graphic: "Contrary to popular belief, illegitimacy among Negroes is cause for shame and grief. When economic, social and biological forces . . . bring about unwed motherhood, the reaction is much the same as in families of other racial groups. Secrecy is maintained if possible. . . . Stigma does not fall upon the unmarried mother, but perhaps in this matter the Negroes' attitude is nearer the modern enlightened ideal for the social treatment of the unfortunate." 41

The conference still endorsed the policy of keeping unwed mother and child together in the maternity home for her reclamation, which was difficult to implement when no homes except the Rescue (and infrequently St. Ann's) took black women. This awkwardness was compounded when the Cleveland Council of Colored Women, an affiliate of the NACW, asked the Federation for funds to open a home for black women. The council's president, Cora Boyd, was a former schoolteacher active in the local PTA and in the state and national NACW and the wife of Elmer F. Boyd, a funeral director and a member of the NAACP and the Phillis Wheatley board of trustees. 42

The Federation was not willing to support a black-run home, and it certainly was not willing to urge the integration of existing homes. Since
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the Army already maintained the Cincinnati home for black women, the Federation asked the Army to administer a similar home in Cleveland, with some financial support from the council. The Army officer in charge of the Cincinnati home advised the conference in 1924 that it was “unwise for any large number of colored girls to be cared for in the same building with the white girls.” In Cleveland, the Army, therefore, rented a separate building for black women from 1925 to 1929. When Booth Memorial moved to East Cleveland, the Talbert Home moved into the older facility.

The Mary B. Talbert Home was named for the second president of the National Association of Colored Women, an anti-lynching activist and the recipient of the Spingarn award from the National Association for the Advancement of Colored People. The Cleveland Council of Colored Women made an initial donation of one thousand dollars and gave occasional other gifts, but left the management of the home to the Salvation Army. The regimen at the Talbert Home was established by the Army, not the council, and resembled that of the other maternity homes. There was religious training and instruction in “plain sewing, cooking and general housework.”

Having agreed to establish the Talbert Home, the conference and the Army continued to assume that private maternity homes should not even try to serve the great majority of black women. In 1925 only two of the Army’s homes were for blacks—Evangeline Booth in Cincinnati and the Talbert Home, which had only twelve beds, some reserved for private, paying patients of black physicians. Clearly a facility this small could care for very few women.

A decade after the Talbert Home’s opening, the inadequacies of private services to black women were even more obvious. According to the Federation’s Bolt Report, in 1935 private agencies provided 50.6 beds per 100 white illegitimate births and 24.6 beds per 100 black illegitimate births. Prior to the Retreat’s closing, there were four homes open to white women with a total capacity of 156 beds and 134 bassinets, and one home open to black women with a capacity of 32 beds and 30 bassinets.

In 1935, 10.2 percent of black births were illegitimate, compared to 3.0 percent for whites. Black women were more likely to have multiple illegitimate pregnancies. The Bolt Report nevertheless concluded that there was enough residential care for black women. The reasoning was familiar: “It is easier to get colored unwed mothers back in their homes after the birth of their babies as illegitimacy is not regarded as so much of a disgrace among the colored. The demand for maternity home care . . . is therefore not so great.”

Talbert’s services were in fact cut. Its occupancy dropped to 60 per-
cent in 1933, and one floor was closed. Its capacity was reduced to thirtytwo, and four of those beds were for private patients. (The Army provided forty beds for white women at Booth.) Social workers had become reluctant to refer black women to the Talbert Home because they felt that the facility did not have “sufficient funds to care for all the girls for whom it has room.” The result was predictable: in 1935 almost half of all unwed mothers with registered births bore their children in private maternity homes. But although 29.7 percent of registered illegitimate births were to black women, they constituted only 15 percent of those receiving maternity home care.

**More Separate and More Unequal, 1940–1969**

The opportunities for jobs created by World War II accelerated the movement of blacks to heavy-industry towns such as Cleveland. Blacks also became a larger proportion of the city’s population as the white middle class moved to the suburbs, abandoning older neighborhoods in the central city. Cleveland’s black population grew from 85,000 in 1940 to 251,000 in 1960. The second great migration of the postwar period worsened the problems of illegitimacy. Like the first, the migration was accompanied by family disorganization and poverty, and it widened the gap between provisions for black and white unmarried mothers.

