

FALL 2023 | TAH.OAH.ORG

# The American Historian

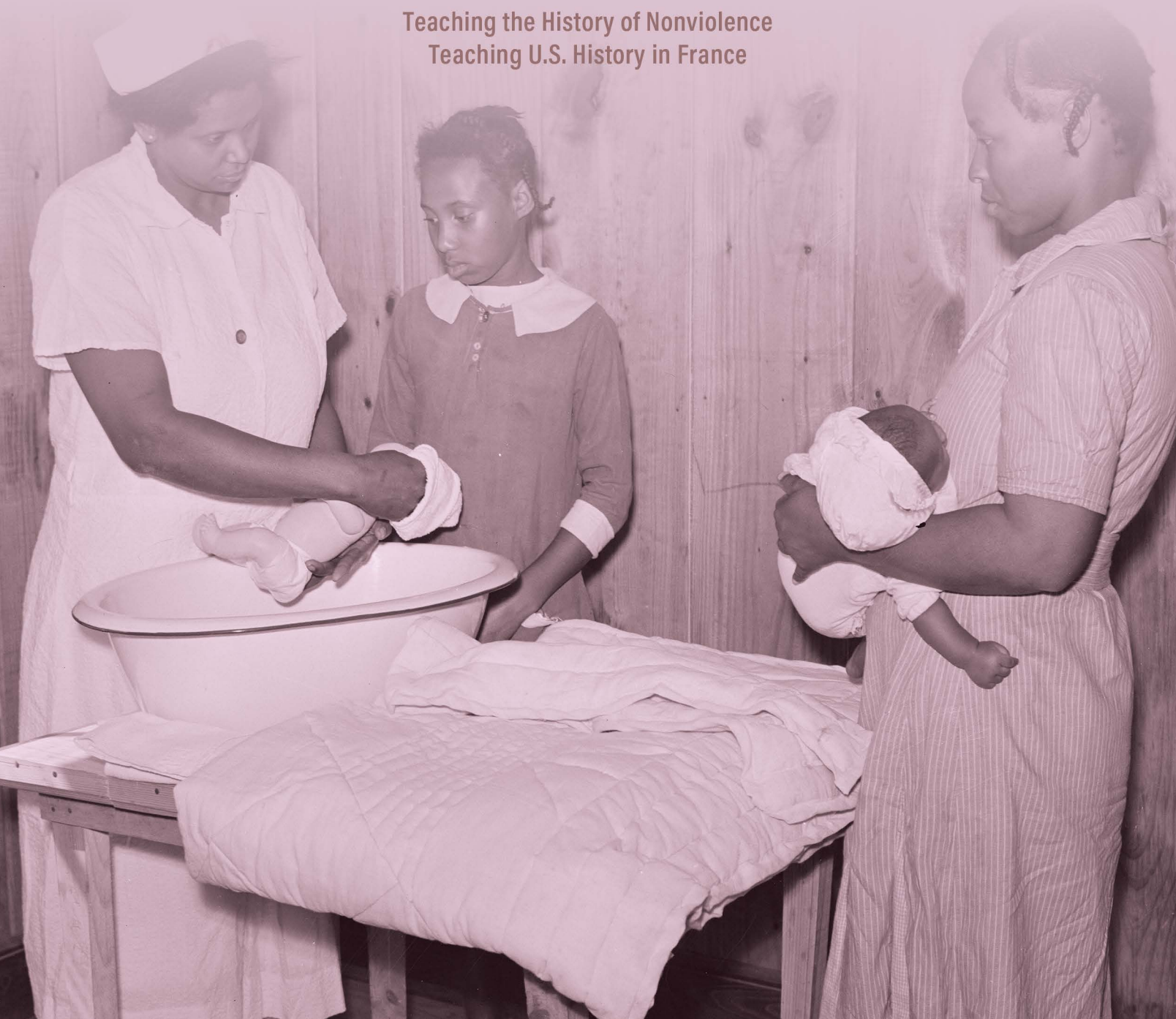
ORGANIZATION OF AMERICAN HISTORIANS

## Medical History

### ALSO INSIDE

Teaching the History of Nonviolence

Teaching U.S. History in France



# OAH CONFERENCE ON AMERICAN HISTORY

## Call for Proposals

Dec 1, 2023–Mar 1, 2024



## OAH Conference on American History, Chicago

April 3—April 6, 2025 | Sheraton Grand Chicago

In a departure from past practice, this OAH meeting will have no single theme. We welcome all questions, themes, and fields, new and old, in the comprehensive subject of United States and American history. We invite proposals focused on categories and specializations of history by gender, race, sexual orientation, region, chronology, or area study. All of these areas of inquiry are at the center of our craft. At the same time, no one need design a session to fit a theme, large or small. We welcome all kinds and methods of studying American history.

We are hopeful that this approach might lead to more interaction across sub-fields, prompt us to discuss big and difficult questions, and make us stretch with discomfort. Ultimately, our goal is to elevate new ways to ask big questions about the past that can inform the study of American History in the present. The 2025 OAH annual conference is an essential place to present new scholarship and research, and we hope the meeting will stimulate memorable and lasting debates about the public crises and dilemmas facing our profession, our craft, and our society.

Read the full Call for Proposals at [oah.org/cfp](https://oah.org/cfp)



Anthea M. Hartig



## The Importance of Medical History

The lasting, dark shadows of the patriarchy, slavery, and white supremacy cast considerable shade on our contemporary lives and the histories of medicine and public health that center this issue. In this post-*Dobbs*, not-quite-post-COVID-19 pandemic era replete with extensive bodily regulation, book-banning and educational gag-orders across the United States, the comingled work of teaching, researching, archiving, exhibiting, and sharing historical perspective is more essential than ever. It serves as a critical bulwark in the cyclone of crises facing the republic and the world. From the damaging, racialized perceptions of Black American's pain tolerance to help understand the modern opioid crisis to the ongoing impacts of early 20<sup>th</sup> century eugenics-based pre- and neo-natal care and a reexamination of women's DIY gynecology of the 1970s as regrettably useful today, the historians in this volume present such perspectives.

Research by Jonathan Jones, Jamie Marsell, Jiemin Tina Wei builds on sustained and increasingly multifaceted historiographical blossoming of intersectional medical history in the United States. Some of the bibliographic categories include Race, Colonialism; Women's Health; Data: Measuring, Eugenics, BMI, Health Disparities; Microbes, One Health, Microbiome, Immunology, Climate and Environment; Medical Technology, Medical Industrial Complex, Vaccination, Selfcare; Medical Waste; and emergently Bioethics. My colleagues at the National Museum of American History, led by Katherine Ott, use the extensive national collections to probe at the double-entendre of the Socratic Oath in the upcoming exhibition *Do No Harm/No hacer daño*. They argue "The good intentions of medicine have always been influenced by cultural assumptions. Practitioners and patients alike are grappling with challenging topics in pursuit of health for all. The inequities we struggle with today and the questions we ask

about medicine are entangled with assumptions from long ago."

Jonathan Jones examines opioid addiction in the years following the Civil War and finds racism the cause of overprescription among white veterans and under-prescription among African Americans. During the Civil War, doctors recognized opioids as an essential medication to help injured soldiers deal with pain. However, due to racist beliefs, doctors believed that African Americans, being more "animalistic" in nature, could withstand much greater amounts of pain than their white counterparts. Consequently, doctors prescribed much more opioids to white soldiers than to Black ones. Following the war, doctors observed opioid addiction to be prevalent among white soldiers but virtually non-existent among African American veterans. Looking at the present-day opioid crisis, Jones argues that similar racist biases exist among the medical establishment, which can explain why the majority of deaths caused by opioid overdoses have occurred among white Americans, as they tend to be prescribed more opioids to deal with pain than Black patients.

Jamie Marsella's article explores the influence eugenics exerted in prenatal care in the early twentieth century. Early reformers and child welfare experts—almost all white, educated, and wealthy men and women—fundamentally believed two main tenants: (1) the environment in which a pregnant woman cared for her child greatly impacted the future of the child; bettering a pregnant woman's environment could create "better babies," and (2) most poor, immigrant, and Black women were incapable of "making appropriate parenting decisions without the guidance of child welfare experts." Consequently, reformers sought to create government programs designed to offer women expert guidance and support in prenatal care, all in the effort to create "better babies." These government programs,

however, tended to mostly benefit white, middle- and upper-class women, who already had access to medical care. As the medical profession's influence in prenatal care expanded, alternative forms of care such as midwives—used primarily by poor Black women—began to disappear, leading to disparate health outcomes. By 1928, for example, the rate of deaths per 1000 births for white babies was 64, while for Black babies it was 106. Overall, as Marsella succinctly summarizes, “the history of prenatal care in the United States offers an opportunity to identify the ways eugenic logic, structural and systemic racism, and the financial incentives of healthcare have worked to obscure alternative ways of providing resources and enabling access to care.”

Shifting to pedagogy and the realities of classroom teaching as 2023 wanes, Jiemin Tina Wei asks, “In the wake of *Dobbs*, how can one teach about the history of do-it-yourself (DIY) gynecology before *Roe*? In this instance, when an established legal guarantee was undone, teaching about the past began to feel more like teaching about a new present.” Using material and archival history, Wei details the history of Do-It-Yourself (DIY) gynecology and reproductive care and shows how grassroots movements in the 1960s

led by feminist activists disseminated information on DIY abortion kits such as the “Menstrual Extraction” or ME. With the ruling of *Roe v. Wade* in 1973, such DIY kits fell out of favor as women gained legal access to medically provided abortion. While the circulation of underground methods of abortion was thought to be a thing of the past, Wei laments that the teaching of self-help and DIY medical care became startlingly—and unfortunately—relevant. She adroitly expands her queries to wonder about the discourse between self-help as individualistic and/or communal and asks if it can also be both hegemonic and counter-hegemonic?

Taken together, these essays demonstrate the immense impact the medical profession has had on the lives of individuals throughout U.S. history and how medical care (and access to care) has always been unequal. There is no doubt that the professionalization of medical practice that began in the nineteenth century has led to extraordinary scientific discoveries that have saved an uncounted number of lives. But we must recognize the uneven (and often racist and misogynistic) way medical treatment has been dispersed throughout America's history, and how the standardization of medical practice—and the legality of who can and cannot dispense medical

care—sometimes leaves the most vulnerable individuals with few good options.

These papers, upcoming and ongoing museum exhibitions, archival work, oral history projects—our labor as historians matters in the ongoing efforts to seek deeper truths and restorative practices. At the crossroads of capitalism, compassion, identity, biology, ethics, innovation, life-saving care and abject inaccessibility of such care we find ourselves. Historians of medicine, gender, disability, science, AI, environment, business—to name a few specializations—have much to contribute and importantly to document as the twenty-first century careens toward a future unknown but one certainly informed by the complicated past.

*I am indebted to Jonathan Warner, Katherine Ott, and Katrina Brown for their assistance with this article.*

**TAH**

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# CONTRIBUTORS

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**ANTHEA M. HARTIG** is the Elizabeth MacMillan Director of the Smithsonian's National Museum of American History and the first woman to hold the position. Hartig is currently leading a vibrant new strategic plan to take the museum through the 250th of the United States in 2026 and beyond. It challenges the museum to be the nation's most accessible, inclusive, relevant and sustainable public history institution.

**MICHAEL K. HONEY** is a Radcliffe Emeritus fellow and University of Washington Tacoma emeritus faculty who has published books on labor, civil rights, Martin Luther King and nonviolence history, most recently, *To the Promised Land: Martin Luther King and the Fight for Economic Justice* (2018). He collaborated with Rev. Lawson and Kent Wong (preface by Angela Davis and postscript by Bryan Stevenson), to publish *James Lawson, Revolutionary Nonviolence, Organizing for Freedom* (2022).

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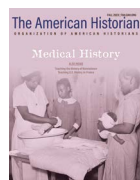
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## On the Cover:

Nurse Shamburg demonstrates care of baby bottles to Mrs. Paralee Coleman and Marie. Mothers have to work in field and children are left at home to care for babies. Health clinic, Gee's Bend, Alabama, 1939.

Photo by Marion Wolcott. Courtesy Library of Congress.

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**JIEMIN TINA WEI** is a Ph.D. candidate in Harvard University's Department of the History of Science, writing her dissertation on the history of fatigue in the workplace, in the U.S. during the first half of the twentieth century. She is also working on a project, of which this essay is a part, about the enthusiasm and controversy surrounding reproductive technologies in the late-twentieth-century United States.

