

**MATERNAL HEALTH POLICY:
NURSING'S LEGACY AND THE SOCIAL SECURITY ACT OF 1935**

by

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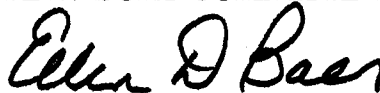
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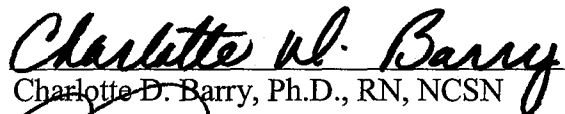
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This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. Ellen D. Baer, the Christine E. Lynn College of Nursing, and has been approved by the members of her supervisory committee. It was submitted to the faculty of the Christine E. Lynn College of Nursing and was accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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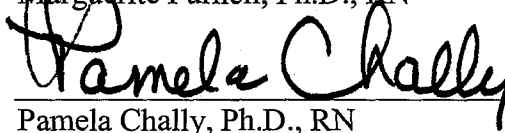
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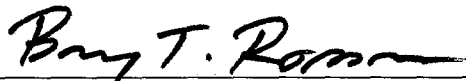
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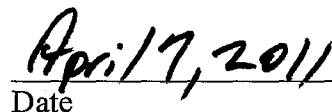
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ABSTRACT

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This study explored the work of nursing and the social influences of eugenic policies established during the Progressive Era (1890-1930) on the writing and passage of the Social Security Act of 1935. The research questions: "Did eugenic philosophy and practice influence the Social Security Act of 1935 in relation to Maternal Health Policy?" and "What was nursing's influence on the Social Security Act of 1935?" required the social history research method. Data were evaluated with the conclusion that eugenic policies did influence the writing and passage of the Social Security Act. Also, that nurses, and other women, played a specific, important and constructive role in developing the Act.

During the late 1800s and early 1900s prominent leaders of business, science, philanthropy, and social reform supported the eugenic agenda to assure the wellbeing of hard working "Anglo-Saxon" American citizens. Industrialization and scientific advances in medicine gave Americans the impression that the "production" of healthy, intelligent

children could be controlled, efficient, and predictable. Better breeding as a means for social improvement, which fueled the eugenics movement's use of science to solve social problems through governmental involvement, had two sides. Positive eugenics increased information on health and illness prevention, and established well baby clinics; however, negative eugenics advocated controlled reproduction through sterilization of persons considered "unfit." By 1935, twenty-eight states had eugenic sterilization laws.

Noted reformers during this time (Lillian Wald, Jane Addams, and Florence Kelley) worked with Presidents Theodore Roosevelt and Woodrow Wilson to establish the Federal Children's Bureau. The Bureau had a direct influence on the maternal and child health policy established by the Social Security Act of 1935. This legacy continues today in the continued fight for women and children's social and economic rights.

The Social Security Act's intention, economic security for *all* citizens, was not realized. Sections of the Act focused on maternalistic social views and sought to maintain a patriarchal family structure. The language of the Social Security Act created barriers to benefits for the most vulnerable. In fact, it seems reasonable to conclude that institutionalized health care disparities laid their roots in America through this legislation

DEDICATION

To the Ladies, your legacy is rich; your challenge to make a difference is ever present. Your words travel the winds and speak to my heart. I am forever grateful.

**MATERNAL HEALTH POLICY:
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I. INTRODUCTION

For us to participate fully and creatively in shaping our future, we need to better understand the underlying patterns and influences of our collective past.

—Richard Tarnas, “Is the Modern Psyche Undergoing a Rite of Passage?”

Purpose

The purpose of this study was to use social history analysis to explore the work of nursing and the social influences of eugenic policies of the Progressive Era (1890–1930) on the writing and passage of the Social Security Act of 1935. Within the Social Security Act is the provision for maternal and child health services.

Significance

This research informs nursing leaders and the crafters of maternal health policy about the historic efforts of nursing to improve the plight of women and children. The researcher looked beyond previous studies of nursing to explore the subtle, lasting effects of eugenic policies of the early nineteenth century. Eugenics, an early-twentieth-century social movement grounded in genetics and evolution, focused on “improving” human heredity. Sir Francis Galton (1822–1911), a British scientist and statistician and the half-cousin of Charles Darwin (1809–1882),¹ coined the term *eugenics* in 1883, several decades after Darwin postulated his theories of biological evolution by natural selection and survival of the fittest in *On the Origin of Species* (1859). Some scientists accepted

these theories, although other members of the scientific community contested them.² Some groups applied his biological theories to social classes and behaviors, a perspective known as Social Darwinism.

In the United States, the eugenic and evolutionary ideals of Galton and Darwin were attractive to Nativists, who believed in the genetic superiority of Anglo-Saxon bloodlines.³ Nativists, particularly during the 1890s, used race and Darwin's theories to manipulate the evolutionary scale in order to demonstrate that the White race was the most advanced.⁴ During the Progressive Era, reformers with eugenic underpinnings used the term *hygiene* to identify initiatives, policies, and practices associated with illness prevention,⁵ as well as to indicate cleanliness. These reformers did not accept the newly adopted germ theory as the sole explanation for illness. Instead, they supported biological and social principles that reinforced the eugenic focus on controlling reproduction as the rational means for improving the human condition.⁶ These principles were applied to various hygiene movements of the era, including racial hygiene (eugenics), mental hygiene, health hygiene, social hygiene, personal hygiene, school hygiene, sex hygiene, and sanitary and moral prophylaxis.⁷ The term *sanitation*, as well as other related terms, described societal efforts to improve health and to promote clean living. Often, reform efforts were connected with the terms *hygiene*, *sanitation*, and *sanitary*.⁸

At the same time, activists and reformers achieved notable changes in civic and legislative policy, which led to the U. S. Public Health Service's creation of a federal health board⁹ and the Pure Food and Drug Act, passed by Congress in 1906.¹⁰ Reformers intended to improve health, to permanently abolish deplorable urban living and working

conditions, and to end poverty, goals contrary to the eugenic doctrine.¹¹ As a result, many controversial ideas took root during this time, such as the eugenic movement's interpretation of the high infant-mortality rate (IMR) among the poor as natural selection at work.¹²

In this study, the researcher argued that the twenty-first century leaders who drive health care planning and implementation must continue to regard equitable access to health care, as well as persistent issues of maternal health and high IMRs, as local, state, and national priorities. Health policies grounded in the patriarchal concept of beneficence could result in diminished autonomy¹³ for individuals and communities of lower economic or social standing. Beneficence is often understood as a set of virtuous acts of charity.¹⁴ However, within the purview of health care, beneficence could be interpreted to mean the professional obligation to do what is best for society, not the individual. Such an interpretation risks patriarchal denial of individual autonomy.¹⁵ Therefore, in this study, the author argued that U. S. health policy leaders have an ethical obligation to ensure that the eugenic practices of the Progressive Era (enacted for the “benefit of society,” particularly White Americans) do not continue to dominate maternal health policy decisions.