Cleveland’s private agencies still did not integrate their facilities. Although services for black children were inadequate in all cities, in Cleveland the private agencies received no public subsidies and consequently were under no public pressure to integrate. Black children in Cleveland “were excluded from virtually every residential facility that existed.” Adoption services, provided primarily by private agencies, were almost nonexistent for black children. These exclusionist practices embarrassed the Federation, then under pressure from the local chapter of the American Association of Social Workers to provide equal access to childcare institutions. But the Federation did allow sectarian agencies, which meant almost all of them, to give priority to co-religionists, a policy that continued to exclude black children. In 1949, although most black children were Protestant, the largest Protestant orphanage, Beech Brook, took only white children.

The institutionalization of dependent populations, however, had become the exception rather than the rule. This was in small part because of social workers’ dislike of institutions and in large part because the Depression had underscored their cost and the New Deal had provided federally funded social insurance and outdoor relief programs that al-
lowered dependent people to remain in their own homes. These alternatives to institutionalization for dependent children limited the impact of the exclusionist policies of private agencies. Dependent black children could be placed in foster homes by the Cuyahoga County Child Welfare Board, if not by private agencies, or at the very worst, could be sheltered at the county detention home, where they would be cared for at public expense until they could be returned to their families.\textsuperscript{56}

For unwed mothers, institutionalization in a maternity home remained a preferred—although inadequate, for some black unwed mothers—practice. In 1944 Maud Morlock of the U.S. Children’s Bureau, addressing the annual conference of the National Florence Crittenton Mission, criticized private agencies for not providing services to black women. (Crittenton homes did not accept black women at this time, at least not in Cleveland.) Morlock attacked the racial stereotypes repeatedly expressed in Cleveland and elsewhere: “In many communities the idea prevails that Negroes are tolerant of illegitimacy and that the Negro unmarried mother and child are accepted by family and friends. Because of this supposed acceptance, social service for the mother and foster care for the baby are considered unnecessary.” These reasons for withholding service, she continued, were “fallacious.” She asked for “more casework service and maternity home care for Negro unmarried mothers.”\textsuperscript{57}

Morlock’s pleas went unheeded in Cleveland even as black illegitimacy rates continued to rise. Registered illegitimate births in Cleveland increased from 500 in 1940 to 898 in 1946; by that year, 47.2 percent were to nonwhite women, a number greatly disproportionate to the number of blacks in the city. All Cleveland maternity homes were full and accepted only about 50 percent of their applications. The “total demand for service exceeded the total available facilities,” said a 1948 Federation report.\textsuperscript{58}

The Talbert Home was particularly hard-pressed because it was the only home that received significant numbers of black women. The Federation pressed for integration of child-care facilities, but not of the white maternity homes, and it did not plan to expand Talbert.\textsuperscript{59} Moreover, at the Talbert Home, confinements were lengthened by a state requirement that an unwed mother stay in the home until her child was placed, and agencies that readily placed white children were unwilling or unable to find adoptive homes for black children.\textsuperscript{60}

Because casework at maternity homes was concerned primarily with child placement, Talbert’s clients got little help from professional social workers.\textsuperscript{61} Talbert’s clients were younger than those of other maternity homes (most were between fourteen and seventeen years of age), but almost all kept their infants, in sharp contrast again to the other homes,
where adoption had become preferred policy. The long confinements of black women who did wish to put their children up for adoption and the low average income received per case made the Talbert Home the least cost-efficient of the maternity homes. To try to compensate, the facility took greater numbers of paying, married patients and fewer women who could not pay, as did St. Ann’s and the Crittenton Home. In 1952, Talbert’s 528 private patients received 2,829 days’ care; its 178 unwed mothers received 10,142 days’ care. The result was a $40,557 deficit.

In that same year independent consultants hired by the Army to chart the future course of Booth and Talbert pointed out the medical shortcomings of both, and particularly of Talbert. Booth was faulted for facilities “inadequate for modern obstetrical care,” but Talbert was described as “a hazard and beyond reclamation and . . . inadequate for comprehensive maternity care.” The medical staff at Booth was rated good, but the staff at Talbert was “not the highest” because none had completed internships at accredited hospitals and none had obstetrical specialties. Patients at Booth were from higher income groups than those at Talbert, even though the latter were from the black middle class.

The consultants’ recommendations, like those of the Federation, affirmed existing racial policies with the standard argument. Because blacks attached less stigma to illegitimacy, black unwed mothers needed fewer services than whites: “Social workers have indicated that for ideal planning, one-sixth of the non-white unwed mothers require sheltered care or other intensive assistance, and three-fifths of the white unwed mothers require sheltered care or other intensive assistance.” Moreover, only 16 percent of the city’s black unwed mothers were delivered at the Talbert Home, even though it had the lowest fees.