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The OAH promotes excellence in the scholarship, teaching, and presentation of American history, encourages wide discussion of historical questions, and advocates for the equitable treatment of all practitioners of history.

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# Teaching and Learning the History of Nonviolent Social Movements

By Michael K. Honey, Maria Quintana, and Mira Foster

The California Senate passed a bipartisan resolution in the spring of 2023 calling on K-12 and college educators to counter “mass killings and destructive violence” plaguing the country by studying and teaching what the late Congressman John Lewis called America’s “nonviolent movement.” The resolution was introduced by Senator Maria Elena Durazo, who previously served as the leader of the Los Angeles County Federation of Labor and the Hotel Workers Union of Los Angeles, and is a close friend and ally of Rev. James Lawson Jr. Her resolution calls on educators “to study the Civil Rights Movement and the principles of nonviolence to affirm the commitment to reject racial hatred and bigotry, to champion equal

protection under the law as a foundational principle for the preservation of democracy, and to learn how to use nonviolence to oppose injustice and violence wherever it may occur.” The United Teachers of Los Angeles is supporting the launch of a pilot curriculum for high schools, and The California Endowment provided a \$500,000 grant to support the UCLA Labor Center’s implementation work with teachers in the 2024-2025 school year.

The California Senate resolution challenges teachers to help students learn about classic movements from about 1953-1973 that overturned legal segregation, established universal voting rights, and fought for social and economic equality. It sets an important standard, mandating that nonviolence curricula should include, at a minimum, (1) Jim Crow-era laws in the United States, including laws which embodied the “separate but equal” doctrine; (2) the leadership, tactics, and strategies of nonviolent resistance to Jim Crow-era laws championed by Dr. Martin Luther King, Jr.; (3) the



Clayborne Carson and Coretta Scott King.  
Photo by Margo Davis, 1986



principles of natural rights and natural law which informed the leadership of Dr. Martin Luther King, Jr.; (4) the passage of the Civil Rights Acts of 1957, 1960, and 1964; (5) the passage of the Voting Rights Act of 1965; (6) campaigns of the nonviolent movement of America that occurred between 1953 and 1973; (7) the impact of Little Rock Nine beginning in 1957, and (8) the Delano Grape Boycott of 1965 led by César Chávez and Dolores Huerta.

Supporters of the initiative formed the James Lawson and Dolores Huerta Nonviolence Project to coordinate efforts with a person to organize the curriculum and another to bring it to the attention of educators through California teacher's associations and unions. "It's not enough to assemble the educational resources," Kent Wong of the UCLA Labor Center says. "We need to bring these resources to the teachers in their classrooms who will use them." The California legislature also funded the creation of labor studies centers at all six University of California campuses, which Wong hopes will contribute to the study of nonviolent direct action that has been embraced by key unions in California today. In 2021, the

California legislature provided \$15 million in funding to purchase and renovate a permanent home for the UCLA Labor Center named in honor of Rev. James Lawson Jr. In sharp contrast to states where Republicans seek to suppress such teaching, educators in California may have more encouragement than ever before to teach freedom and labor movement studies.

As legendary activist Dolores Huerta states, "every moment is an organizing opportunity, every person a potential activist, every minute a chance to change the world." Enormous potential to educate and inspire the next generation of organizers exists in our public schools, but we must ensure that teachers have the curriculum and the resources to make this a possibility. But what can historians and teachers do in an era when violence at home and abroad can crush student aspirations for a better world? What are the best practices for classroom teaching? What resources do teachers have and how can we find them? What are the issues most important to students today? In a nation with more guns than people, how can we explain the philosophy and practice of nonviolent movements to help students find a better way?



Dolores Huerta, 2023.  
Photo by Maria Quintana

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In March 2022, twenty scholars, educators, and activists gathered in a two-day exploratory seminar at Harvard's Radcliffe Institute to address these and other questions. In preparation for our seminar, we collected materials, websites, curriculum, and a linked network of social justice organizations. We had participants from the James Lawson Institute for Research and Study of Nonviolent Social Movements at Vanderbilt

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University, the King Papers at Morehouse University in Atlanta, the University of San Francisco Institute for Nonviolence and Social Justice, the World House Project, and other campus and community institutes and centers. (Links to a sampling of such organizations related to teaching and learning nonviolence are listed below this article).

At the start of our discussions, Kent Wong and Vanderbilt Professor and Director of the Lawson Institute Phillis Sheppard focused on the need for institutional commitments to promote student learning and initiatives. The California initiative now provides a stellar example of how to make that happen, but various campuses in recent years have set up their own institutional support. In discussing teaching practices, we drew especially on Stanford's emeritus professor Clayborne Carson, a renowned freedom movement and King scholar. In 1985, Coretta Scott King chose him to edit Dr. King's papers, and he established Stanford's Martin Luther King Research and Education Institute, now directed by Professor Lerone Martin. The Institute has

promoted seminars for teachers, international conferences, and developed resources for teaching and learning, including lesson plans and syllabi.

Dr. Carson challenged our seminar on learning and teaching nonviolence to have a global framework. "It's crucial that we present material that poses questions in a framework that goes beyond civil rights to human rights. As Dr. King wrote in his last book, *Where Do We Go From Here? Chaos or Community*, our struggles for a better future must include the fact that we live in a 'World House.' Our learning and teaching must recognize the broader issues of human rights that affect everyone in the world." Carson also urged that the best way to teach is "to show rather than tell, to evoke questions rather than give answers. We have tremendous documents and films that can help students to think of themselves in the middle of the movement. Rather than telling them what to do, those resources can help them to ask their own questions and begin their own studies."

Carson and others have developed The World House

Project, which continues to promote freedom and human rights studies online and cost free. It has sponsored online film festivals and makes short documentary films. Carson meets weekly with adults and young people associated with the Martin Luther King Freedom Center housed at Merritt College in Oakland, California. This is a model of teaching that goes beyond the classroom and relies on films and documents that allow people to immerse themselves in civil and labor rights and nonviolence history, helping the next generation to imagine their own forms of social justice and civic engagement.

While non-violence curricula should include at minimum a focus on certain historical events in non-violence movement history, as in the California initiative, in our Radcliffe discussions we stressed the need to help people understand the concept of nonviolence as an effective tool for social change. We made use of an important new resource, *Revolutionary Nonviolence: Organizing for Freedom*. In that book, Rev. James Lawson presents his understanding of the philosophy and his four-step blueprint for non-violence

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In today's climate of intensified violence and injustice, learning about and teaching nonviolence philosophy and practice, whether you call it "nonviolence" or something else, is vital to inspire students to think, act, and dream in the pursuit of the greater good to bring about needed social change.

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organizing. Lawson worked with Dr. King and led workshops that gave birth to the Nashville sit-ins, the Student Nonviolent Coordinating Committee, the freedom rides, and created a militant nonviolent framework for the southern civil rights movement. Lawson also supported the Memphis sanitation strike in 1968 and as minister at Holman United Methodist Church after 1974 led nonviolence workshops that helped make Los Angeles the center of today's most powerful union and immigrant rights movement.

Our seminar discussed Lawson's four-step praxis as a method to help students think practically about how to organize for nonviolent social change. His steps include "focus" on selecting the most important problem at hand, deciding a plan of action, engaging in deep preparation for action, and staying focused on clear goals. Another step of negotiation and confrontation employs an array of nonviolent direct-action tactics and strategies to make demands clear and effective and presuming the movement wins some demands. The final step focuses on consolidating power to move on to the next series of issues, along with attention to societal reconciliation in the aftermath of a movement. We also watched the popular film, "Love and Solidarity: James Lawson, Nonviolence and the Search for Workers' Rights" (Bullfrog Films), which shows how Lawson and the movement in Los Angeles linked civil and labor rights movements in campaigns for social justice and student and immigrant rights.



After our seminar, participants used the four-step framework for classroom teaching. Students in Maria Quintana's history survey course at Sacramento State formed focus groups that mapped issues and ways to target environmental racism and homelessness. Students in Michael Honey's Black Freedom Movement class at the University of Washington Tacoma focused on increasing voter participation or meeting student academic goals. Classroom students wrote personal essays on how they might apply Lawson's four steps to bring about change to their own situations. In both classes, student concerns included alleviating their own homelessness and/or poverty as part-time workers.

For more than twenty years, Kent Wong has taught a UCLA course with James Lawson on "Nonviolence and Social Movements," reviewing the history of the use of nonviolence in civil rights, labor, immigrant rights, and undocumented student movements. This course draws up to 200 students annually and has recruited generations of young activists armed with the theory and practice of nonviolence organizing. Rev. Lawson received the UCLA Medal, its highest honor, in 2019.

In many K-12 classrooms, teaching about "nonviolence" as a theme might be too advanced or seen by some to be too controversial. K-12 teacher and educator Dr. Caroline Whitcomb in Georgia has used her praxis-based Ph.D. research on educational methods used in Black colleges in the South to explore how Black educational

communities have supported nonviolent social changes. Dr. Whitcomb presented to the Radcliffe seminar her use in elementary school of the concept of "Ubuntu," a collective African philosophy that encompasses the interdependence of humans on one another. She writes, "Ubuntu is a framework, not a formula, meant to train students in components of mindfulness while cultivating student voices through music, poetry, and prose. Ubuntu is nonviolence as both way of life and pedagogical practice." Her website presents teaching practices such as creating a "circle of family," allowing time for mindfulness, recognizing problems and seeking solutions in class, and cultivating student voices by singing and memorizing poems about human interconnectedness.

Ubuntu demonstrates that nonviolence is not just a strategy of protest but a way of living and being in the world. Developing a praxis of love, mindfulness, empathy, and self-care can help students to see themselves as a part of global humanity and to think of their responsibility to become problem solvers and peacemakers. That kind of teaching and learning remains relevant to all levels of education.



In today's climate of intensified violence and injustice, learning about and teaching nonviolence philosophy and practice, whether you call it "nonviolence" or something else, is vital to inspire students to think, act, and dream in the pursuit of the greater good to bring about needed social change. Today's historians and teachers have greater resources for

learning and teaching than ever before, despite efforts by right wing elements to squelch them. Where do we start? Wherever you are. California is leading the way, but all of us as historians and teachers can explore and participate. This is a crucial time to do so. For some of the available resources and relevant websites (and there are many more) please see the list below.

### **The World House Project**

Combines teaching resources with building an active global network of educators and activists. Teaching resources include the Liberation Curriculum, a collection of free and universally accessible lesson plans for students (of all ages) interested in exploring global, nonviolent struggles for freedom and equality. (One lesson plan, for example, covers the Birmingham Campaign of 1963 and Dr. King's Letter from Birmingham Jail to engage students in role playing strategies for their own non-violence campaign.) The website features digital exhibits and an online course on events in Dr. Martin Luther King Jr.'s life.

<https://worldhouse-project.org/education/>

### **Radcliffe Exploratory Seminar (2022):**

Radcliffe seminar participants created an annotated list of curriculum and other resources, a summary of findings, a list of participants, and transcript of discussions, available in the World House website:

<https://worldhouse-project.org/education/teaching-nonviolence-promoting-social-justice/>

“Love and Solidarity: James M. Lawson, Nonviolence and the Search for Workers’ Rights.”

This 38-minute exploration of Lawson’s life and work is designed for teaching sessions on nonviolence and its links to human rights, immigrant rights, unions, and struggles of undocumented students. The film is readily available on Netflix and Vimeo or can be purchased for libraries and classroom use. Here is the trailer:

► <https://vimeo.com/ondemand/loveandsolidarity/>

### **The Martin Luther King Freedom Center:**

Based at Merritt College in Oakland, California, the Freedom Center develops community-based programs dedicated to carrying out the principles that guided Dr. King’s life and to overcome racial divides, poverty and violence. The website provides links to civic engagement work by young people and others working in the Bay area.

► <https://mlkfreedomcenter.org/history-mission-partners/>

### **James Lawson Institute for the Research and Study of Nonviolent Movements**

Carries forward the work of Lawson by pursuing research, promoting conversations, and training the next generation for the philosophy and practice of nonviolence in order to channel their passions into effective leadership.

