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Trying to get on welfare, but they advised her [they] must know where
[alleged father] is. [DePaul Family Services] directed her to individual
at the County Welfare Department and indicated to her if [she]
received no satisfaction to come back.

This memo records a telephone response to an advertisement placed by
DePaul Family Services in 1976 as the agency initiated a last-ditch cam-
paign to recruit clientele. There is a dreary timelessness about the plight
of this woman soon to give birth out-of-wedlock. Like the unwed mother
in the 1893 sketch that opens this study, she turned to both public and
private agencies and probably got little help from either.

Nevertheless, the memo illustrates the usefulness of local history. In
it we catch glimpses of people who otherwise remain statistics: this 23-
year-old East Side woman; the “Maggies” seduced and abandoned in the
Infirmary; the newcomers to the city who fell victim to its vices; the
Protestant and Catholic girls who feared that their souls were lost be-
cause their bodies had been exploited; the working-class mothers who
toiled as domestic servants to keep their illegitimate infants with them;
the middle-class mothers who struggled to give their children up for
adoption; the black women who rode the bus four miles to get to City
Hospital; the teenagers who arrived there, eight months pregnant and
without husbands, families, or funds.

Local history also reveals the practical and concrete meanings of
trends that remain abstractions at the national level. “Deinstitutionaliza-
tion” meant the removal of women and children from the Infirmary;
“professionalization” of staff at the Florence Crittenton Home meant
further curtailment of services to a dozen women and their infants;
“evangelicalism” meant providing shelter and medical care for indigent
women; and "separate and unequal" in a Northern city meant inadequate health care in a private or public facility.

Cleveland history also allows us to trace the development of national social welfare policy. As we follow unwed mothers from the Infirmary in 1855 to MetroHealth Services in 1990, we can see that great changes have occurred in the care of all dependent populations, male and female, old and young, black and white. In the mid-nineteenth century, institutionalization in the Infirmary replaced the earlier tradition of outdoor relief. Outdoor relief in the form of state mothers' pensions became again a preference of welfare reformers in the Progressive period and an economic imperative during the Great Depression, when Aid to Dependent Children and social insurance programs replaced costly residential care. As the services for dependent persons specialized in the late nineteenth century, the all-purpose Infirmary was replaced by City Hospital and an old-age home; amateur and volunteer caretakers were replaced by trained caseworkers and medical professionals at maternity homes and hospitals.

Perhaps most important has been the shift in financial responsibility for those who could not take care of themselves. During the nineteenth century, the obligation was borne by both the public and private agencies. During the Depression, however, Cleveland's private institutions, including maternity hospitals and to a lesser degree maternity homes, gave up their significant welfare role to the public sector, with public hospitals like Cleveland's again picking up the slack. Today responsibility may be shifting again in response to political and budget priorities.

During this same century and a half, the definition of pregnancy out-of-wedlock as personal sin and community expense has meant that the public sector provided least and last for unwed mothers. The chief means of sustaining the indigent has been public outdoor relief, distributed by the local government at the back door of the Infirmary in the mid-nineteenth century and by the Cuyahoga County Department of Human Services today. Although they may not have succeeded, public agencies tried to distinguish which mothers were suitable—that is, married—so that they could provide less for those who were not. The public sector has funded institutional care for the elderly, children, the insane, and the delinquent, but not for most unwed mothers since their removal from the poorhouse. Outdoor relief, mothers' pensions, and ADC/AFDC have been cheaper ways of caring for women and their children than poorhouses or orphanages.

The private sector also has provided last and least. Within the maternity homes, care of unwed mothers changed with extraordinary slowness. Closely tied to established churches, the homes never lost their nine-
teenth-century evangelical mission or their primary goal of spiritual reclamation, and remained committed to lengthy institutionalization long after it ceased to be preferred treatment for other dependent groups. Staffed and directed by female religious, maternity homes only reluctantly participated in the secularization of social welfare practice. Despite the efforts of the Cleveland Federation, much of the institutional care of unwed mothers and their children in maternity homes was left to volunteers, partly because of the homes' origins in voluntarism, partly because volunteers were cheaper than professionals, and partly because illegitimate pregnancy created a low-status clientele that did not interest the social work profession. When the maternity homes built new facilities or moved to affluent suburbs to cultivate a paying clientele, as did St. Ann's and Booth Memorial hospitals, unwed mothers stayed behind in the central city, housed in the older buildings. When the care of unwed mothers became too expensive, as in the 1930s and 1960s, the private institutions abandoned their historic commitment to these indigent women, returning them to the underfunded public facility.