Despite the negative evaluation, the Army kept Talbert open, probably because of what had happened when the Evangeline Booth Home in Cincinnati had closed. Cincinnati’s black facility had become so obsolete that the state would no longer license it. However, when its patients were integrated into the white Army hospital, white doctors refused to refer patients there even though black women were in a separate ward. The consequent declining use by paying white clients created grave financial difficulties for the hospital and the Army.

In 1960 the Federation withdrew its subsidy to the Talbert Home despite the fact that black women accounted for the great majority of Cleveland’s illegitimate births. Talbert closed, and its remaining patients were placed at Booth Hospital.

In the context of the emerging civil rights movement, Federation social workers had become sharply critical not only of the segregation at Talbert but of the racist practices of all private maternity homes. The
Army, after publicly endorsing the 1954 Supreme Court desegregation decision, in 1956 had urged "immediate plans to provide additional facilities to help to meet the urgent needs of Negro unmarried mothers and their babies." Cleveland's Booth Hospital had been integrated in 1959, but seven of the thirty-four Army homes, all in the South, were still for whites only. Critics also argued that black women had higher illegitimacy rates not because unwed motherhood was acceptable behavior but because they had less access to birth control or abortion and fewer means of concealing illegitimate pregnancies and births. Further, marriage was less likely to bring respectability or economic security for a black woman, whether or not she was pregnant. Accepting an illegitimate child into the family when there were no options did not imply acceptance of illegitimacy.

Critics pointed to race-specific diagnoses and treatment of illegitimacy: a white, middle-class girl's pregnancy was explained in terms of psychological difficulties, but a black girl's might be explained in terms of a sexually permissive and disorganized culture. Private agencies, therefore, geared their psychiatric services to white, middle-class women who could afford them. Black women, discouraged by agency fees, outright discrimination, or the insistence on adoption when there were no adoptive families for black children, were shunted off to public agencies. These agencies in turn acted punitively, compelling identification of the putative father before assistance was made available, providing inadequate casework, or applying a double racial standard. What had evolved was a "two-track system of social services for unmarried parents and their children. For a few thousands of white girls there [was] shelter, medical care, and a therapeutic, helping approach. For the rest there [was] little or no service, or a punitive, demoralizing, disabling system of relief."

By 1965 the national nonwhite illegitimacy rate was almost ten times that of whites (22.9 per thousand for whites; 215.8 per thousand for nonwhites), and it continued to rise. Of particular concern to policymakers were black teenagers aged fifteen to nineteen, whose illegitimacy rates rose from 76.5 per thousand to 90.8 per thousand from 1960 to 1970, again about ten times the rate of white teenagers. Cleveland figures for 1969 compiled by the Federation revealed that half of all unwed pregnancies were to teenagers and that "the highest rates of out-of-wedlock pregnancies occur[red] in inner-city, low-income areas to non-white mothers."

These women were not served by maternity homes. The percentage of black women in maternity homes administered by all private agencies across the country rose only slightly, from 12 percent in 1960 to 17.1 percent in 1969. This was partly the result of deliberate desegregation
of the institutions, but also the result of their diminished use by whites. In 1966 Army major Mary E. Verner, a nationally recognized expert on the care of unwed mothers and an administrator at Booth Hospital, conceded, "Providing services to the unmarried mother today is no longer the apparently simple matter it once seemed to be. . . . Only about one in ten unmarried mothers receives maternity home service . . . and of these only one out of 50 is nonwhite."  

The Army replaced the Talbert Home with Booth-Talbert Clinic in the Hough neighborhood, not far from the besieged Florence Crittenton Home. After the 1966 riots destroyed the original facility, the Army relocated the clinic in the new Hough MultiPurpose Center. Verner described the neighborhood as having a "high rate of delinquency, financial dependency, and unemployment" and the clinic's clientele as having "a low self-image, lack of motivation and apathy. A majority of the girls are nonwhite, are between the ages of 11 and 19, are pregnant for the first time, and are considering keeping their babies."  

Administered by a black officer, Brigadier Dorothy Purser, the clinic offered a wide variety of medical and social services on an outpatient basis until it closed in 1976. During the 1960s, these comprehensive services—including medical care, vocational and psychological counseling, casework, and compensatory programs such as high school equivalency classes—replaced maternity homes as the policymakers' response to unwed motherhood for two reasons. First, comprehensive services seemed to best meet the multiple needs of young, black unwed mothers. The Child Welfare League of America, for example, emphasized the "complex framework of health care, education, welfare, and legal resources" required by unmarried parents and established professional standards for these specialized services.  