► <https://www.vanderbilt.edu/jameslawsoninstitute/>

### **UCLA Labor Center:**

For 60 years, the UCLA Labor Center has served as a resource for research, education, and public service focused on worker justice. Partnering with labor and community leaders, they have promoted the creative use

of nonviolence and popular education in advancing social justice within the California and U.S. labor movement. The UCLA Labor Center embraces a “research justice” agenda and has published cutting-edge books and reports grounded in working class movements. Their global work has built cross-border solidarity with unions and workers in Mexico and in the Pacific Rim.

► <https://www.labor.ucla.edu/>

### **Caroline Whitcomb, Ph.D. Georgia State University, on Ubuntu learning:**

Dr. Caroline G. Whitcomb is a teacher educator, teacher, writer, and critic of the American South. Her praxis-based research includes a five-year ethnographic journey with the alumni of Boggs Academy, a former Black, private educational institution, writings on Freedom Schools, and examples of liberatory education. She has a BA in history from Randolph-Macon College, a MAT from Augusta University, and a Ph. EdD from Georgia Southern University. Through her presentation of the Ubuntu Curriculum, teachers learn how to practically transform their lives and the lives of their students while positively impacting schools, communities, and the world.

► <https://www.ubuntucurriculum.com/>

### **Teaching for Change: Building Social Justice Movements**

Features anti-bias education curriculum and book lists for early childhood educators that allow them to confront prejudice, misinformation, and bias. *Putting the Movement back into Civil Rights Teaching* moves beyond the “hero approach” by focusing on grassroots organizing.



► <https://www.teachingforchange.org/>

### **Zinn Education Project**

Contains teaching resources by time period and historical theme, including organizing, voting rights, immigration, civil rights, housing, labor, imperialism, and LGBTQ rights. Lesson plans aim to send into the world empowered students who can become active citizens.

See also, Rethinking Schools,

► <https://rethinkingschools.org/about-rethinking-schools/>

► <https://www.zinnedproject.org/>

### **Learning for Justice**

Features multiple curriculum packets for teaching non-violence and labor history. One focuses on the film *Viva la Causa*, about the United Farm Workers union organizing efforts, offer a list of activities, discussion questions, definitions for key terms, historic context, and how farm workers pursued economic justice through unionization.

► [https://www.learningforjustice.org/sites/default/files/kits/Viva%20Teachers%20Guide\\_web.pdf](https://www.learningforjustice.org/sites/default/files/kits/Viva%20Teachers%20Guide_web.pdf)

### **Facing History**

Uses the power of history to challenge students and educators to stand up to bigotry and hate. Lesson plans connect history with our contemporary moment, to show that what we witness today are often the legacies of brutal injustices of the past and to show that history is shaped by our choices. The website includes pedagogical strategies for teaching.

► <https://www.facinghistory.org/>

### **UC Davis History-Social Science Project**

Updated regularly, provides lesson and unit plans, primary source sets, and secondary resources to provide teachers (and parents who homeschool) with tools to support student learning.

► <https://chssp.ucdavis.edu/resources>

### **Educators for Social Justice**

Offers resources on building civic discourse in the classroom where students learn how to turn opinions into arguments and contains lists of age-appropriate children's books that incorporate peace studies and the principles of restorative justice, problem-solving, empathy, and belonging.

► <https://www.educatorsforsocialjustice.org/>

### **Dolores Huerta Foundation**

Offers grade-specific curricula that feature both the history of the United Farm Labor Movement and the organizing strategies of legendary Mexican American activists Dolores Huerta. "Reframing Civil Rights as Community Action" guides students into reframing their lived experiences as skills and strengths to create and carry out a community-action project.

► <https://www.doloreshuerta.org/educationpolicy/dolores-huerta-day-curriculum/>

### **Education for Liberation Network**

Aims to create a national coalition of teachers, community activists, researchers, youth and parents who believe a good education should teach people—particularly low-income youth and youth of color—how to understand and challenge injustices and implement Ethnic

Studies, with weekly planning pages, lesson plans, and tips from social justice teachers.

► <https://www.edliberation.org/our-work/planning-to-change-world/>

### **University of San Francisco Institute for Nonviolence and Social Justice**

The USF Institute for Nonviolence and Social Justice investigates, illuminates, and advances the theory and practice of transformational nonviolence to confront and overcome injustice and systemic violence and contribute to the just resolution of communal conflict.

► <https://www.usfca.edu/institute-nonviolence-social-justice>

### **Nonviolence International**

Advocates for active nonviolence and supports creative constructive nonviolent campaigns worldwide and provides fiscal sponsorship to partners all over the globe, based in Washington, D.C.

► [https://www.nonviolenceinternational.net/educational\\_materials](https://www.nonviolenceinternational.net/educational_materials)

### **Educators for Social Justice Peace Studies (includes children's books)**

Promotes social justice and nonviolence studies children in classrooms, schools and communities.

► <https://www.educatorsforsocialjustice.org/peace-studies.html>

### **Learning for Justice**

Seeks to uphold the mission of the Southern Poverty Law Center to be a catalyst for racial justice in the South and beyond, working in partnership with communities to dismantle white supremacy, strengthen intersectional

movements and advance the human rights of all people.

► <https://www.learningforjustice.org/about>

### **Los Angeles County Federation of Labor**

The LA Federation has embraced nonviolence and direct action perhaps more so than any labor federation in the U.S. and has supported the spread of nonviolence teachings to the rank and file.

► <https://thelafed.org/>

### **The Hotel and Restaurant Workers Local 11**

Local 11 has led the way in successfully organizing immigrant hotel and household workers and applying the principles and practices of nonviolence to mass organizing. Its leader Maria Elena Durazo became head of the LA County Federation of Labor and went on as an elected California State Senator who has put forward the state nonviolence education initiative.

► <https://www.unitehere11.org/>

### **The Martin Luther King Center for Nonviolent Social Change**

Established in 1968 by Coretta Scott King as a non-profit educational center that carries out community and educational programs centered on nonviolent movements for social change.

► <https://thekingcenter.org/>

### **The National Civil Rights Museum**

Established in 1991, the National Civil Rights Museum (perhaps the premier civil rights museum in the South) is located at the former Lorraine Motel, where Dr. King Jr. was assassinated on April 4, 1968. Through interactive exhibits, historic collections, dynamic speakers and special events, the museum offers visitors a chance to walk through history and learn more about a tumultuous and inspiring period of change.

► <https://www.civilrightsmuseum.org/about>

TAH

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2024

OAH Conference on American History  
New Orleans, Louisiana

April 11 to April 14  
New Orleans Marriott

OAH Virtual Conference Series  
on American History

Online  
April 23 to April 25



2025

OAH Conference on American History  
Chicago, Illinois

April 3 to April 6  
Sheraton Grand Chicago

2026

OAH Conference on American History  
Philadelphia, Pennsylvania

April 16 to April 19  
Philadelphia Marriott Downtown



[oah.org/future-meetings](https://oah.org/future-meetings)

# Teaching American History in France: World War I and American Identity

Emmanuel Destenay

American society and World War I is not a common topic in history classrooms and seminars in France. When it comes to the global war that led to the crumbling of Central European empires, K-12 teachers and university professors principally focus on how diplomatic alliances triggered a domino effect across Europe. They then shift to the experiences of European combatants, drawing on photographs and letters from soldiers to their relatives. They detail major battles such as the Somme and Verdun. All this helps students measure the socioeconomic, political, and cultural consequences of the catastrophe that was World War I. The role of the United States looms large but remains fatally limited to U.S. intervention in 1917 and the reasons why Woodrow Wilson declared war on the Central Powers.

In my course about American society and World War I, my goal was threefold: help my students understand the role of the United States during World War I; combat any misconceptions they might hold; and show how divided American society was by 1914. This course was designed for high-school students and then revised for undergraduates.

In both the high school classroom and university seminars, my students firmly believed that neutrality entailed a complete disinterest in the war. But, even more problematic, they believed that it ensured a total absence of socioeconomic problems for the neutral party. None had heard about the Monroe Doctrine and how this had conditioned American neutrality in August 1914. All had been taught that the United States greatly benefited from the war because both the Allies and the Central Powers traded with them. They ignored the fact that the United States (along with other countries such as Spain) suffered from food shortages, rises in prices, and lack of raw material as evidenced by Abbenhuis Maartje and Ismee Tames in their award-winning book *Global War, Global Catastrophe* (2021). Between July 1916 and April 1917, food prizes increased 46 percent. As the European armies drained food supplies, civilians faced staggering increasing prices across the United States. In helping my students understand the global ramifications of the war, I debunked a myth they had accepted: the United States pulled the economic strings in Europe without endangering its own population. I was able to counter the widespread belief that

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In the collective imagination of my students, nothing untoward happened in the United States between 1914 and 1917.

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American society kept functioning fully in isolation. In the collective imagination of my students, nothing untoward happened in the United States between 1914 and 1917. They imagined American society as quiet and passive. After all, it is (rightly) taught in high schools (mainly in English classes) that in the nineteenth century different European communities from Italy, Ireland, Germany, Russia (to mention only a few) arrived to the United States, and most experienced discrimination, poverty, and exclusion, all the while dreaming of making a better life for their families. Joseph Keppler's popular cartoon "Welcome to All" is reprinted in almost every French secondary school history book. It is misleading, though, for it suggests that all those immigrants were welcomed with open arms. Instead, I wanted my students to engage with the creation of citizenships (how do you become an American?) and unveil the racial divisions that already existed (decades before the civil rights movement). History students in every university across France are familiar with Eugen Weber's authoritative monograph *Peasants into Frenchmen: The Modernization of Rural France, 1870–1914* (1976). They know that following the French Revolution, it took several decades to shape a collective identity, a national citizenship, and to unify the country. Not surprisingly, however, they lack the critical outlook to consider the process of "making Americans." They tend to think that any immigrant from anywhere could land in the

United States and automatically "become" a citizen of the United States. I needed to rely on research from Zoë Burkholder (*Color in the Classroom*, 2011); Matthew Frye Jacobson (*Whiteness of a Different Color*, 1998); and, more recently, Adam Goodman ("Defining American," *Journal of American History*, [2002]). World War I coincided with a political willingness to assimilate white immigrants, craft a common sense of belonging among all communities, and make sure the state could melt all those different communities into the American melting pot. World War I may have solved a brewing problem that originated in the nineteenth century: how to assimilate first- and second-generation immigrants and turn them into "Americans." My students read extracts from the above scholars to learn about notions of identity, integration, "race," and belonging. Studying American society during World War I redirected my students' understanding of a topic they (thought they) had been familiar with since secondary school: the civil rights movement of the 1950s and 1960s. Every secondary school student has heard about Martin Luther King Jr. In high schools, students learn about Rosa Parks and the Montgomery Bus Boycott in Alabama and Elizabeth Eckford's integration to a school in Little Rock, Arkansas, to complement the historical background. Elliott Erwit's photograph taken in North Carolina in 1950 showing a drinking fountain for white people and another one for black people can be found in just about

any French textbook. What is more problematic, from my point of view, is the total absence of reference to segregation before the 1950s in French history classrooms. Once again, in their collective memory, French students (and possibly their teachers and professors) link the aftermath of World War II with the beginning of the civil rights movement in the United States. Instead of using unsung heroes such as Elizabeth Eckford or relying on Elliott Erwit's photograph, I chose lesser-known events. I asked my university students to engage with several documents: (1) an editorial in the *Memphis Press* (May 23, 1917), "An Editorial on the Lynching of Ell Persons"; (2) a photograph from the NAACP's Silent Parade in New York City on July 28, 1917; and (3) "The Negro Silent Parade," an extract from the September 1917 issue of *The Crisis*. All these documents have been compiled online in *Blackbird: An Online Journal of Literature and the Arts*. Additionally, I incorporated an extract from Adriana Lentz-Smith's authoritative book *Freedom Struggles: African Americans and World War I*. The extract is from the chapter entitled "Fighting the Southern Huns," which describes the Houston riot in August 1917. All these documents helped students understand that African American organizations such as the National Association for the Advancement of Colored People existed by 1914; that lynchings took place decades before the 1950s; and that the relatively well-researched period of the 1950s and 1960s has eclipsed



historical realities and superseded the fundamental mobilization of African Americans against segregation by the turn of the twentieth century. Most importantly, I wanted them to ponder Lentz-Smith's choice to associate white supremacists with the "Huns." I wanted them to understand that any collective memory depends on personal representations and cultural codes. Lentz-Smith had grasped what it was to be African American in the United States during World War I. Finally, I used a photograph from the 1921 Tulsa race riot, available from the Tulsa Historical Society, simply entitled "Negro Slain in Tulsa Riot, June 1, 1921." I asked students to engage with this historical piece of evidence along with an extract from Chad Williams's shattering monograph *Torchbearers of Democracy* (2010). My students learned that racial violence broke out during and in the aftermath of World War I and that a new form of militancy developed among some African Americans. Above all, students needed to understand that American society was completely atomized, racially speaking, during World War I.