Background

During the Progressive Era, reformers recognized the need for maternal and child health policy development at the state and federal levels. Eugenics influenced some of the policy debates over reproduction and health care for individuals who were considered to be “the least fit.” Historian Martin S. Pernick argued that improved public health practices such as sanitation and education, along with the

introduction of the germ theory, increased eugenicists' concern for advancing the human race.¹⁶ Eugenicists believed that emerging scientific findings related to the causes of disease, as well as prevention measures, denied nature the normal progression of racial purification through death.¹⁷ At the time, questions regarding race and ethnicity inundated Americans. Immigrants from the European continent, the British Isles, and Asia, as well as Blacks from the southern United States, moved to cities in search of work and a better life. Urbanization of American industry and the influx of workers afforded businessmen opportunities for unprecedented growth (and workers, unprecedented hardships). Ultimately, the conflicts between Nativists' concerns over racial improvement and social reformers' uneasiness about the living conditions of workers and their families fell to policy makers.¹⁸

Public health nursing (PHN) was born to serve the needs of the poor and vulnerable evolved as nursing became integral to reform efforts to promote societal norms of cleanliness and nutrition, all of which had an Anglo-Saxon bias. This relationship between PHN and hygiene eventually led to greater social commitments by society to improve the health of mothers and infants of all races. Nursing programs promoted better women's health care and reproductive freedoms in the hopes of creating a future in which every baby would be healthy. Yet, nurses also played a role, whether unwitting or not, in perpetuating some of the star-crossed policies of the Eugenic period. As a result, twenty-first century health care trends for women and children suggest continuing disparity in maternal and birth outcomes for non-White mothers in the United States.¹⁹ These disparities serve to remind nurses today that the valuable activism of

Progressive Era nurses is needed once again in order to call attention to how Eugenics influenced the rules and processes of public health.

Current Status of Maternal Health

Of continuing importance in the twenty-first century are the disparities in health care status and services that minority women experience.²⁰ Under Healthy People 2010, the purpose of Focus Area 16, a key indicator of national health goals, was to improve the health and well-being of women, infants, children and families by and identified the status of maternal child health as a key indicator for the health and social well-being of a community. The first objective of the focus area was a reduction in fetal and infant deaths.²¹ The IMR is a measure of the number of infant deaths divided by the number of live births in a year, multiplied by 1,000.²² Although the overall national IMR has continued to decline throughout the late twentieth and early twenty-first centuries, the rate has not met the target of 4.5 set by Healthy People 2010 (see Figure 1).²³

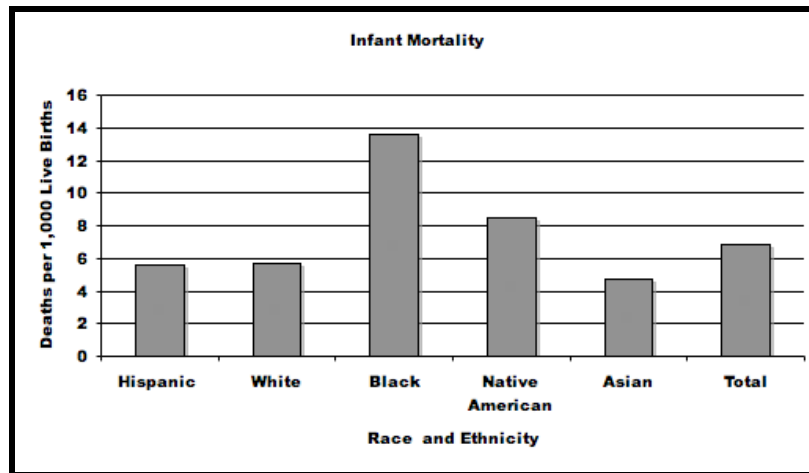


Figure 1 – U.S. infant mortality rate by race and ethnicity, 2003–2005.²⁴

Between 2003 and 2005, the rolling three-year national average was 6.8 infant deaths per 1,000 live births for all races and ethnicities combined.²⁵ The IMR statistics document approximately 2.5 times as many deaths among Black American infants as among infants of other American ethnicities. Whereas the mortality rate for Black infants is 13.6, the rate is 5.7 for Whites. Among Asian and Hispanic infants, the mortality rate is 5.6 and 4.7, respectively. Only Native American infants, with an IMR of 8.5, approach the disproportionately high IMR of Black Americans. These inequities remind nurses that maternal and child health advocacy continues to be vital.

Inequalities of health care access and outcomes have been widely studied across ethnic and social groups.²⁶ The absence of a definitive medical or social solution for these disparities, especially those related to birth outcomes, remains of great concern to the nursing profession. Racism, distrust, increased exposure to unequal treatment, and an increase in the number of acute life events all contribute to health disparities that must be addressed in the context of the individuals who are experiencing the disparities.²⁷

It is unsettling to confront the notion that nursing professionals participated, even if only to a small degree, in the eugenic ideals imbedded in some of the health policies of the Progressive Era. During this period, some nursing leaders demonstrated steadfast commitment to the profession and upholding human rights, social justice, and better health care for all. Lillian Wald, a noted nurse, contributed tirelessly to improving the health of women and children and, in so doing, worked to counter the worst eugenic principles of the time.²⁸

There is little in the literature²⁹ on the subject of eugenics and American nursing to adequately explain their relationship and the lasting influence on social movements

and health policies. M. Berghs, B. Dierckx de Casterle, and C. Gastmans' 2006 article addressed the role of British nursing and eugenics between 1860 and 1915 and provided an ethical, contextual, normative critique of nursing and eugenics.³⁰ The article stated that by 1912, negative eugenic ideas and practices, such as institutionalization of the “unfit,” began to appear in the *British Journal of Nursing*.³¹ Today, the lack of nursing literature related to eugenics, coupled with growing public interest in genetic and embryonic biomedical engineering, once again places nurses in a position to advocate for maternal and child health for all races.

The Nursing Profession

The nursing profession encompasses a theoretical body of knowledge based on scholarly research that instills in its members the principles of individual social responsibility, the organic relationship between nurses and communities, and the awareness of human challenges.³² Florence Nightingale (1820–1910) described nursing as a “calling” with a body of knowledge separate from that of medicine. She reinforced the idea that the goal of nursing is “to restore the patient’s constitution to such a state that disease could be avoided or cured, by having nature act upon the disease state.”³³

Nursing honors the uniqueness of individuals and communities by treating individuals as whole and interconnected with their environment.³⁴ Communities are made up of many types of people, well and sick,³⁵ who interact and care for each other through their relationships.³⁶ The community’s environment, a multidimensional energy field integrated with the human field,³⁷ can positively or negatively affect a community’s health or the health of a person within the community.³⁸ Health, the manifestation of wholeness

in the process of becoming, is an expression of internal and external realities where “disease” is health unfolding.³⁹

By reaching out to the community, nurses can interweave the threads of professional values and purpose.⁴⁰ By treating communities as a whole, nurses can create authentic relationships, enhancing the community’s capacity for self-determination.⁴¹ In addition, community caring is an ethical and moral obligation that compels nurses to actively engage in economic politics, public policies, and the legislative process.⁴²