Second, comprehensive services were much cheaper than maternity homes, especially because the public sector would now pay some of the bills. Lyndon Johnson's War on Poverty expanded local and federal funds for a wide variety of social welfare programs, some of which made it easier for a single mother to care for her child in her own home: expanded Aid to Families of Dependent Children, food stamps, rent supplements, and job training. Medicaid might pay for the hospital delivery of an unwed mother although it would not pay for maternity home confinements. 

In 1969 Cleveland maternity homes, now only about half-full, cared for only about 20 percent of unwed mothers. (See Table 5.2.) Since 1913 the Federation had provided both financial and moral support for the proposition that the best treatment for pregnancy out-of-wedlock was
**CHANGING FACES OF UNWED MOTHERHOOD**

**Table 5.2**

<table>
<thead>
<tr>
<th>Maternity Home Occupancy Rates, Cleveland, 1968–1970</th>
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<tbody>
<tr>
<td>Booth Memorial Hospital</td>
</tr>
<tr>
<td>DePaul Maternity and Infant Home</td>
</tr>
<tr>
<td>Florence Crittenton Home</td>
</tr>
</tbody>
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*Source: Report of the Unmarried Parents Planning Committee, 1971, 13, FCP MS 3788, container 49, folder 1171, WRHS.*

maternity homes. Now, having endorsed legalized birth control in 1966, the Federation, bowing to economic and demographic imperatives, endorsed comprehensive services and recommended further cuts in maternity home beds.84

**CONCLUSION**

The Army home for unwed mothers survived the Federation cuts. The tradition of lengthy sheltered care, which had once supported five maternity homes in Cleveland, did not.

During the 1970s maternity home use continued to decline across the country. Bed capacity in all Army maternity homes fell by 55 percent; some homes closed, and some were adapted for other uses such as midwives’ training.85 In Cleveland, far more unwed mothers were seen at the Army’s outpatient clinics than were housed in the Army maternity home at Booth Hospital: in 1976 average occupancy of the home ranged between twelve and seventeen, although it could accommodate fifty to sixty women.86 When DePaul closed its residential unit in 1983, the Army home became Cleveland’s last residential facility for unwed mothers.

Despite rising costs and dwindling clientele, the Army maintained this home through the 1980s because of its century-long tradition of caring for unwed mothers and because of its continued opposition to abortion. The home’s eighteen beds served only a tiny fraction of the city’s unwed mothers: a total of 6,525 in 1989.87 For all practical purposes, the private sector’s historic solution to unwed motherhood—spiritual reclamation through long-term residential care—ended.

Awakened by the visible and militant civil rights movement of the 1960s, historians—like social workers—condemned separate and unequal opportunities for black Americans not just to make a decent living but to be cared for if they could not.88 From this perspective, it is easy to
conclude that the Army’s accommodationism legitimized race-specific ideas and policies toward unwed motherhood and that its inability or unwillingness to challenge stereotypical ideas gave them added credibility. Certainly the Army’s traditions of reclaiming fallen women—when applied to black women—exacerbated existing racial inequities in Cleveland, compounding the segregation, the underfunding, and the underprofessionalization of services.

Yet, of the private agencies that administered maternity homes, the Army tried hardest to serve black women. Its theology was colorblind even though its practices were not. The Army was forced to operate within a racist social welfare system. The failure of private child-care agencies to place black children for adoption and the reluctance of the Federation to expand or improve Talbert were beyond the Army’s control and greatly compounded the difficulties of providing first-rate care for black women. The Army chose to maintain a separate and unequal home for black women because, as it had learned in Cincinnati, the option was no home at all.

The story of the Talbert Home is one of white Army officers, Federation administrators, and public officials making decisions about black women, but the fate of Talbert also illustrates the impact of black Americans on white policymakers. When the number of blacks to be served became too great, the practice of institutionalizing unwed mothers simply ended and the tradition of homes for fallen women, nurtured by post-Civil War female benevolence, energized by evangelicalism, and subsidized by great white fortunes, collapsed. Although maternity homes had been under fire by professional social workers for several decades, under duress because of their cost since the Depression, and threatened most recently by changing sexual norms and behavior, it was the changing faces of unwed mothers that finally brought to a close a century-long tradition of institutional care and spiritual reclamation.

Because of declining occupancy and escalating insurance costs at Booth Hospital, the Army sold the medical facility (but not the home for unwed mothers) in 1987 to Cleveland Metropolitan General Hospital. The former City Hospital, offspring of the old Infirmary, used this once-private hospital for its own maternity patients, many of them unmarried and black.