During the class discussion, my high school students (more so than my university undergraduates) were intrigued and uncomfortable with the word *race*. Similarly, when they learned that research centers on race existed in the United States, they were outraged (as many citizens in France would be). They disagreed with the idea that *race* could equal *ethnic community*. They understood why American had a willingness

to identify as African American, Asian American, Latino American, and so on, but they completely rejected any possibility of projecting onto French society such modes of representations. (I must say that when writing an article for the *Du Bois Review: Social Science Research on Race*, I equally refrained from using the word *race* without italics or quotation marks. I felt I was betraying my cultural and national conceptions of citizenship by endorsing the idea that ethnicity equal race.)

Teaching American society in relation to World War I made me realize how problematic the teaching of American history in France can be but also how blurred the frontier has become between teaching U.S. foreign policy and American history in general. And this is the reason why French students cannot be faulted for their lack of perspective on U.S. history. In secondary and high schools across France, American history is mainly taught in English classes by language teachers. Language teachers are trained to teach English but are not historians. Historical events such as the civil rights movement are used to boost students' linguistic skills and give them a glimpse of American history. That's all. Teachers then move onto the English industrial revolution the following week. Much of English language teachers' lessons focus on Great Britain and other Anglophone countries such as Australia, Canada, and South Africa. Likewise, high-school history teachers cover a great deal of timelines, but chapters on the

1929 Wall Street Crash and the Cold War focus almost exclusively on U.S. foreign policy and the place of the United States in the world.

Surprisingly enough, France's university system generally confines the teaching of American history to academics in the modern languages departments. And such courses are not titled "American history courses" but "American civilization courses." They are generally taught entirely in English by scholars who are not historians. They are first and foremost linguists but would boast to be both. And this is not only pedantic but problematic as it binds the ability of scholars in France to teach the history of an Anglophone country to their ability to speak fluent English (and by *fluent English* I mean near native speaker). All things related to the history of Anglophone countries are taught, studied, and researched in modern languages departments in France. Imagine the absurdity of French history being taught only in modern languages departments in the United States (and in French) by linguists. Most problematic, I have always felt that U.S. history was primarily taught through a federal lens. It is as though a federal vision plagues U.S. history. Thomas Jefferson and the American West, the Christian Right and George W. Bush, the Obama presidency, the United States and Latin America, from Franklin D. Roosevelt to Barack Obama were all modules heavily concerned more with the U.S. federal decision-making process and less with the American people. Students had to

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## Designing this course on American society and World War I opened my eyes not only to blatant inconsistencies in the teaching of US history in my country but also to the urgent need to reposition U.S. history within the parameter of grassroots, archive-based research.

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learn about countless articles of law and Supreme Court decisions to grasp what was happening at the grass-roots level, and in the end, U.S. history courses strangely resemble U.S. law courses or U.S. foreign policy modules—as though scholars boarded a helicopter, skimmed down between the House of Representatives and the Senate, hovered over for an instant and darted away. Arguably, it would be incongruous to teach U.S. history without lingering on Supreme Court rulings and congressional decision-making process given the federal nature of the United States. And yet, instead of constantly relying on rulings, amendments, and Supreme Court decisions, it is what happened on the grass-roots level that really matters. Adriana Lentz-Smith, Chad Williams, Christopher Capozzola (in his monumental *Uncle Sam Wants You*, 2008), and before them David Kennedy in his ground-breaking study *Over Here: The First World War and American Society* (1979) all delved into primary sources and built on the personal experiences they found in those sources. This body of scholarship provides an overarching view of what it meant

to be American during World War I. This is just one example of one period: across the board, the study and teaching of U.S. history needs to be more connected to the experience of U.S. society and less to the process of American federalism. In short, scholars should envision the United States as a nation, not a federation.

Designing this course on American society and World War I opened my eyes not only to blatant inconsistencies in the teaching of US history in my country but also to the urgent need to reposition U.S. history within the parameter of grassroots, archive-based research. All the above-mentioned documents helped me address, and at times redress, unknown aspects of U.S. history and explain to my students why World War One needs to be seen as a crucial period in U.S. history. Modules on U.S. history or American “civilization” generally eclipse this determining timeline. It is a huge mistake.

**TAH**

# 2023 OAH DISTINGUISHED LECTURES

The Organization of American Historians gives thanks to the following OAH Distinguished Lecturers and host institutions that contributed honoraria for lectures given during calendar year 2023:

## DISTINGUISHED LECTURERS

William Bauer	Kenneth Janken	Hannah Rosen
Susan Burch	Alexander Keyssar	Randall Stephens
Matthew J. Countryman	Jennifer Lisa Klein	Brenda E. Stevenson
Spencer Crew	Erika Lee ( <i>2 lectures</i> )	Amy Sueyoshi
Angela D. Dillard	Shelley Sang-Hee Lee	Robert Brent Toplin
Jim Downs	W. Caleb McDaniel	Lara Vapnek
Nicole Eustace	Barbara Molony	Andrew Wehrman
Lori A. Flores	Deborah Dash Moore	Craig Steven Wilder
Kimberly A. Hamlin	Premilla Nadasen	Chad Williams
Paul Harvey	Johann Neem	Michael J. Witgen
Kristin Hoganson	Christopher McKnight Nichols	Judy Tzu-Chun Wu
Karl Jacoby	Elizabeth Stordeur Pryor	Rosemarie Zagarri ( <i>2 lectures</i> )

## HOST INSTITUTIONS

Bakersfield College	New Hampshire Humanities Council
Baptist History and Heritage Society	Northern Arizona University
Bergen Community College	Pollins and Associates, Educational Specialists LLC
Boise State University	Siena College
California Lutheran University ( <i>3 lectures</i> )	South Texas College Library
California State University, Fresno	Temple Emanu-El
Catholic Memorial School	The College of New Jersey
Columbia College	The Library Company of Philadelphia
Congregation Shaarey Zedek	The University of Texas Rio Grande Valley
First Congregational Church of Cheshire	Tufts University
Florida Atlantic University	University at Buffalo
Fort Lee Public Library	University of North Carolina Wilmington
Greenhills School	University of Pennsylvania
Hauenstein Center for Presidential Studies, Grand Valley State University	USAboard
Monta Vista High School	Village Library of Cooperstown
National Credit Union Administration	Virginia Commonwealth University
National Park Service	Weber State University
North Carolina Museum of History	West Orange NJ Public School District

For more information or to schedule a lecture, visit [oah.org/lectures](https://oah.org/lectures)



# PUBLIC DIALOGUE, RELEVANCE, & CHANGE

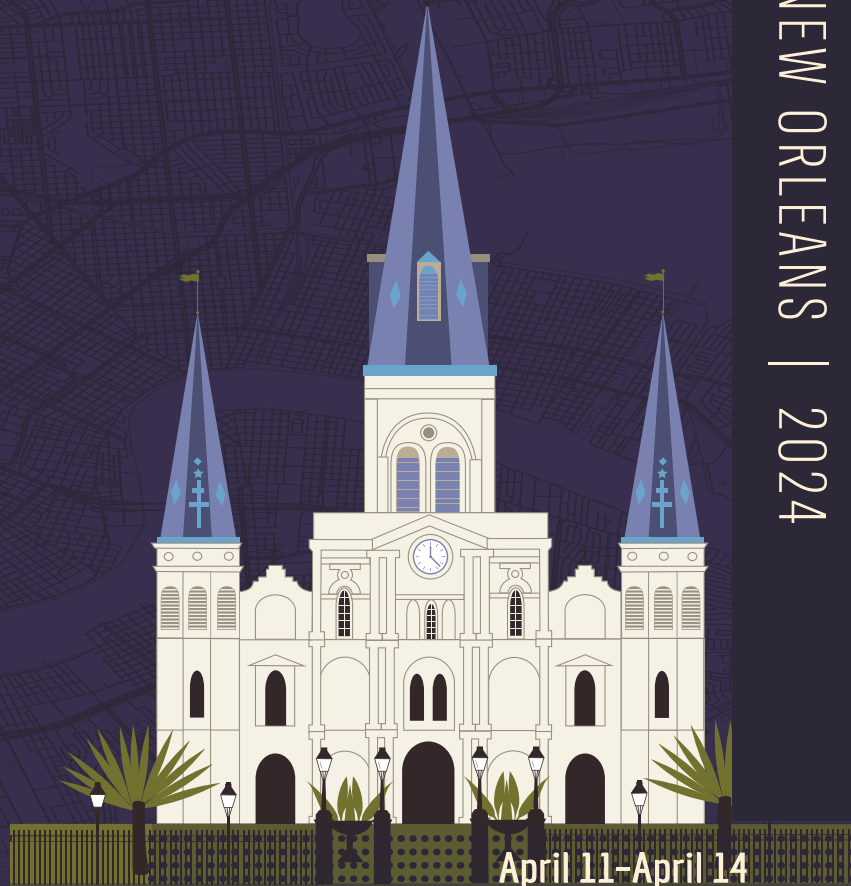
*Being in Service to  
Communities and the Nation*

The current cascade of crises—viral, racial, economic, political, constitutional, and environmental—shape and shadow our communities and our nation. History and historians have a role to play in addressing these crises; documenting, writing, amplifying, and mediating stories that can inform our moment and promote social justice.

Join us as we honor and explore the ways in which individuals, communities, and historians work and learn together. Public history will be a major thread throughout the conference as we invite all to share perspectives on how history can inform, repair, and recast current debates.

# OAH CONFERENCE ON AMERICAN HISTORY

NEW ORLEANS | 2024



April 11–April 14

[oah.org](http://oah.org) | [#oah24](https://twitter.com/oah24)

NEW ORLEANS MARRIOTT

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# Forward Together: A 2023 Retrospective and 2024 Preview

As we near the end of 2023, we can look back with pride and gratitude on what has been a productive and collaborative year for our Organization of American Historians.

In April, nearly 1,500 of you joined us in Los Angeles for the annual Conference on American History, a return to pre-pandemic levels of attendance. Your enthusiasm was evident in our sold-out tours and crowded receptions and events. In partnership with the Japanese American National Museum, our Sunday public event “History on Trial: An American History Forum with Educators” honored the late former OAH President Gary B. Nash. In keeping with our efforts to support educators, the OAH partnered with the Newberry Library to host a day-and-a-half-long workshop titled “Teaching Native Histories: A Midwest Teaching Lab” in November. Our collaboration with the National Park Service entered its 30th year, and the results were several pioneering works of scholarship that will inform education and interpretation at parks across the nation.

2023 has also had its challenges for us. Personally and professionally, we’ve all faced lingering inflation and difficult economic conditions, and the uncertain economic outlook has led to budget cuts in some of our home institutions. We’ve also faced a renewed push by opponents of good history to distort the past to advance their political agendas. Simply continuing to do the work of history in these swirling economic and cultural climates can feel overwhelming. In the face of these challenges, those of us on staff are regularly renewed and inspired

by your work and our allies’ work through various OAH programs.

The strength of our organization has always been in its ability to provide community and fellowship for historians. We do that through our Conference, our public-facing programs, and the excellent scholarship featured in the *Journal of American History*. If you’re a longtime member of the OAH, you know the value of being a part of this professional community. You likely remember the first time you attended a conference and began to develop your network of colleagues and friends. Perhaps you’ve now reached a point in your career where you’re mentoring the next generation of historians as they join the OAH. I know I wouldn’t be where I am today if not for the gentle push I got from my mentors to attend and present at regional and national conferences.

Our ability to convene friends of history together is only possible thanks to the generosity of our members and donors. I’d like to highlight one such act of generosity and tell you how it inspired us to move forward.

In early 2024 we will reach the end of the Earl Lewis Challenge campaign. As you likely know by now, during his Presidential Address at the 2019 OAH Annual Meeting, Earl announced his \$50,000 donation to kick off the most ambitious fundraising campaign in our history. Earl pledged another \$50,000 if the OAH could raise \$500,000 in five years. Earl’s gift didn’t just launch a specific campaign, though. It also launched a transformation of the OAH as an organization that he helped shepherd

during his time as President. As Earl said while announcing his gift, “The OAH must make the case for history and the common good... and we must never forget that what we do addresses the work of freedom.”