Nursing and Health Policy

The nursing profession can contribute significantly to the current health policy debate. However, to effectively engage in debate, nurses must understand their history. The nursing discipline’s historical practice of caring for socially and economically vulnerable groups facilitates nurses’ ability to address health policy issues in a consistent manner.⁴³ Lavinia Dock (1858–1956) urged nurses to “clarify their relation to all else that humanity is doing, and to give to workers an unfailing inspiration in the consciousness of being one part of a great whole.”⁴⁴

In light of the importance of the individual in an increasingly complex health system, it is of concern that nurses’ voices have faded with regard to the broader health policy debate. Their voices must be restored. Nurses must regain their historical position as leaders in the public arena and speak with a clear voice. Current health policies objectify and depersonalize vulnerable populations, as well as damage the essence, vitality, and responsiveness of individuals and communities to vital health issues.⁴⁵

Simeon Roach, a noted nurse theorist, reminded nurses, whether in practice or academia, that the quality of caring is most obvious when caring, as a value, is

diminished or ignored.⁴⁶ Therefore, nurses, whose work is grounded in caring compassion, must maintain an unyielding stance when addressing growing health care disparities among economically and socially vulnerable groups.⁴⁷ Nurses can best care for the public through solid and clear policy efforts that protect and promote the health of all individuals.⁴⁸

Theoretical Perspective

Nursing is essentially a metaphor, the experience of being connected and interrelated, uniting the internal (the spirit or soul) and the external (the form or matter). Metaphors often reveal themselves through patterns, more so than through physical forms. They constitute complex webs of relationships among diverse elements to create a whole.⁴⁹ The metaphor of nursing is best understood by examining the etymology of the word *nurse*, which is derived from the Latin for “to nourish.” Nursing evokes images not only of mothering and nourishing, but also of class struggles. Traditional concepts of nursing as a woman-dominated profession reside in the context of a society where nurturing is valued less than curing.⁵⁰

In the broadest metaphorical context, nursing is a profession developed from mother-care that connotes valuing and fostering “perfect health as well as . . . relieving illness.”⁵¹ The underlying inspiration for the term *nursing* encompasses “not only the care of the sick, the aged, the helpless and the handicapped, but the promotion of health and vigor in those who are well, especially the young, growing creatures on whom the future of the race depends.”⁵² Other definitions of nursing, such as the one given by nursing theorist Virginia Henderson, seek to capture the essence of nursing:

Nursing is primarily assisting the individual (sick or well) in the performance of those activities contributing to health or its recovery (or to a peaceful death), that he would perform unaided if he had the necessary strength, will, or knowledge. It is likewise the unique contribution of nursing to help people be independent of such assistance as soon as possible.⁵³

Any definition of nursing as a fixed concept restricts an open, evolving understanding of the profession. Henderson's definition evokes a nurse-patient relationship that does not acknowledge mutual understanding between nurse and patient. Such definitions identify the dependency and vulnerability of a patient but do not allude to the patient's strengths. Therefore, definitions tend to limit the personal experience of a concept and do not capture the vibrant essence of nursing.

Nursing is an individual experience that requires unique expression. The metaphoric nature of nursing defies constraints of time and place. Nursing is sensing and knowing the winds and vibrations of being. Woven throughout the concept of nursing are the threads of caring compassion; nursing touches these threads and witnesses an evolving wholeness and interconnectedness. Wholeness weaves an impermanent tapestry of being. Thus, nurses must respectfully listen and acknowledge the unfolding richness of life's patterns.

Life's patterns manifest throughout the intrinsic and extrinsic world. They are apparent in intensive care units, where heart monitors externally display the internal rhythms of the heart. Patterns unfold through conversations as people come together. Patterns reveal themselves in nature, such as in butterfly wings, forests, communities, and more. Engaged nurses listen and watch as unfolding patterns guide and assist them in

participating in the whole person and community. Nurses listen during pauses “because the secrets lie in the spaces between the sounds.”⁵⁴

Nursing must be understood in context and in relation to not only the individual, but also the fabric of life that nourishes and connects people. Nightingale understood health as a state in which the environment influences the physical and psychological aspects of the patient.⁵⁵ These precious connections create living communities that reflect and express our becoming. We understand that health is a state of non-disease, or the fusion of disease with its opposite, the absence of disease. Health is an expression of consciousness and the motivation to “make well” but it also means to assist people as they use their inner power to manifest emerging patterns.⁵⁶

Philosophical Perspective

Critical thinking, self-inquiry, and the examination of social norms are values that guided the researcher in this study.⁵⁷ Through dialogue and rhetoric, the Socratic philosophical method, the personal meaning of patterns is understood. These revealing patterns speak to an interconnected life, dispelling impressions of the separateness of individuals, communities, and the environment. Philosophical dialogue reveals internal and external truths as manifested patterns of reality.⁵⁸ A pattern, or the total expression of an individual through movement, symbolizes the reality of personal or community wholeness.⁵⁹ Wholeness represents simultaneously emerging and dissipating patterns. Movement is the means by which reality is perceived and is a means toward becoming self-aware.⁶⁰

A person’s manifestation of patterns expresses a paradox, the expression of opposites that lie within each individual. Created through experience, paradoxes contain

the potential for personal and social growth.⁶¹ Dialogue reveals and creates the context for understanding pattern by elucidating, in common terms, the patterns that permeate life. Communities reflect patterns of societal health through individual and/or collective experiences. Within communities, a vibrant interrelatedness precludes isolation, prevents decay, and manifests itself in physical patterns, such as buildings, streets, businesses, and the activities of cities and living.⁶²

Pattern and organization emerging out of Man–Environment interaction and remembering ... dimension of space-time ... man’s past and future.⁶³

In the tenement ... disintegration by sheer physical conditions ... forced together from the tenement house stairs.⁶⁴

Emerging from man’s interaction with the environment ... the past, present and future.⁶⁵

Pattern formation, recognition, disorganization, and reformation are congruent with the philosophical underpinnings of Aristotle’s three intellectual virtues of episteme (knowledge), techne (the application of knowledge as art or craft), and phronesis (practical wisdom or knowledge obtained from human in context with experience).⁶⁶ Interactions of individual patterns within a community create a unique, encompassing pattern, which can distinguish one community from another.

The theoretical base for this research was Margaret Newman’s Theory “Health as Expanding Consciousness.” Newman’s postmodern philosophy explicates the interconnectedness of life through the theory of health as expanding consciousness. The principle of her theory is pattern recognition as a motivation for personal understanding

or the expansion of consciousness. Personal meaning, gained through self-reflection, is revealed through patterns.⁶⁷ Newman provided a theoretical foundation for the value of praxis in relation to research and the understanding of meaning. Therefore, the transformative process of practice and actualization of the individual–mutual pattern evolution through meaning, as articulated by Newman, liberates nursing from the technical focus of practice.⁶⁸

Nurses must challenge their personal and social concepts about the world. Critical thinking and philosophical knowledge gained through self-inquiry and examination of social norms are the hallmarks of ethical authenticity.⁶⁹ Newman advanced the importance of caring within the context of individuals in relation to their community. Her theory underscored the importance of understanding pattern manifestation through dialogue and physical expressions of pattern. Individuals and communities must engage in serious philosophical dialogue to explore their perceptions of systems of care.