Until the last decade, social welfare history has been the story of progress: growing public and private responsibility for social welfare, better services, and more generous benefits for dependent Americans. Such progress has never been a sure thing for women pregnant out-of-wedlock, for whom the uncertainties and inequities of social policy in the late 1980s have been the rule, not the exception.

In the final analysis, the care of those who cannot care for themselves is the creation of the larger American society: a society that allocates opportunities to succeed on the basis of class, race, and gender and then punishes those who fail. The class differences endemic to American life are apparent here. Although premarital or extramarital sexual activity has never been restricted to working-class Americans, poor women got pregnant most often. With less access to contraceptives or abortion, without the economic resources to avoid sexual exploitation, without family to shelter them, these women ended up in the Infirmary or City Hospital or in the private maternity homes. Further, the evidence suggests that those women who received help from private or public agencies were the "working poor," the domestic servants of yesterday and today. They were not even the poorest of the poor, the underclass, who probably gave birth, at least until the 1960s, unnoticed, unaided, and uncounted even by public officials and institutions.

The disabilities of poverty have been compounded by pervasive racism. The sexual deviance of black women was taken for granted by white social workers who assumed that it was in turn taken for granted by blacks. Unequal recipients of separate private care—as at Mary B. Tal-
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black women were the most quickly consigned to inadequate public facilities and services in the postwar period. When class, race, and gender have combined, when moral and racial segregation have reinforced one another—as in the case of unwed mothers at the public hospital—the care of these women has been precarious at best, terrible at worst.

The disadvantages of gender, the powerlessness of women, appear clearly in this story. Women do not get pregnant by themselves, but their lack of economic and political resources has meant that male sexual partners could abandon them with impunity. When women consequently became dependent on public or private aid, policymakers, like sexual partners, could afford to ignore them. Admittedly, unwed mothers have sometimes been more than victims. Often risking the scorn of family and community by giving birth out-of-wedlock, they most often supported their children alone. When they asked to be admitted to homes and hospitals, or escaped them, unwed mothers acted independently to direct their own lives. But most expressions of power were small, private, and sometimes self-destructive: another illegitimate pregnancy, for example. Hardly more powerful were the female caretakers: Catholic nuns, Protestant churchwomen, “Hallelujah females,” professional social workers and nurses, and pious volunteers. Mostly, they were modest and self-effacing, doing unrewarded women’s work. If they had power, it was only over other, even less powerful women.

Most important, women pregnant out-of-wedlock have been living proof of the American belief that dependence is caused by sin, by personal and moral failure—in this case, the failure to conform to cultural definitions of womanhood that require that women choose celibacy or marriage. Regardless of time period, a woman pregnant out-of-wedlock has been the most easily disciplined of dependent populations. The rigid rules, the religious indoctrination, and the regimen of pre—World War II maternity homes illustrate in vivid and exaggerated form social policymakers’ desire to control behavior. Unwed mothers have been the most resented and most politically vulnerable recipients of public assistance. Their financial aid has been the most easily cut, whether politicians were looking for scapegoats in the 1880s or posing as welfare reformers in the 1980s. Predictably, Charles Murray, conservative apologist for a new “poorhouse,” uses an unwed mother and her boyfriend as symbols of the waste, corruption, and moral decay of the welfare system.¹

Murray also reminds us that the social policies and practices of the last century and a half did not solve the problems of unwed motherhood. When Heather Kurent, a worker on the Federation Task Force on Teenage Pregnancy, was asked by a newspaper reporter what should be done
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about unwed mothers, she responded, "Everything." She meant an end to poverty, racial prejudice, gender inequities, the commercialization of human sexuality, the public's failure to provide sex education, and probably more.

The Cleveland private and public institutions described here never intended to do "everything." At best, they hoped to prevent a recurrence of illegitimate pregnancy by encouraging or forcing a woman to conform to gendered definitions of sexual respectability. These institutions did not challenge that definition, and only the late-nineteenth-century rescue homes raised questions about male sexual behavior and dominance—and then only halfheartedly. Neither poorhouses, private maternity homes, nor hospitals sought to redistribute economic resources or political power. The men who controlled the institutions had no desire to do so; the women who administered them had no power to. Social policy that seeks to change unwed mothers or other dependent groups without changing the larger society must fail.

Today, however, when politicians and the American public display at best apathy and at worst hostility toward the poor and dependent, it is less easy than it was twenty years ago to find fault with Cleveland institutions for unwed mothers. Today, even conceding the institutions' cautious meliorism, their attempts at social control, and their racism, it seems better to do good than to do nothing; better to provide shelter than to leave a woman and her children homeless; better to assume that a woman will sin no more than to assume that she deserves to remain poor.