This campaign, which wraps up in April of 2024, is meant to reinforce our reserve fund so that we can weather future challenges. It gives us a strong, stable foundation upon which to build a vital and agile organization. As Earl knew when he launched the campaign, the OAH needed to begin evolving into a “community for a broad range of people now interpreting the nation’s past and a hub, host, and incubator for excellent and trusted American history.” Earl’s gift and the incredible support you’ve given to the campaign are helping us meet these ambitious goals, starting with two important objectives we met this year.

This summer we launched the new OAH.org following an extensive redesign meant to highlight our new programs, content, and advocacy work. The redesign of the website could not have been completed without the efforts of our IT team, including IT Director James Black and Web Administrator Danny McMurray. Danny is the most recent new hire at the OAH, but not the last. As part of a planned staffing reorganization, we soon expect to welcome a new colleague to direct all OAH marketing and communication efforts. This critical hire will join our team in promoting the work of the OAH and raising awareness of the work of our members. In addition to

these new hires, several of us already on staff are transitioning into exciting (and challenging!) new roles to help advance our mission. I’m proud to be a part of that reorganization and to take on my new role as Director of Advancement and Strategic Partnerships. My job is to continue to find ways to match the OAH with supporters like you so that we can move forward together in achieving the goals we share for our field. I’m here to be your advocate and partner, and I’m excited and eager to get to know you better.

Again, you have made this possible through your continued support of the OAH. For nearly 120 years, our operations have been funded primarily through the dues you pay for membership. Fundamentally, we will remain a professional association supported by dues-paying members. However, to continue our evolution and meet the needs of a rapidly changing field, we’re also developing new ways for you to support the OAH. The centerpiece of our new advancement program is the Raintree Society, our planned giving recognition program. In 2024 we look forward to publicly recognizing the first members of this society who have already made significant legacy pledges, and alongside these leaders, providing you with information on how and why these gifts are essential for our organization. We want to open as many avenues as possible for you, our supporters, to support the long-term health of the OAH, to honor the legacy of your mentors and colleagues, and to provide

opportunities for future historians.

As you reflect on 2023 and look ahead to 2024, please consider donating or pledging to the Earl Lewis Challenge so that we can all celebrate a successful campaign in New Orleans. If you’d like more information on how you can support any program or initiative at the OAH by making a planned gift or would like to discuss other ways to support your community of historians, please don’t hesitate to contact me.

**Paul J. Zwirecki, Ph.D.**

Director of Advancement and Strategic Partnerships  
[pzwirecki@oah.org](mailto:pzwirecki@oah.org)  
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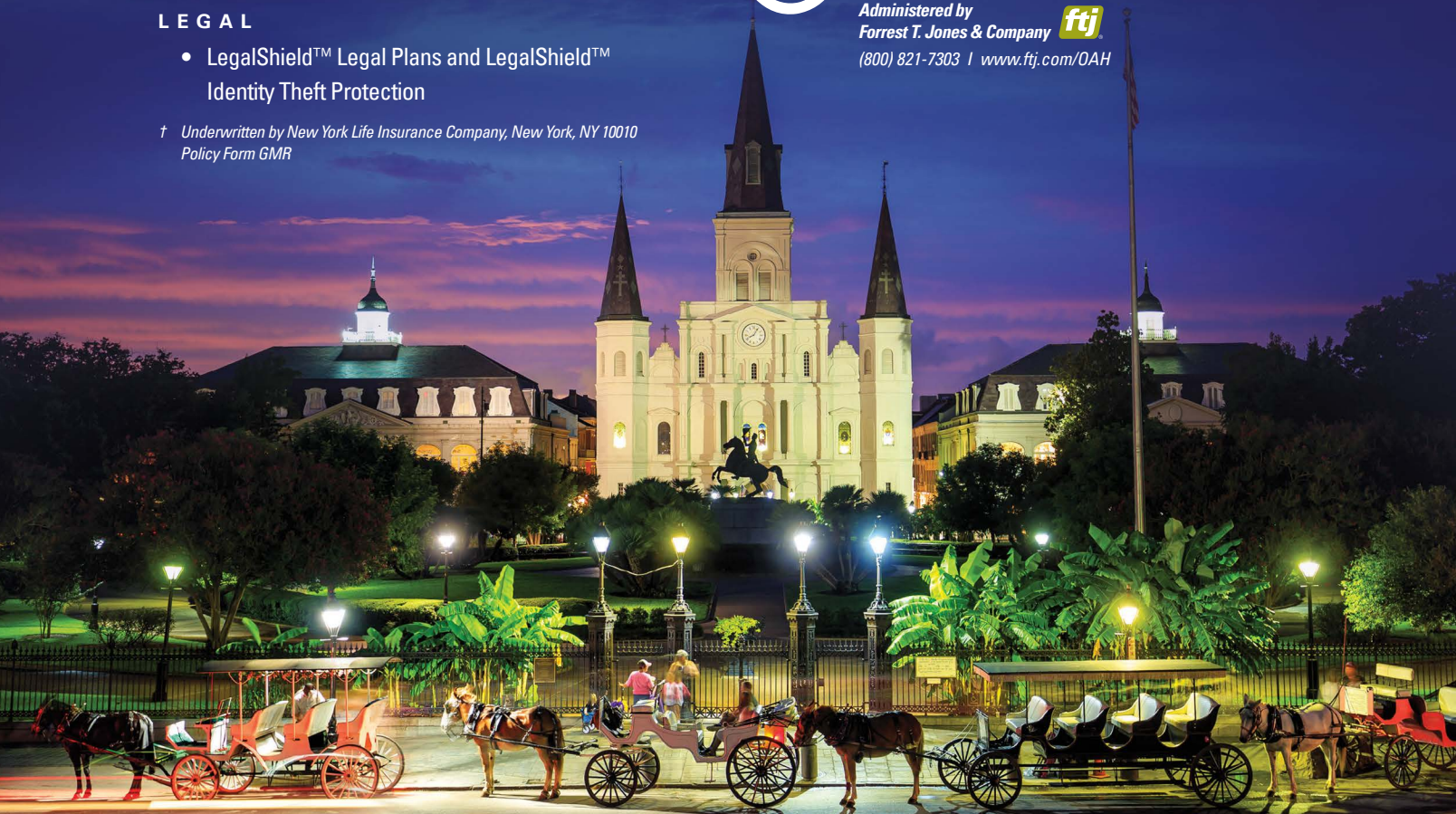


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# Teaching about the History of *Do-It-Yourself* Gynecology in the Wake of *Dobbs*

Jiemin Tina Wei

When I had prepared my Fall 2022 syllabus almost a year earlier, I had not anticipated the forcefulness with which current events would inject urgency into its topics. On May 2, 2022, a draft Supreme Court decision for *Dobbs v. Jackson Women's Health Organization* leaked. As written, it would overturn the 1973 *Roe v. Wade* decision that affirmed

the constitutional right to abortion. Abortion rights activists protested in large and small cities and outside the Supreme Court, carrying signs depicting wire hangers with the caption, "We Will Not Go Back." This cycle of news coverage and public outrage repeated once more after the Court officially released its decision over a month later on June 24.<sup>1</sup>



Photo by Lorraine Rothman, Feminist Women's Health Center, used under a Creative Commons Attribution-Share Alike 3.0 Unported license.



I was set to teach that fall at Tufts University about the history of self-help with a focus on the history of medicine. The class would explore how individuals and communities employed what they called “self-help” to access necessary medical care, including reproductive healthcare. The Supreme Court decision gave the already charged issues in my syllabus additional contemporary significance. As protestors’ wire hanger signs reminded observers, the changing legality of abortions did not make abortions disappear, but rather pushed people seeking them towards underground methods. I faced pedagogical questions ignited by the present moment: how can one teach about the history of feminist health activism during a time when women and gestators’ reproductive health was in jeopardy? In the wake of *Dobbs*, how can one teach about the history of do-it-yourself (DIY) gynecology before *Roe*? In this instance, when an established legal guarantee was undone, teaching about the past began to feel more like teaching about a new present.

#### **MEDICAL SELF-HELP**

In the course, titled “Self-Help in American Culture: Historical and Critical Perspectives,” politics and power were central, as self-help has often operated as influence, coercion, or mandate. We investigated tensions within historical iterations of self-help, asking: is self-help always an individualistic act or can it be communal? In cases of the latter, is the “self” that is helped also the community? Furthermore, is self-help always hegemonic (culturally dominant) or can it be counter-hegemonic, and how does that change over time?

My course was housed at Tufts’s Experimental College, or “ExCollege,” an educational experiment—as its name indicates—founded in 1964 to expand the curriculum of the traditional classroom. ExCollege’s history of undergraduate student participation remains alive today, as a governing board of students, staff, and faculty vote to determine its offerings each semester. Courses emphasize interdisciplinary subject matter, experiential pedagogy, and activities promoting engaged citizenship.<sup>2</sup> This curricular focus on experimental and experiential learning benefitted my course about self-help in both form and content.

Several units in the course focused on the history of medicine and on how marginalized communities

*In the wake of Dobbs, how can one teach about the history of do-it-yourself (DIY) gynecology before Roe?*

fought to access life-saving care and devised alternative mechanisms to receive that care. We studied, for instance, the Black Panther party’s free medical clinics, where patients received first aid, childhood vaccinations, blood pressure screenings, and sickle cell screenings.<sup>3</sup> We examined the ethical complexities of different ethnic communities’ genetic screening initiatives for hereditary conditions such as Tay-Sachs, cystic fibrosis, and sickle cell.<sup>4</sup> We dug into the ACT UP oral history project’s digitized archive to hear activists recount their own experiences of fighting for AIDS treatment for all.<sup>5</sup>

In addition to these groups united around race and sexuality, another such group that sought to challenge the existing medical system was women. The class studied the health feminism movement of the 1960s and 1970s, also known as the feminist women’s health movement, which sprouted “self-help clinics” around the country—nearly 2,000 by 1975—that offered medical services, consciousness-raising groups, know-your-body courses, and vaginal self-exams. They offered their primary demographic of white, middle-class women the opportunity to view their own cervixes in the company of fellow practitioners and thereby gain self-knowledge about their bodies and medical knowledge about gynecological care. Even as these activists clashed with doctors and providers, such as Planned Parenthood, they also sometimes collaborated with physicians by employing them at their clinics.<sup>6</sup> The *Houston Post* captured one such confrontation at the 13th Annual Meeting of Planned Parenthood Physicians in 1975. The *Feminist Women’s Health Center Report* reprinted this photo in their September issue, captioning it, “Planned Parenthood physician Hugh Davis [...] wags finger at feminists Carol Downer, Belita Cowan and Harla Kaplan.”<sup>7</sup>

Black women's and Indigenous women's self-help groups also formed, seeking to promote broader definitions of health. While the former experimented with "psychological self-help" practices for addressing struggles related to poverty, low self-esteem, stress, and HIV/AIDS, the latter combatted a host of community health issues such as fetal alcohol syndrome.<sup>8</sup> Some groups went further to experiment with donor insemination, non-medical menopause interventions, and home abortions.<sup>9</sup>

In addressing the topic of abortion, I inadvertently joined a cohort of other ExCollege classes that were teaching about abortion. One class devoted to abortion rights was especially sought out by ExCollege administrators following the Supreme Court decision leak, while others addressed abortion in the context of a broader set of issues, such as a course about the history of sex education or my course about the history of self-help. While some focused on legal perspectives, untangling the relationship between reproductive rights, reproductive justice, and reproductive health, others took a community health approach to studying America's maternal health crisis.<sup>10</sup> Surrounded by this multidisciplinary pedagogy about abortion in the wake of *Dobbs*, I aimed to contribute to students' learning the historical study of reproductive care through material objects and archival texts.

### **DIY GYNECOLOGY THROUGH THE MATERIAL OBJECTS AND ARCHIVAL TEXTS**

To craft this unit, I worked with the Center for the History of Medicine and the Warren Anatomical Museum at Harvard Medical School (HMS) to arrange a field trip. Jess Murphy, a public service librarian and manager of research and instruction at the Special Collections and Archives and Dominic Hall, curator of the museum, prepared objects and print materials from their collections for the students to see, touch, read, and interact with. The provocation of our session together was: in the wake of the repeal of *Roe*, there has been renewed interest in DIY gynecology and reproductive care, including home abortions. We inquired, how did people, pre-*Roe*, seek alternative ways to procure abortions?