Individual patterns are revealed and connected through dialogue.⁷⁰ Newman stated that connecting patterns show the meaning of reality and personal patterns in context. A pattern is the total representation or expression of the individual through movement, an expression of the not-yet-actualized potential of human beings.⁷¹ The intensely human need to be known and acknowledged by others is universal.⁷²

Nursing's Philosophical Dialogue

Praxis, or practice, framed with phronesis, or the good, offers nurses the moral authority to develop outside the confines of a purely scientific technological base into a fuller understanding of the effects of a caring nursing practice.⁷³ A caring-focused

practice connects nurses with individuals in the context of their communities. This focus expands the authenticity of nursing. Margaret Connor used Newman's theory to demonstrate the value of phronesis and praxis for the moral good in nursing. The transformative process of practice and actualization of the individual–mutual pattern evolution, as articulated by Newman, may liberate nursing from the limitations of technology without caring.⁷⁴

Conceptualizing the community as a partner creates a foundation for authentic nursing relationships that enhance the community's self-determining capability.⁷⁵ In an ethical, caring, community-based nursing practice, fair and equitable treatment for all coalesces with a holistic, contextual environment to create an ethical caring practice.⁷⁶ The importance of respectful, honest philosophical dialogue within the discipline of nursing creates the ethical authenticity necessary for nurses to engage in community action. Caring established within the context of relatedness to individuals in their community is vital to the advancement of health. Newman's theoretical framework emphasizes the importance of pattern manifestation, understood through dialogue and the physical expression of patterns in the health of individuals in the context of their lived environment. Actualization is achieved within the individual–mutual pattern evolution through meaning, as articulated by Newman.⁷⁷

Researcher's Perspective

Often, our work may place us in situations to create balance of self as the psychic integration of opposites.⁷⁸

I struggle with the concept of a presence that touches only the surface of the individual, for we are more than just this outward appearance, and the conceptions, which others and we hold of ourselves.⁷⁹

German philosopher Martin Heidegger (1889–1976) sought to understand the meaning of being (“dasein”) in the context of the historical development of life. One’s being can be understood only as it is lived in the world.⁸⁰ Human life is understood in relationship to meaningful activities. Individuals come to understand the meaning of their identity through their everyday lives and experiences and by creating a shared understanding with others. Individuals, communities, and cultures influence meaning and, therefore, being.⁸¹

Meaning

To gain personal knowledge, one must examine the meaning of reality and people in the context of their reality.⁸² The core meaning of a person’s life can help to carry him or her through the difficulties that define life. Life presents tasks to each individual and requests that the responsible seek answers. The journey to realization is beyond the intellect,⁸³ creating meaning in all that is experienced.⁸⁴ Meaning is rooted in the core of one’s being through caring for others.⁸⁵ Meaning is relational, as are symbols, which may be irrelevant when viewed separately but when viewed in relationship become relevant. These relationships comprise the wholeness and meaning people seek.⁸⁶ In the context of society, meanings develop as society evolves.

Caring

In understanding ourselves as caring, we touch the depth of a shared humanity.⁸⁷ Caring spiritually interconnects people in relationships.⁸⁸ When caring is central to an

individual's life structure, the individual's other values and activities reflect and enhance caring. The life of someone with caring as central to one's *being*, is stable and anchored, no longer drifting.⁸⁹ Aristotle (384 B.C.–322 B.C.) spoke of *phronesis* as ethical caring related to being human in context with experience.⁹⁰ The fundamental essence of caring grounds personal knowledge⁹¹ “that all persons are caring . . . by virtue of their humaneness.”⁹²

Community

Communities are vibrant encapsulations of individuals, issues, accomplishments, and needs. Their values, meanings, ideals, and needs reflect the individuals who create them.⁹³ The complexity of community settings provides nursing with opportunities to identify broader patterns of health. Yet, to understand communities requires nurses to authentically engage with communities. By respectfully listening, community members share the authority of their lived experiences and nursing witness emerging community patterns. Mutuality of meaning can guide the caring nurse to look for meanings in relationship with individuals, families, and communities and to honor diversity.⁹⁴

For it is the diversity in nature that gives the web of life its strength and cohesion. Imagine a time where everyone welcomes diversity in people because they know that is what gives community its richness, its strength, its cohesion.⁹⁵

¹. Martin S. Pernick, “Public Health Then and Now: Eugenics and Public Health in American History,” *American Journal of Public Health* 87 (November 1997): 1767, 1770, accessed March 2, 2009, <http://www.aphapublications.org/>.

². Bert James Loewenberg, “Darwinism Comes to America, 1859–1900,” *The Mississippi Valley Historical Review* 28 (December 1941): 339-68, accessed March 16, 2009, <http://www.jstor.org/stable/1887120>.

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- ³ Ruth C. Engs, *The Progressive Era's Health Reform Movement: A Historical Dictionary* (Westport, CT: Praeger, 2003), 234.
- ⁴ Thomas F. Gossett, *Race: The History of an Idea in America* (New York: Oxford University Press, 1963), 144.
- ⁵ Ruth C. Engs, *Clean Living Movements: American Cycles of Health Reform* (Westport, CT: Praeger, 2000), 40, 65, 214, 219.
- ⁶ Lynne Curry, *The Human Body on Trial: A Handbook with Cases, Laws, and Documents* (Santa Barbara, CA: ABC-CLIO, 2002), 34.
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II. REVIEW OF THE LITERATURE

The Gilded Age: Philanthropy, Social Gospel, and Reform

A mighty woman with a torch, whose flame
is the imprisoned lightning, and her name
Mother of Exiles ... "Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tossed to me,
I lift my lamp beside the golden door!"

—Emma Lazarus, "The New Colossus"

Torch held high, the Statue of Liberty symbolized to the first immigrants a welcoming America, an America of mythic stature founded on the ideal of personal freedom. Immigrant families answered freedom's call and dared to dream of unlimited opportunity. However, there was a dark side to the torch of freedom: the social and economic inequalities of America's Gilded Age.

America in the late nineteenth century was a country of economic extremes: economic booms followed by devastating depressions. Economic highs imparted a euphoric sense of security and prosperity for middle and upper class Americans and often eclipsed the hunger and poverty endured by urban laborers. "Wall Street owns the country ... The great common people of the country are

slaves, and monopoly is the master.”¹ Anthropologists and sociologists of the era identified the pursuits of wealth, status, and power as defining human characteristics.

Power, equated with status and wealth, had diverse symbols.² The Gilded Age (1878–1889) signaled the death of the Jeffersonian agrarian society. The rise of urban industrial centers generated great wealth, and corporations reaped financial and political rewards from new urban-industrial economic ideologies.³ In response to the increase in complicated industrial business relationships, the federal government created guidelines to define chartered businesses and charitable organizations as corporations.⁴ Chief Justice John Marshall defined *corporation* in the 1819 Dartmouth College case “A corporation is an artificial being, invisible, intangible, and existing only in contemplation of the law . . . and may act as a single individual.”⁵

Corporations facilitated technological advancement, business growth, and philanthropic foundations.⁶ Through the changing monetary landscape, conflicting philosophical and economic views on wealth, status, and power gained credence. The two major schools of philosophical and economic thought that guided social reform during this time were Social Darwinism and the Social Gospel movement. Andrew Carnegie and William Graham Sumner were two influential proponents of Social Darwinism. Walter Rauschenbusch, a prominent figure in the Christian Protestant Social Gospel movement, shaped the views of populist social reformers.⁷

In 1859, Darwin’s theory of evolution defied scientific and religious communities.

According to Darwin, humans like other species, were mutable but also possessed the ability to direct their own development.⁸ Darwin was not the first to express this scientific theory. Herbert Spencer's scientific observations on evolution predated Darwin's *On the Origin of Species*. Yet, Spencer did not have Darwin's popularity and acclaim and was unable to establish a following. Therefore, he did not receive widespread recognition for his ideas about evolution.

Spencer, a British social philosopher, used his scientific arguments on natural selection and evolution to frame his argument on social and economic policy.⁹ Of Spencer's many writings, one essay addressed social beneficence and the responsibility of society and the individual toward the poor. Spencer argued that charity was an "unseen social power" and not limited to altruistic donations of money or sympathy. People with the financial means to provide charity had an obligation to ensure that the poor would become self-reliant. Beneficence "includes also the doing of various things which, though proximately painful to others, are remotely beneficial to them; and which, instead of bringing [the recipient of charity] smiles, bring him frowns."¹⁰

Sumner, considered a Social Darwinist, was concerned with individual rights and interference in the natural order of human evolution within society by "well-intentioned busybodies or sentimentalists."¹¹ According to Sumner, the unfit should be left to die; at the very least, they should not be allowed to reproduce.¹² Early Calvinistic teachings shaped Sumner's principles related to life's hardships and individual strength, which held that individuals' desire to advance was rewarded; life was difficult and the strong must survive and prosper.¹³

The concept of survival of the fittest defined business during the Gilded Age. The evolutionary principles of the phrase¹⁴ gave sanction to industrial giants such as Carnegie and John D. Rockefeller.¹⁵ Adhering to Spencer's economic, social, and political tenets, the barons of industry realized the necessity of engaging in economic and social policies through the establishment of charitable foundations. These influential citizens realized the importance of influencing federal and state officials to change economic and fiscal policies.¹⁶

Carnegie became a disciple of Spencer after the two met in 1880.¹⁷ Carnegie used his wealth and power to influence philanthropy and, therefore, social policy. Guided by the principles of Social Darwinism, he articulated his view of a properly administered charity. Citing the need for individuals to be willing and able to help themselves, he insisted that charity did not mean doing everything for the needy; the act of charity was merely to support individuals' efforts to improve their lot.

To Carnegie, wealth carried a civic and moral responsibility beyond the family. Wealth bequeathed solely to one's descendants was the least beneficial to society and to one's heirs. The responsible man wisely administered his wealth during his lifetime, seeking a harmonious social order where "the ties of brotherhood may still bind together the rich and poor in harmonious relationship."¹⁸ Therefore, to Carnegie, the progress of the human race relied upon the wealth given to people who had the ability to prosper and maintain decorum. He believed that men of superior wisdom served the unfortunate through acts of beneficence, ensuring the least fortunate had an opportunity to improve their lot.

In addition, Carnegie was clear about the perils of racing through alms giving. True reformers, he felt, were quick to realize the perils of charity and the resulting inability of the human race to advance or evolve.¹⁹ The elite viewed philanthropy as a means to Americanize immigrants, who threatened the moral and social order with their foreign languages and traditions.

The wives of business and banking leaders often made what were known as “friendly visits” to the homes of people in need of charity or health care. Emulating the British model of district nursing, these society matrons saw the poor living conditions and need for social reform.²⁰ Charitable organizations encouraged friendly visitors to be nonjudgmental and considerate of the families they visited. The reasons for such visits were “promptly, fittingly, and tenderly”²¹ to foster independence where possible—a principle of Social Darwinism—and to prevent children from growing up to be paupers. Families living in poverty were associated with untreated diseases, unsanitary living conditions, and failure to save money for emergencies.²²

True to the reformist ideal, women with a burning conviction to speak for others joined the settlement house movement. The American settlement house movement, similar to English reform practices, sought to improve the living and working conditions of the urban poor. In 1893, Lillian Wald established the Henry Street Settlement in New York City’s Lower East Side. The area’s tenements exemplified the city’s poor and their unhealthy living conditions. The purpose of the Henry Street Settlement was to give poor immigrants access to nursing care.²³

Living conditions in New York City’s Lower East Side tenements were testimony to the city’s poor and their unhealthy living conditions. Until Wald created her

professional visiting nurse model housed in the neighborhood tenements, only professional social workers lived and worked in urban slums.²⁴ Wald, inspired by Jane Addams' Hull House established in Chicago in 1889,²⁵ understood the need for settlement houses. The houses provided a place for poor immigrants to gather, engage in social activities, learn how to achieve social goals, challenge the power structure, and form coalitions for social activism.²⁶

The Henry Street Settlement aided Wald in persuading elected and appointed local, state, and federal officials, as well as philanthropists, to visit settlement houses. Invitations to the Lower East Side were extended to the city's young police commissioner, Theodore Roosevelt, who saw the deplorable conditions in which immigrants lived. As a result, Roosevelt became part of Wald's extensive social and political circle. John D. Rockefeller Jr., a special grand jury foreman, sought Wald's expertise to provide clarification on publicly held opinions on vice in New York City.²⁷

Henry Street soon became a gathering place for international diplomats. President Wilson, in 1919, issued an invitation to delegates at the Versailles Peace Conference to visit America. However, after congressional battles blocked the entry of the United States into the League of Nations, the cabinet and Wilson refused to meet with the delegation. Wald heard of the delegation's visit and invited the French visitors to dinner. Over dinner at Henry Street, the delegates were impressed by the grace and political tact of Wald as a hostess. Her warmth was a welcome change from the snubs they endured in the capital.²⁸

Wald, uniquely gifted with political and social skills, had an innate ability to work with people of all political stripes. Few could resist her invitations to visit Henry Street,

and she worked with British prime ministers and U. S. presidents to improve living conditions and health care for the poor in the United States and other countries.

Philanthropy: Serving the Greater Good

The fabric of American life during the Gilded Age was repeatedly threatened by economic depressions, high unemployment, and the South's struggle to reclaim its economic footing after the Civil War, immigration from Asia and Europe, and the expanding social and fiscal influence of an industrialized northeastern United States. America's transition from an agrarian to an urban society, and many farmers' and craftsmen's loss of livelihood, compelled political and social leaders to improve working and living conditions of the urban poor.²⁹

The United States, a new economic power, offered unprecedented financial opportunities that resulted in a concentration of wealth. Leading American industrialists, such as Rockefeller Sr. and Carnegie, influenced social beliefs about civic and philanthropic responsibility. The social elite's long-held assumptions about the poor and their financial opportunities, as well as emerging sociological and philanthropic philosophies, challenged independence. However, traditional methods of biblical, or Christian, charity for the poor on a large scale remained mostly unexamined. Wealthy families continued to fund causes they considered worthwhile, without heeding Jesus' entreaty to care for the poor, widows, children, and the infirm.