Thus, as a Tufts article profiling the field trip summarized, "On an evening in late October, a group of students stood in the basement of Harvard's Countway Library, gathered around a

table [... displaying ...] historical medical models and artifacts."<sup>11</sup> The students looked at a calculus from 1842 that was two inches long and "about as large as the last joint of the fore-finger." A build-up of minerals in the body, much like a kidney stone, such calculi often formed around a foreign object in the body. In this case, the mineral deposits formed in a woman's uterus around the barrel of a goose-quill that she had used in an attempted home abortion, after which, "the instrument slipping from her fingers" was "not [...] again seen." The attending physician, Dr. Welling of West Cambridge, Massachusetts, first treated the forty-year-old married woman on August 4, but her complications from the lost goose-quill barrel persisted until November 26, when the calculus passed from her urethra. The case history, citing analysis by Dr. Charles T. Jackson, noted the calculus's composition of urea of ammonia and the phosphate of lime and magnesia. Labeled number "612," this case was preserved in the 1847 *Descriptive Catalogue of the Museum of the Boston Society for Medical Improvement*, categorized under "foreign substances, calculi, &c."<sup>12</sup>

The students also viewed a plastic Pelvic Teaching Model used at HMS to teach gynecology. Nicknamed "Gynny," as a play on "gynecology," and pronounced like the woman's name "Ginny," the model was part of a legacy of feminist activists who disputed the use of plastic pelvic models in teaching at HMS. This artifact was a window into activists' attempts to exert influence on practices within medical education by reintroducing human models in gynecological training.

Through the field trip and additional in-class time, we explored the print and audiovisual material produced by feminist activists. We viewed pamphlets and zines distributed by the Los Angeles Self-Help Clinic, perused grassroots publications such as *Our Bodies, Ourselves* by the Boston Women's Health Book Collective, and listened to their recorded radio interviews. During an era when protocols surrounding informed consent were in flux, these publications circulated information about how patients could protect their rights during interactions with doctors. They informed readers about contraindications and side effects for common medications so that they could make their own

*Whatever the future may hold, teaching about the histories of self-help reproductive care may, unfortunately, remain recursively relevant.*

health decisions regardless of what their doctors disclosed to them or not.<sup>13</sup> These primary sources gave tangible form to the ideas students studied about social movements, bodily autonomy, medical ethics.

### **MENSTRUAL EXTRACTION (ME)**

Among the most controversial self-help practices of the feminist health movement was one called “Menstrual Extraction” (ME). This procedure with many names, invented and patented in 1971, was also known variously as the “minisuction,” “mini abortion,” or the “Del Em.” It was co-invented by Carol Downer, a housewife and mother of six, and Lorraine Rothman, an Orange County public school teacher and mother of four.<sup>14</sup> Downer, especially, loomed large in memories of the movement, as the mythos around the first self-help meeting she hosted at the Everywoman’s Bookstore near Los Angeles on April 7, 1971, accompanied nearly every retelling of the movement’s origins. Attendees and Downer herself recalled how, during the gathering, she stood on top of a table, pulled up her skirt, and showed those present her cervix, with the help of a plastic speculum, mirror, and flashlight.<sup>15</sup>

Rothman, who had attended this first meeting, was immediately enamored with these practices that women could use to regain control over their own bodies. Learning about a suction abortion technique that she had observed with the group in an underground abortion clinic in Santa Monica run by Harvey Karman, whom activists later learned was not a medical doctor, she was intent on improving the procedure. Karman’s existing apparatus could accidentally pump air back into the uterus, which could be fatal if it caused an air embolism. After hunting around in hardware stores, grocery stores, chemistry labs, and aquarium shops, Rothman

finally found what she needed in a scientific mail-order catalog—an automatic two-way bypass valve, which would prevent the unwanted, accidental air.<sup>16</sup>

Thus, ME was born. The procedure, typically assisted by other practitioners, used a suction device to evacuate the contents of the uterus. If the user was menstruating at the time, the procedure would evacuate her menstruation (blood). If the user was in the early weeks of pregnancy, ME would evacuate a mixture of blood, the chorionic villi of the developing placenta, the sac, and the membrane that contained the implantation. While some performed ME to regulate their periods, others performed it as an early term abortion. Within the procedure’s name and process was a cover for plausible deniability. The user could intend to perform a supposedly routine health maintenance activity, which its proponents considered a “home health-care technique” such as “self-catheterization, at-home bladder installations, and other health-maintenance routines,” while they actually accomplished an abortion.<sup>17</sup> Some argued that ME was less painful, risky, and dangerous than other profiteering, “back-alley” abortions. But other doctors opposed this practice, including Jane Hodgson, staunch abortion advocate and the only doctor to have been convicted of performing an abortion. Hodgson and colleagues warned that ME could cause severe complications if too much or too little tissue was removed, as they had seen in patients subsequently seeking care at their medical clinic after an ME gone awry.<sup>18</sup>

### **HISTORY LOOPS BACK**

Teaching about abortion in 2022 was like traveling through a wormhole in spacetime. ME experienced its height in popularity from 1971 to 1973, but after *Roe* guaranteed the legal right to abortion, demand for ME decreased. Yet, when the legal right

to abortion became increasingly contested in the late 1980s and early 1990s by rising pro-life and anti-choice movements, practitioners again sought it out.<sup>19</sup> The cyclical nature of the history of self-help abortions correlated when legal options were threatened or revoked. After *Roe*'s repeal in 2022, the cultural mood on this issue, for some, felt suddenly closer to moments more than fifty years earlier than those of the years in between.

In 1992, Downer revisited ME in a book co-written with health writer and activist Rebecca Chalker. They reprised this topic with urgency following Clarence Thomas's appointment to the Supreme Court in the prior year. Calling the situation a "Supreme Disaster," they tracked the "unraveling of *Roe*" through cases that limited *Roe*'s reach, such as *Webster v. Reproductive Health Services* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*. More cases were winding through the courts with the intent to overturn *Roe*, and states and territories such as Louisiana, Utah, and Guam were experimenting with laws restricting people's ability to perform, distribute information about, or assist others in acquiring abortions, as well as possessing abortion equipment. They noted that in 1990, almost two decades after *Roe*, 83% of counties in the U.S. still lacked an abortion provider, requiring those seeking abortions to travel to another county or state to obtain them. Although only 14% of those polled in 1992 believed that abortion should be illegal in all circumstances, the Court, they noted with horror, was at that time only one vote away from overturning *Roe*.<sup>20</sup>

Heavyweights from the feminist health movement rallied around the book. The influential science writer Barbara Seaman called it "[p]erhaps the most important book ever written on women's rights and women's lives," and writer and activist Barbara Ehrenreich concurred that it was "the most important book on reproductive rights ever written." Although "[o]ther books will tell you the history of abortion rights and the struggle to preserve them," Ehrenreich noted, this one "tells you how to *get* them." The book's practical information about performing ME aimed to give readers control over their bodies regardless of abortion's legal status. Thus, it contained, Ehrenreich wrote, "more power than any law could give us."<sup>21</sup>

History has come full-circle. Clarence Thomas is now the earliest-appointed Justice still sitting on the Supreme Court, and the overturning of *Roe*, which activists long feared, has come to pass. Back in 1992, in the wake of Thomas's appointment, Chalker and Downer mentioned that a new abortifacient drug, RU-486, approved for use in France in 1988, may be "the wave of the future" for alternative forms of abortion.<sup>22</sup> Today, RU-486 is more commonly known as the mifepristone abortion pill, which may offer those seeking home abortions a solution without resorting to ME.<sup>23</sup> Whatever the future may hold, teaching about the histories of self-help reproductive care may, unfortunately, remain recursively relevant.

**TAH**



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# The Eugenic Origins of Prenatal Care in the United States

**JAMIE MARSELLA**

On August 14, 1913, the New York Babies' Aid Association opened a "prenatal kitchen" in Harlem. Like other philanthropic kitchens at the time, this prenatal kitchen closely resembled a discount lunch counter intended for working-class, primarily immigrant women. Once inside, these women and their children would receive an affordable lunch. At the same time, they listened to lectures on how to prepare nutritious meals for themselves and their children and how to best care for themselves during pregnancy.

The *New-York Tribune* covered the kitchen's progress over the next few months. The *Tribune* detailed the association's vision for the first kitchen, located in one of their milk stations, and their goal of opening additional kitchens in local public schools. Their work was not purely altruistic, however. As the association explained to the *Tribune*, a central goal of their work was to improve the health of women who might otherwise give birth to "feeble" children. As one organizer put it:

"New York City is spending vast sums of money to provide malformed children, feeble-minded children, the tuberculous, the anemic, etc. I believe in the alleviation of suffering; but haven't we been a little like the man who never mends a leaky roof, and when it rains tries to make the best of a bad matter by covering the furniture?.. Why not provide for better babies, healthier babies, by providing for their mothers? Isn't it foolish to neglect the mothers and then spend extra money to care for the children, who have, in many cases, become public charges just because they came into the world with feeble bodies? I don't believe we half realize yet the close relationship between malnutrition and crime."<sup>1</sup>

In addition to its potentially life-saving effects, reformers also valued prenatal care as a means of getting "better babies"—an idea that did not just refer to better physical health but also carried eugenic connotations about producing more eugenically fit children. The Babies' Aid Association's prenatal kitchens, or as the *Tribune* called them, "eugenic kitchens," reflect broader trends in the Progressive Era's burgeoning emphasis on prenatal care within the child welfare reform movement. Early prenatal programs echoed eugenic ideas about the "right to be well-born," which placed most of the responsibility for "fit" parenting on mothers and pregnant women. Reformers and child welfare experts argued that women's personal choices and behaviors while pregnant directly shaped their offspring's ability to realize their hereditary potential. Yet, simultaneously, these same reformers claimed that women—especially immigrant women and women of color—were incapable of making appropriate parenting decisions without the guidance of child welfare experts.

The unprecedented growth in immigration and urbanization in the United States at the beginning of the twentieth century heightened anxieties surrounding the rise of infectious disease and urban poverty, both of which were frequently attributed to working-class immigrants' physical and moral weakness. There were many approaches to solving this supposed problem, including calls to restrict immigration (as the Immigration Act of 1924 would ultimately do) and calls for eugenic practices to limit the reproduction of the so-called unfit and increase the birthrates of upper- and middle-class Anglo-Americans. Additionally, many reformers began



Project nurse giving instructions and demonstrations during prenatal clinic. Terrebonne Project, Schriever, Louisiana. Photo by Marion Walcott, June 1940. Photo courtesy of the Library of Congress.



to organize to create educational programs that attempted to “Americanize” immigrant communities through language lessons, changes in clothing and diet, industrial education, and lessons in child welfare, health, and hygiene.

Public health professionals preached the virtue of a sanitary neighborhood and hygienic home and began to expand that notion to the pregnant body. As a result, prenatal care often mirrored other sanitary and hygienic reform efforts, in which public health education blurred with assimilation programs in the hopes of creating fitter future citizens. As the Chief of the New York City Division of Child Hygiene explained, “during the prenatal period, the baby’s environment is its mother.” As such, “her function is concerned with seeing that her baby is properly nourished. She can do this best by giving proper care to her own health during the prenatal period.”<sup>2</sup> Maternal health became essential to the production of “better babies” and child welfare reform.

Early twentieth-century child and maternal welfare reform was characterized by its emphasis on educational programming for mothers, most

often run by educated, upper-class white women such as Mabel Parker, the head of the New York City Babies’ Aid Association. Like many public health nurses and social workers, Parker’s experience working with the Department of Health placed her in tenement neighborhoods, working directly with working-class immigrant women. Parker began her career as a social worker collaborating with the New York City Department of Health to open milk depots, providing tenement mothers with safe-to-drink milk to prevent the infectious diseases that most contributed to infant mortality. The prenatal kitchen was an attempt to intervene even earlier in the process in the hopes that a healthier pregnancy would produce a healthier child and make the woman even stronger during delivery.

While prenatal care is a commonplace experience today, at the beginning of the twentieth century, most pregnancies did not involve prenatal care from a medical professional. Instead, pregnancy was considered a private matter best managed within the home. Many Progressive reformers, however, were troubled by high infant and maternal mortality rates,

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most of which were due to preventable infection in working-class and immigrant neighborhoods. They argued that the mortality rates were proof that these communities could not properly manage their own homes or their own bodies without their help. As the New York Milk Committee explained in a 1912 report, “the two great fundamental causes of infant mortality are poverty and ignorance.”<sup>3</sup>

In the summer of 1911, the New York Milk Committee (NYMC) began one of the first attempts at a prenatal care program in working-class and immigrant neighborhoods. They treated their first prenatal campaign as an experiment, hoping to demonstrate the efficacy of prenatal care. They sent trained obstetric nurses door-to-door to identify and enlist pregnant women to agree to regular home visits. Once in the home, nurses would instruct mothers on the proper diet and work balance for pregnancy, how to prepare their home for a baby, and what to expect when getting ready to deliver. At the same time, nurses would examine the mothers and refer them to a doctor if any complications were detected. When the experiment ended in December 1912, the NYMC was proud to announce it a success. Of the 1,375 women visited, only two mothers died during or after childbirth; there was an 8 percent decrease in stillbirths and a 33 percent decrease in the overall death of infants after one month.

Echoing the sentiments of the Babies’ Aid Association, the NYMC annual report also framed the results of their prenatal work in relation to eugenics. While the report presented several case studies featuring “unhygienic [lives] amid squalid surroundings,” “mentally deficient” mothers, and alcoholic fathers, each story culminated with healthy, “normal” children. Appeasing the eugenicists who

had previously criticized their work for “interfering with nature’s plan of survival of the fittest,” the NYMC agreed that preventing reproduction in these communities was a worthy goal. Yet, they argued, it remained unrealistic. Instead, they saw their work in immigrant communities as simply “applying practical eugenics to existing conditions.” For the NYMC, prenatal care programs ensured that the rapidly growing immigrant population was as healthy and fit as possible.

While both the Babies’ Aid Association’s prenatal kitchens and the NYMC experiment offered resources to those who could not otherwise afford them, other early prenatal programs inspired by their work were instead intended for middle-class, Anglo-American women who already had access to a family physician. Though they shared the same aims, these programs were primarily educational. Mothers’ manuals and other educational literature spread the gospel of prenatal care to women across the country, reflecting similar imperatives about protecting the eugenic fitness of their future children. In 1913, for example, the Federal Children’s Bureau began circulating an unsolicited pamphlet called *Prenatal Care*, which offered expectant mothers information and advice, including topics such as recognizing the signs and symptoms of pregnancy, personal health and hygiene, how to prepare the home for a baby, and what to expect during labor and delivery. Women’s magazines, including *Women’s Home Companion* and *Good Housekeeping*, published articles by pediatricians and public health professionals encouraging them to make use of mothers’ clubs and educational literature and present themselves to their doctors as early in their pregnancies as possible.<sup>4</sup>

By 1917 the enthusiasm for prenatal education was further bolstered by the United States’ entry into WWI, which resulted in an increased awareness nationwide of infant and maternal mortality and the lack of access to preventative healthcare in rural areas. Seizing her opportunity, the Federal Children’s Bureau chief, Julia Lathrop, called for Congress to allocate federal funds for preventative maternal and child welfare services across the country. In 1919 congressmen Morris Sheppard and Horace Towner presented a bipartisan bill to fund maternal and infant education programs, especially in rural areas. Officially called the Sheppard-Towner Act, the bill was known colloquially as the “Better Baby



Bill.” Like its nickname, the newly funded programs echoed the eugenic associations of the earliest prenatal care programs. With federal support, state child-health agencies across the country modeled their prenatal and child welfare work after those programs, including those of the Babies’ Aid Association and New York Milk Committee.

The Sheppard-Towner Act was passed in 1921 with majority support. From its initial introduction, however, the act was controversial. While women reformers and public health professionals declared strong support, others criticized the bill as an encroachment of the state. As a result, the 1921 bill explicitly prohibited using funds to provide services or resources. Instead, the Sheppard-Towner Act exclusively created educational programs to spread awareness of prenatal care practices nationwide by establishing clinics, seminars, and brigades of visiting nurses. The bill initially targeted low-income, primarily rural women who did not have access to medical care. Yet many middle-class women benefited from the pamphlets, lectures, and mothers’ courses promoted by the bill.

Whether the information they received came from a public health nurse or an educational pamphlet, pregnant women were heavily encouraged to seek the services of a doctor. This advice reflected the concerns of the bill’s many critics who saw the bill at best as a federal encroachment into the medical profession and, at worst, as a socialist intrusion into the American home.<sup>5</sup> It also reflected broader trends in the professionalization of medicine in the early twentieth century, where doctors were increasingly lobbying to solidify professional boundaries and establish themselves as elite experts in many specialized fields, including obstetrics, gynecology, and pediatrics.<sup>6</sup>

In some ways, as historian Molly Ladd-Taylor has argued, the act was a victim of its own success. In 1929, when the bill expired, the Children’s Bureau estimated that almost half of all delivering mothers

that year had been influenced by their advice. The increased emphasis on prenatal care education created demand from middle- and upper-class white women, and the Federal Children’s Bureau provided detailed studies that provided overwhelming proof of the benefits of prenatal care. As a result, physicians began to incorporate prenatal care into their own practices, further routinizing prenatal care into the pregnancies of middle-class, white women. These successes, in addition to continued criticism from political conservatives regarding socialized medicine, made the bill’s renewal seem unnecessary to many.<sup>7</sup> The bill had done what it had set out to do—create the structures of care necessary to produce “better babies.” Despite attempts by child welfare reformers to renew the bill throughout the 1920s, the Sheppard-Towner Act officially expired in 1929.

Ultimately, the effects of the Sheppard-Towner Act were substantial, but its reach was limited. Though infant and maternal mortality decreased significantly across the country, these prenatal programs were far less successful for rural communities and communities of color. In the first year of the act, the infant mortality rate of white infants was 72 per 1,000 live births. By 1928, the rate had dropped to 64. For infants of color, the rate in 1921 was 108 and only dropped to 106 by 1928.<sup>8</sup> The bill provided funding intended to promote the production of “better babies,” a concept that did not extend to those deemed unworthy of eugenic fitness. The bill required nothing that might alleviate health disparities due to structural racism. In the South, for example, the federal funds were dispensed to Jim Crow states, which legally limited Black women’s access to Sheppard-Towner-appointed doctors and nurses as it had limited access and entry to medical care prior to the bill’s passage. Similarly, many states with large Native American populations simply declined to use the funding for those communities by arguing that they were the responsibility of the federal government.<sup>9</sup>

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The Sheppard-Towner Act also significantly reduced the number of practicing midwives in the South, further limiting Black women's access to care. Like immigrant women in the North, many Black women in the South relied on respected midwives for their prenatal and postnatal care. Despite the Federal Children's Bureau's lukewarm approval of trained and licensed midwives, especially amongst immigrant communities in the North, it frequently invoked the specter of the "ignorant midwife" to explain high Black infant and maternal mortality rates, accusing them of promoting superstition and poor hygiene. Stigma and increasingly stringent licensing laws severely limited midwives' ability to practice in their communities.<sup>10</sup>

Though the Sheppard-Towner bill expired in 1929, its legacy remains, in part because of Title V of the Social Security Act which drew heavy inspiration from the bill.<sup>11</sup> Its legacy of racial inequality remains, too. In 2023 racial disparities in infant and maternal mortality and access to reproductive care persist. In fact, in 2022, the maternal and

infant death rate in the United States rose for the first time in in twenty years, especially within Black and indigenous populations.<sup>12</sup> A recent survey from the CDC showed that one in five pregnant persons in the United States experienced some form of mistreatment during maternal care, and approximately forty percent of Black, Hispanic, or multiracial people surveyed reported experiencing discrimination while receiving some form of maternal care.<sup>13</sup> These statistics are alarming but, unfortunately, not surprising when considering that the foundation of prenatal care in this country was never intended to address the diverse needs of different religious, ethnic, racial, or geographic populations. Rather, the history of prenatal care in the United States offers an opportunity to identify the ways eugenic logic, structural and systemic racism, and the financial incentives of healthcare have worked to obscure alternative ways of providing resources and enabling access to care.

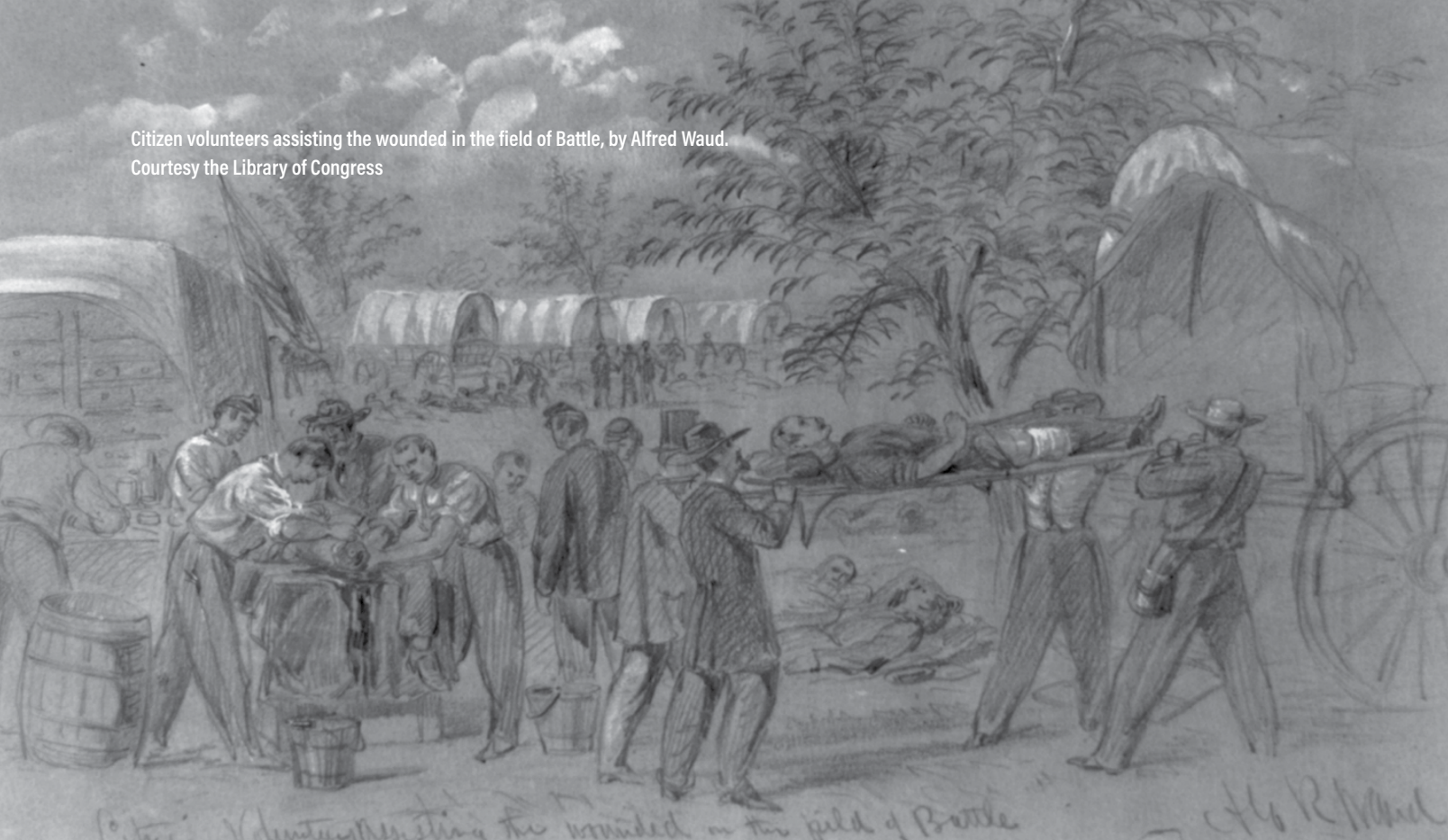
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Citizen volunteers assisting the wounded in the field of Battle, by Alfred Waud.  
Courtesy the Library of Congress



# Slavery, Racism, and Opioid Addiction in the Nineteenth Century United States

JONATHAN S. JONES

It is impossible to ignore the United States' opioid crisis, which since the late 1990s has claimed as many lives as the Civil War, America's deadliest conflict.<sup>1</sup> With decades-old roots in fraudulent marketing schemes and unchecked overprescribing of opioids such as OxyContin, today the crisis is driven by trafficked fentanyl, which contaminates heroin and other drugs.<sup>2</sup> To historians of drugs, so much of this oft-told narrative plays like history on repeat.