Nonetheless, a handful of philanthropic foundations, led by Rockefeller Sr. and Carnegie, began to use charity to influence public policy.³⁰ Their foundations were established to liberate the poor from the "ancient evils" of hunger, ignorance, and crime.³¹ Frederick Gates, a former Baptist minister, advised Rockefeller Sr. to do God's

work. Opponents of these foundations denounced the institutions as an “empire of organized wealth” whose true intentions were to protect founders’ business interests.³² Federal and state governments, to clarify the responsibilities of foundations and their board members, often held hearings to question not only philanthropic foundations, but also banking empires, such as J. P. Morgan’s.³³

In 1915, during the closing week of hearings by the U. S. Commission on Industrial Relations, Rockefeller Sr., Carnegie, and Morgan testified on absentee capitalism (de facto control of financial interests³⁴) and the menace of foundations. When questioned about the potential influence of financial gifts to educational institutions, Carnegie denied any undue restriction on the independence of recipients’ actions. His responses were lively; he once exclaimed, “Oh, I can’t imagine such a situation.”³⁵ A colorful and confident Carnegie provided little insight into Carnegie Corporation activities “because nearly every question asked reminded Mr. Carnegie of a story.”³⁶ Jerome D. Greene, secretary of the Rockefeller Foundation, testified, “none of [the Rockefeller funds] is likely to become a menace.”³⁷ Green’s responses were consistent with those of Rockefeller Jr.: “The power of the legislature to amend or repeal the charter was a sufficient safe guard” for public interest.³⁸

The elder Rockefeller trusted Gates as a financial advisor and followed Gates’ suggestions to form financial alliances with Jacob H. Schiff³⁹ of the New York banking firm Kuhn & Loeb. The relationship between Schiff and the Rockefellers was not purely financial: It included support for the Bureau of Social Hygiene. The Rockefellers also supported Schiff and Paul Warburg’s efforts to help young Jewish women of the Lower

East Side of New York find respectable work and to prevent them from seeking employment in bordellos.⁴⁰

Schiff was not only a business associate of the Rockefellers, but also widely acknowledged as a principal supporter of Wald's nursing and social reform efforts.

Mr. Jacob Schiff, who from the very beginning had made us feel his support, encouragement, and confidence, suggested the change from the tenement quarters to a house ... this most generous and public-spirited citizen's offer was accepted.⁴¹

Schiff's Orthodox Jewish upbringing instilled in him a lifelong value of the whole community, not just members of a particular class. To Schiff, civic responsibility and charity were lifelong endeavors; Social Darwinism was contrary to the humanitarian principles that guided his decisions.⁴² Schiff wrote,

There is, perhaps, no more cruel principle, ... than ... "the survival of the fittest." Because of this, we should feel that duty calls us to step in and be of help to those who are left behind in the race by reason of this inexorable rule.⁴³

Social Gospel

During the Gilded Age, the reaction of social and religious leaders to political, social, and economic upheaval was known as the Third Great Awakening, or the Social Gospel movement. The religious principles of the movement focused on social Christianity, or Christianity with a profoundly articulated social mission.

The Social Gospel is meant to inculcate reason, justice, equity, benevolence and good sense on all alike, on kings as well as peoples, on rich as well as poor, in

order to enlighten them as to their errors, their necessities, their true and actual concerns.⁴⁴

Charles Sheldon's question, "What would Jesus do?"⁴⁵ guided reform efforts. According to the social gospel, the poor were not to blame for their unemployment, inferior housing, and lack of health care. Followers of the Social Gospel movement believed that government needed to enact social reforms and not leave solutions to private foundations or charities. The US movement had several leaders: Washington Gladden, Richard T. Ely, Billy Sunday, and Dwight L. Moody.⁴⁶ Walter Rauschenbusch emerged as the intellectual leader and theologian of social Christianity. Rauschenbusch boldly declared, "We have now arrived, and all the characteristic conditions of American life will henceforth combine to make the social struggle here more intense than anywhere else."⁴⁷

Rauschenbusch attracted both liberal and moderate theologians of social Christianity through his interpretation of the Bible as a vehicle for social change. Social change, according to Rauschenbusch, involved individual acts of charity and love, in addition to improving working conditions and ending financial exploitation. Rauschenbusch identified with Christian Socialism and promoted his vision of positive social change in a new socialist society.⁴⁸ In 1901, the Socialist Party of America included trade unionists, Christian socialists, social reformers, former Populists, and independent radicals. Gladden, a prominent Congregationalist pastor, applauded socialist ideals of human brotherhood and the promotion of positive social changes consistent with the ethics of Jesus.⁴⁹ To Rauschenbusch, Christianity was real and present in the world "at work in humanity."⁵⁰

According to Rauschenbusch,⁵¹ the major impediment to the realization of the Christian vision of humanity was the unjust capitalist foundation of American business and life. Capitalism created a life of human misery, restlessness, bitterness, and discouragement. The industrial revolution and the fear of destitution perpetuated economic exploitation.⁵² However, within the organizational structure of established religious institutions, with congregations' vision and mission, ministers did not have complete control and answered to governing boards. The collective philosophy of board members tended to exert influence over presiding ministers. In addition, the board had the authority to hire and fire ministers who failed to uphold the values and philosophy of their church.⁵³

Women as Social Reformers

Some Victorian women had difficulty effecting reform within the parameters of Christianity due to their repressed position in Victorian social life. Addams was able to convey her vision of social reform by viewing her work as secular within a religious framework. She used metaphors and dialogue to create an ecumenical context for the achievement of her goals. The ideals of Social Gospel grounded Addams' reform efforts within secular situations and established churches and enabled her to describe the conditions of the urban poor.⁵⁴

Wald's friend and biographer R. J. Duffus once characterized Addams as "all religions," not simply Catholic, Orthodox, or Jewish.⁵⁵ Historian Marjorie Feld characterized Wald as "universal" and "ecumenical."⁵⁶ To other historians, Wald was "nonsectarian" or "noncreedal."⁵⁷ After beginning her work as a reformer, Wald joined the Ethical Culture movement, which stressed good works. The ethical foundation of the

movement reflected Wald's⁵⁸ and Addams' own principles. Addams, a friend and supporter of Wald noted, "The real leaders of the people are part of the entire life of the community which they control, and so far as they are representative at all, are giving a social expression to democracy."⁵⁹

Wald, a practical idealist, was able to envisage a better world. She could work with powerful businessmen and believed in civic responsibility to care for infants and children through home nursing visits and safe milk. Wald worked to educate the public to ensure a supply of safe milk for infants and children.⁶⁰ Linton Horton, the leader of the "milk trust" and notorious "hater of uplifters," was won over by Wald's practicality and charm. Wald knew that to achieve her reform goals, she had to work with all types of people, using her charm, timing, cooperation, and powerful friends when she needed them.⁶¹

Frequently, Wald testified at federal hearings. Frances Perkins, Secretary of Labor under Franklin Delano Roosevelt, recalled "a typical Wald presentation."⁶² During the investigation of the deadly fire at the New York City Triangle Shirtwaist Company in 1911, Wald was at the pinnacle of her influence. When called upon to testify, a hush fell over the chamber. "Miss Wald ... was known as a person whose heart was always in the right place and was greatly respected because she was loved."⁶³

Wald was able to work with the most influential proponents of Social Darwinism and Social Gospel. In 1910, Carnegie, as an avid supporter of Spencer's economic policies, established the Carnegie Endowment for International Peace, whose mission was to help fund groups working to prevent war and to promote peace.⁶⁴ In 1914, Wald's commitment to international peace resulted in the formation of the American Union

Against Militarism.⁶⁵ Wald's principles were consistent with the ideals of Social Gospel, but there is little evidence that she was a formal member of the movement.⁶⁶

Wald had a reputation for bringing together people from all spheres of society. She mediated discussion between ardent Social Darwinists and staunch Social Gospel proponents to improve the lives of those she touched.

The passion for dealing with social questions is one of the marks of our time. ... Except matters of health, probably none have such general interest as matters of society. Except matters of health, none are so much afflicted by dogmatism and crude speculation as those which appertain to society.⁶⁷

Eugenics in America, 1890–1930

Anglo-Saxon, or old-stock, families, who traced their ancestry to colonial America, formed the core leadership of eugenic reform. By utilizing the best advances in medical and scientific knowledge, individuals such as John Harvey Kellogg (1852–1943)⁶⁸ were intent on improving humanity.⁶⁹ Some policy makers were concerned with a perceived decline in “good” bloodlines and strongly opposed birth control for middle- and upper-class women, but not for immigrants, migrants, and the poor.

Motherhood became a symbol of racial preservation for both Whites and Blacks. In 1906, President Theodore Roosevelt (1858–1919) rebuked middle-class White Americans for “willful sterility,” dooming the nation and the White race.⁷⁰ In 1916, African American educator E. Azalia Hackley (1867–1922) published a guidebook for Black girls calling for “true” motherhood to bear and birth a race.⁷¹ Therefore, the eugenics agenda focused on the reduction of birth defects and infant death from intrauterine transmission of syphilis.⁷²

During the late nineteenth century, many prominent Americans, such as Rockefeller Sr., Kellogg, Edward Thorndike, G. Stanley Hall, Theodore Roosevelt, Alexander Graham Bell, Charles Davenport, Luther Burbank, and Vernon Kellogg,⁷³ were exposed to the ideas of Darwin and Galton.⁷⁴ The influence of Darwin and Galton, along with the 1877 publication of Richard Dugdale's study⁷⁵ on criminality, poverty, and insanity, resulted in the adoption of eugenics as a scientific and social doctrine focused on preserving the racial purity of the middle and upper classes through genetic principles.

Eugenicists used Social Darwinism and scientific rationales to promote their movement, whose purpose was to limit the rights of "defective" people to marry and/or reproduce for the purported greater good.⁷⁶ The film *Birth of a Nation* (1915) raised the profile of the Ku Klux Klan and caused a nationwide protest by the National Association for the Advancement of Colored People (NAACP).⁷⁷ The influence of Nativists resulted in the Ku Klux Klan's reemergence in 1916 and the enactment of national eugenic laws⁷⁸ to prohibit marriages between, impose involuntary sterilization upon, enforce segregation among, and institutionalize "defective" people. The American Eugenics Society, founded in 1922, accelerated these efforts to educate the American public about eugenics ideals and principles.⁷⁹

After the first known eugenically motivated vasectomy in the United States (1897), the forced sterilization of people from racial and social minorities, the mentally handicapped, and other vulnerable people became part of American scientific and medical culture.⁸⁰ In 1905, the Pennsylvania legislature passed the first eugenics sterilization law, followed by Indiana in 1907.⁸¹ By 1927, an estimated 12,000

sterilizations had been performed on institutionalized people. More than 1,000 undocumented sterilizations of “genetically flawed” children from “socially respectable” families were performed.⁸²

By 1935, thirty states had enacted sterilization laws intended to reduce the social and health impact of people that society considered unfit.⁸³ One response to the emerging sterilization practice was the formation of regional and national racial hygiene committees,⁸⁴ culminating in the establishment of the Eugenics Records Office, under the direction of Davenport⁸⁵ and the Eugenics Registry under the direction of Kellogg.⁸⁶ These national agencies directed record-keeping, education, and research efforts to improve the American “breed” by maintaining Anglo-Saxon racial purity.

The influences of Social Darwinism and eugenics on U. S, immigration policies can be seen in the conclusions of the Dillingham Commission, also known as the Immigration Commission, established by Congress in 1907. The Commission expressed concern over the ability of new Asian and European immigrants to adopt American culture and values, postulated that immigrants would weaken Anglo-Saxon racial stock.⁸⁷ Increasing numbers of European and Asian immigrants, as well as urban overcrowding and a rise in communicable diseases, led to restrictive immigration quotas.⁸⁸ The Commission recommended policies that limited immigration from southern Europe and prohibited immigration from Asia.⁸⁹

Eugenicists borrowed selectively from anthropology and biology to form their theories. One method eugenicists used to define racial abilities, such as intellect, was to arrange the skulls of Blacks, Asians, and Caucasians in order of distinction from the skulls of non-human primates. The eugenicists assumed that people whose skulls were

most like those of non-human primates were evolutionarily closer to non-human primates.⁹⁰ The selective application of criteria demonstrated the determination of racists and eugenicists to define and label other groups. Prominent sociologist Ellsworth Faris (1874–1953) noted that race is not a fact, biological or otherwise, but a concept that people apply to denote “the other.”⁹¹

Maternal Child Health in the Progressive Era

The Better Babies and Fitter Families campaigns of the 1910s and 1920s were two examples of positive eugenics, or the collaboration between public health practices and eugenically based health policies. In these campaigns and contests, education on health and disease prevention focused on improving the lives of all children and reducing infant and maternal mortality rates for poor families. The campaign’s popularity at the Iowa State Fair influenced the Children’s Bureau to organize on a national level during Better Babies Week in 1915. The campaign was based on the premise that families who entered their babies in the contest were likely to be more interested in learning about nutrition, safety, and preventive health. The success of positive eugenics was apparent in the initiatives undertaken throughout the nation as communities began to organize local “better baby” clinics.⁹²

In 1920, women received the right to vote. Middle- and upper-class women, now a political force, pressured Congress to take action against maternal and infant deaths, resulting in the passage of the Sheppard–Towner Act of 1921.⁹³ Through the legislation, Congress increased state funding to create agencies and programs to improve maternal and child health.⁹⁴ The subsequent passage of the Social Security Act in 1935 continued to support state efforts to improve health and welfare services

for mothers and children (Title V) and the creation of the Bureau of Maternal and Child Health.⁹⁵

Even as national and state governments increased public education and improved health outcomes for women and children, the darker practices of forced sterilization continued. The authority of eugenics relied on the scientific principles of the era. However, as the scientific understanding of disease, psychology, and genetic principles expanded, the authority of eugenicists diminished. With the retreat of scientific support, nativists began to shape eugenic policy. Nativist support for the Nazi racial hygiene doctrine in the 1930s cost them the support of influential backers such as the Carnegie Institute of Washington.⁹⁶