That is because opioid addiction has a deeper, even more tragic history in the United States than most Americans realize. Since the early nineteenth century, Americans recognized that opiates—including opium and its derivatives such as laudanum and morphine—had the potential for

addiction and overdose. The Civil War's medical crisis, unchecked industrialism, and aggressive medical advertising in the Gilded Age created a perfect storm, fueling the United States' first opioid addiction crisis between the 1860s and 1890s.

Although a century removed, the U.S.'s Gilded Age opioid crisis and the current epidemic share troubling parallels, including the iatrogenic nature of the crises and the role of pharmaceutical profiteers.<sup>3</sup> Less familiar, but just as central to the history of opioid addiction are the racial elements of both crises. Until very recently, Black Americans were less likely to suffer from prescription opioid addiction and overdoses. In stark contrast, white Americans were more likely to die from opioid overdoses and



were the demographic featured most prominently in media coverage of the crisis.<sup>4</sup> Some pundits and public health experts have even celebrated this pattern as “a rare case where racial biases’ protected African Americans” from harm.<sup>5</sup>

Yet illuminating the history of opioids during the last century and a half belies this ill-informed take. Persistent racism in American medicine, dating back to antebellum slavery, helps explain the demographics of opioid addiction and overdose today. Namely, racist attitudes about pain—those whom doctors believe can feel pain, and who can’t—have historically translated to the under-prescribing of essential opioid painkillers to African Americans and the overprescribing of opioids to whites.

American slavery spawned a medical regime that endeavored to restrict African Americans’ access to opioids. In the nineteenth-century United States, prevailing medical ideas posited that Black bodies were less sensitive to physical pain than white bodies. Most American doctors (then overwhelmingly white) believed that Black people could not feel pain to the extent that they needed painkillers. Thus, enslaved and free African Americans largely lacked access to opioids, medicines that were otherwise so essential in the nineteenth century that physicians considered them a “gift of God.”<sup>6</sup> For all of their potential ills, opium, laudanum, and morphine were among the most effective painkillers of the nineteenth century, and opioids remain essential medicines today.

White doctors in the plantation South downplayed the possibility that enslaved people could feel corporal pain. This notion became so widespread during the antebellum era that it translated to disparate prescribing patterns for white and Black Americans throughout the nineteenth century. As the historian Dierdre Cooper Owens hauntingly illuminates, white physicians such as the gynecologist Marion Sims performed horrific experimental surgeries on unwilling enslaved

women, including a woman named Anarcha, without giving his victims opium or anesthetics for pain.<sup>7</sup> In contrast, Sims was extremely sensitive to white women’s pain and prescribed opiates accordingly. In an 1872 surgery, he deemed one white woman too “feeble” to bear the same degree of pain that Anarcha and other enslaved women had previously endured. He gave the white woman nitrous oxide and fifty drops of the opiate McMunn’s elixir for pain. Sims also gave postoperative hypodermic morphine shots “for pain” to a white woman patient upon whom he had performed an ovariectomy under anesthesia in 1880. Two years later, Sims gave a wealthy white woman “morphine to quiet the pain” after surgery.<sup>8</sup> Sims’s therapeutic decisions were directly informed by his racist belief that Black bodies could not feel pain, while white bodies could easily be overtaken by it.

Sims’s views and practices pertaining to Black pain were not unique. Plantation ledgers reveal that southern doctors rarely dispensed opiates to enslaved people. Even whippings and other brutal punishments inflicted upon enslaved people did not warrant opiates. In fact, the notion that whippings were not painful became a key defense of slavery in the face of abolitionism.<sup>9</sup> In some parts of the South, enslaved and free African Americans were barred by law from purchasing drugs such as opium, sharing information about drugs, or even working in apothecary shops because of fears of poisoning.<sup>10</sup> For their part, enslaved people appear to have preferred remedies such as flagroot, gum bark, and hot ash poultices for pain.<sup>11</sup> In contrast, white families relied heavily on opiates, dispensed not only by physicians but also by mothers who did the bulk of day-to-day healing in white households.<sup>12</sup>

The catastrophic medical crisis sparked by the Civil War only increased the importance of opiates and widened the racial prescribing gulf. As armies hunted each other on the battlefield,

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microbes stalked soldiers. Epidemics and injuries killed hundreds of thousands of Americans, with millions more wounded and ill. To stem the tide of disease and pain, surgeons dosed white Union and Confederate soldiers liberally with opioids for painful gunshot wounds and amputations as well as fevers and diarrheal sicknesses. A Confederate surgical handbook explained that “opium is the one indispensable drug on the battlefield—important to the surgeon, as gunpowder to the ordnance.”<sup>13</sup> Surgeons also experimented with hypodermic morphine as a treatment for painful nerve injuries, and the spectacular results helped mainstream this method of consumption in postwar America.<sup>14</sup>

Yet Black soldiers and refugees were largely excluded from free-flowing opioids. Keeping with antebellum precedent, white Civil War surgeons did not believe that soldiers under their care could feel much pain nor did they need morphine for wounds. When a Black soldier’s foot was nearly severed in two, his white Union army surgeon refused to give morphine because the wounded man “was not suffering much pain.” The surgeon’s unwillingness to see his patient’s pain recalled that of the southern doctor J. Marion Sims before the war. It did not matter that the Union surgeon was on the side fighting for the emancipation of Black Americans. The white medical gaze refused to reckon with Black pain, nonetheless. Surgeons also by and large refrained from giving opiate antidiarrheals to Black soldiers and refugees. Mortality for diarrheal ailments for white Union troops was about seventeen percent but was nearly thirty-four percent for Black soldiers and sailors. This shocking racial disparity was the direct result of substandard medical care for Black combatants, a well-documented phenomenon by Civil War historians.<sup>15</sup>

Opiate use and addiction grew exponentially in the wake of the Civil War, both among veterans and other Americans. Increased supply and demand for opioids, coupled with few restrictions on narcotics, fueled an epidemic of addiction that did not abate until late in the 1890s. As one observer warned in 1870, “opium, pure and simple, or in the form of laudanum or morphine, is consumed in the United States habitually by thousands of persons. The number of confirmed opium eaters in this country is not less, judging from the testimony of

druggists in all parts of the land, as well as from other sources, than from eighty to one hundred thousand.”<sup>16</sup> While such estimates were hyperbolic and intended to underscore the apparent dangers of opiate abuse, historians have nonetheless confirmed the precipitous growth in opiate use from the 1860s to the 1890s.<sup>17</sup> The afflicted ranged from “professional and literary men” to “persons suffering from protracted nervous disorders, women obliged by their necessities to work beyond their strength, and...maimed and shattered survivors from a hundred battle-fields, diseased and disabled soldiers released from hostile prisons.” Even “grieved and hopeless wives and mothers made wretched by the slaughter of those who were dearest to them, have also resorted to opium for relief.”<sup>18</sup> Chinese opium smokers also represented a distinctive group of drug users in the minds of Gilded Age observers, ultimately becoming fodder for xenophobic immigration bans and racialized policing.<sup>19</sup>

Although widely dispersed among many demographics, many commentators remarked that addiction did not seem to affect African Americans. An Alabama physician observed that “the opium habit is rare” among the Black population. In 1885, a North Carolina physician described a Black man institutionalized in Eastern North Carolina Insane Asylum about whom “it was alleged that his insanity was caused from the opium habit.” The man’s case warranted writing about, the doctor explained, only because in all his years of medical practice “this was the only case of opium habit he had ever seen in the negro.” White doctors and race scientists concocted various explanations, including the racist notion that whites had more mental capacity than African Americans. Overstimulated brains and “nervousness” drove whites to take opioids until they became “enslaved” to the drugs.<sup>20</sup>

Southern whites did struggle with opioid addiction and died from opioid overdoses at higher rates than African Americans, but not for the reasons claimed by Gilded Age doctors.<sup>21</sup> In my research on Civil War veterans and opiate addiction, I have found few traces of addiction among men who served in Black Union army units, in contrast to relatively widespread drug use among white veterans. Yet this racial gulf was not because of any essential racial differences between white and Black bodies or

More than a century later, the United States' ongoing opioid crisis evidences many of the same racial patterns that were prevalent in the Civil War era.

brains. Rather, the phenomenon reflected decades of racialized prescribing patterns that excluded Black Americans from opioids, heralded as the “magnum donum Dei” of medicines.

More than a century later, the United States' ongoing opioid crisis evidences many of the same racial patterns that were prevalent in the Civil War era. Troublingly, many American doctors reportedly still believe the racist antebellum idea that Black bodies are less sensitive to pain.<sup>22</sup> Black Americans thus continue to be under-prescribed opioids, while until recently white Americans received the lion's

share of medicinal opioid painkillers. One recent study also found that white veterans of the U.S.'s wars in Iraq and Afghanistan were overrepresented among veterans with opioid use disorder, echoing the post-Civil War demographics of addiction. Perhaps this finding suggests that Black veterans' pain is still undertreated today. Ironically, despite Black Americans having historically suffered limited access to essential opioids, communities of color are disproportionately policed by carceral drug policies and enforcement apparatus during the decades-long War on Drugs.<sup>23</sup>

Instead of celebrating this racial disparity, as some have done, historians ought to call attention to the long history of racial biases in opioid prescribing and in American medicine more broadly. Doing so not only belies the myth that Black Americans are protected from opioids, but also suggests that Americans have a bigger, more deeply rooted problem on our hands than most people realize.

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#### ENDNOTES

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### Board Action Items

The Executive Board met on November 15, 2023, via Zoom for their fall meeting. They took the following actions:

- ✓ Approved the International Committee's China program proposal.
- ✓ Approved the Committee on Teaching's request to expand their committee by 1 to 3 members.
- ✓ Approved the Graduate Student Committee's "Ask a Historian" proposal.
- ✓ Updated the bylaws to expand the Committee on Committees to 10 members.
- ✓ Appointed Clarence Lang as the OAH's ACLS delegate.
- ✓ Appointed Katherine Sibley as the OAH's NHPRC Commissioner.

### Advocacy Update

The Organization of American Historians submitted written testimony to the Ohio state legislature for hearings scheduled on SB83, the Ohio Higher Education Enhancement Act.

Signed by OAH's current, incoming and immediate past presidents, the testimony asserts that, "Under the guise of advocating 'free speech' and 'intellectual diversity,' this bill is more an ongoing effort by a particular political faction to use culture-war wedge issues to restrict academic freedom, open inquiry, and the teaching of research-based American history."

Among other elements, SB83 would restrict the teaching of "divisive" and "controversial" topics in university classrooms. The bill also mandates the teaching of certain founding American texts, as well as the elimination of most Diversity, Equity, and Inclusion programs at Ohio colleges.

Read the full testimony here - <https://www.oah.org/2023/11/28/oah-submits-testimony-for-ohio-sb83-hearing/>

### Erik Barnouw Award Deadline Approaching

The Erik Barnouw Award recognizes outstanding programming on television, or in documentary film, concerned with American history, the study of American history, and/or the promotion of American history. The deadline for the award is January 5, 2024.

Award recipients will be honored during the 2024 OAH Conference on American History held in New Orleans, April 11-14.

Learn more about the Barnouw Award and all OAH awards at <https://www.oah.org/awards/>.

### Submit a Proposal for the 2025 Conference on American History

Proposals for the 2025 Conference are now being accepted. The proposal submission system will remain open until March 1, 2024.

In a departure from past practice, the 2025 OAH Conference on American History, to be held in Chicago, April 3 to April 6, 2025, will have no single theme. We welcome all questions, themes, and fields, new and old, in the comprehensive subject of United States and American history. We invite proposals focused on categories and specializations of history by gender, race, sexual orientation, region, chronology, or area study. All of these areas of inquiry are at the center of our craft. At the same time, no one need design a session to fit a theme, large or small. We welcome all kinds and methods of studying American history.

Read the Call for Proposals and learn how to submit your proposal here - <https://www.oah.org/conferences/cfp/>



## Become a Reviewer for the *Journal of American History*

The *JAH* is always looking for qualified historians to serve as reviewers for the *Journal of American History*. To be qualified, a reviewer should have either a Ph.D. in American history or a related field, professional experience in the teaching or presentation of the history of America, or publications in the field. It is crucial that prospective reviewers indicate their areas of interest and publications on the reviewer data sheet since we use this information to identify reviewers who have expertise in the particular subject matter of the book or article being reviewed.

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