Nursing in the Progressive Era

Nursing leaders of the late nineteenth century considered themselves not radicals but reformists who adopted progressive agendas and championed better living and working conditions for forgotten immigrant families.⁹⁷ The trained nurse of the 1890s mainly practiced private nursing in the homes of middle- and upper-class families and, much less frequently, in the emerging hospital system. These hospitals and care institutions became a venue for some educated women of the middle and upper-middle classes to obtain socially acceptable employment.⁹⁸

True to the reformist ideal, women with a burning conviction to speak for others joined the settlement house movement. Modeled after English settlement houses, American settlement houses sought to improve the living conditions of the urban poor. The first such house was established in New York in 1886, and social workers lived in the communities they served.⁹⁹ Addams' Hull House in Chicago, established in 1889,

was among the first of hundreds of settlements whose work sought to bridge the social classes.¹⁰⁰ Settlement houses provided a place for the urban poor and immigrant communities to gather, engage in social activities, challenge the power structures, and form coalitions to address social issues.¹⁰¹

Wald, who vowed to improve the lives of immigrant families in New York City's Lower East Side, became a prominent figure of the settlement house movement. With the founding of the Henry Street Settlement and the Visiting Nurse Service in 1893, Wald brought nursing into community reform movements, offering the hope of a better life for thousands of immigrants in the Lower East Side.¹⁰² The Henry Street Settlement blended its health and social missions by caring for families in times of illness and health.¹⁰³ As part of the settlement's broad social mission, Wald supported W. E. B. DuBois's (1868–1963) work toward achieving equal rights for Black Americans. Wald, Dubois, and others met at the Henry Street Settlement to create the National Negro Committee. In 1909, the organization became the NAACP.¹⁰⁴

Wald created the Visiting Nurse Service¹⁰⁵ to provide poor immigrant and migrant urban communities nursing care. Nurses observed the physical and emotional toll of frequent pregnancies on mothers, infants, and families, and national leaders recognized nursing and its home visitation model, which led to the creation of PHN.¹⁰⁶ The formation of the National Organization for Public Health Nurses in 1912 created a national platform for nursing's efforts to shape social and health policy.¹⁰⁷ Wald's efforts drew attention to the plight of children, which

resulted in the creation of the Children's Bureau under the Department of Commerce in 1912.¹⁰⁸ Wald's work would later influence PHN around the world.¹⁰⁹

Margaret Sanger (1879–1966) worked for the Visiting Nurse Service in 1911 on the Lower East Side. There she witnessed the physical and emotional toll of childbearing on mothers, infants, and families. After watching a young mother die from a bungled abortion, she struggled with the effects of too many pregnancies, lack of birth control information, and premature deaths.

Sanger began her campaign for women's right to access birth control and, in 1916, attempted to open the nation's first birth control clinic.¹¹⁰ Continued high maternal and infant death rates intensified the birth control and suffrage controversies. A 1919 report by the Women's City Club of New York noted the state of maternal and child health in the United States, indicating that 20,000 mothers died every year from due to childbirth. This figure was surpassed only by tuberculosis. In New York City alone, approximately 700 mothers died every year from preventable complications related to childbirth.¹¹¹ Moreover, the club reported, although many mothers survived childbirth, they suffered lifelong physical impairments as a result.

Although eugenicists initially opposed birth control, Sanger's early support for eugenic scientific principles, and her increasing public sympathy for the plight of women and children, provided a platform for civic leaders to expand financial and public support for significant social causes. The growing popularity of the birth control movement caused eugenicists to change their position. At the first conference of the American Birth Control League (1921), Sanger formed a strategic alliance with eugenicists as part of an effort to make birth control respectable and hygienic.¹¹²

Charity work was long considered the responsibility of the upper class in America. The “friendly visits” by upper- and middle-class patrons of society validated the reality of the poor’s abominable living conditions and need for professional nursing care. Responding to the financial needs of PHN, socially prominent families such as the Vanderbilts and McCormicks, became members of the National Organization of Public Health Nurses advisory board. The Rockefeller Foundation¹¹³ and private citizens, such as Jacob Schiff,¹¹⁴ financially supported PHN,¹¹⁵ whose model demonstrated the value of nursing as a profession that required sustainability beyond individual acts of philanthropy.

Nursing training was also subject to charitable endeavors. The nursing profession struggled with its charitable origins to realize the fiscal worth of knowledge and skill.¹¹⁶ M. Adelaide Nutting, a prominent nurse, acknowledged the evolution of the district nurse to the public health nurse. She noted that PHN is a “permanent social necessity” and integral to the public health movement to address not only venereal diseases, but also infant mortality.¹¹⁷ Whether in an industrial setting, factories, or department stores, nurses provided education on safety and nutrition, as well as prenatal guidance, to workers and their families.¹¹⁸ Thus, the public health nurses who attended to mothers and infants provided not charity, but professional care.

In 1911, leading state and national healthcare officials deliberated the creation of a National Child Welfare Bureau. In the same year, S. W. Newmayer of the Philadelphia Department of Public Health and Charities publicly recognized the crucial role of nurses in the reduction of maternal and infant mortality.¹¹⁹ Members of the suffragist movement fought to prevent these deaths by increasing women’s access to safe birth control.¹²⁰ In

New York City, nurses joined forces with women's clubs to reduce the number of maternal and infant deaths.

In 1915, suffragists founded the Women's City Club of New York, which became a clearinghouse for public policy issues, especially those regarding birth control and maternal and child health. In its early years, the club focused not only on the right of women to vote, but also on access to birth control. Over the years, members included Eleanor Roosevelt, Helen Hayes, and other influential women.¹²¹ The club's Maternity Center was a 1917 demonstration project introduced in the hopes that the federal or state government would eventually fund some of its activities. During the Maternity Center's three years of operation, its nursing service made more than 10,000 home visits to 3,020 mothers. Mothers made 9,000 visits to the center to seek medical and nursing care and education.¹²²

In southern California, restrictions on immigration after 1907 reduced the influx of Asians, which changed the racial hierarchy among other non-White groups.¹²³ As the number of Mexican migrants increased during the 1920s, Los Angeles public health officials became concerned about the negative perceptions of political and social leaders from the east about health in the Los Angeles community.¹²⁴ By the middle 1920s, all major US metropolitan health departments were tracking statistics as scientific indicators of health with data disaggregated by race.¹²⁵ This method of data reporting and disproportionately high infant mortality among Mexican immigrants reinforced racial prejudices.¹²⁶

Moreover, statistics reflecting the overall health of a region were tied to infant mortality.¹²⁷ This focus on infant mortality created an image of Mexican women as unfit,

unable to provide clean and healthy environments, and incapable of learning parenting skills.¹²⁸ Health care was provided in neighborhood public health clinics and by visiting nurses. Nurses went into homes and taught new mothers about infant care and hygiene. However, public health officials realized that a more comprehensive approach to maternal and infant health care was needed to improve the health of women and children.¹²⁹

¹ Excerpt from a campaign speech given by Mary Lease, 1890. Steven J. Diner, *A Very Different Age: Americans of the Progressive Era* (New York: Hill and Wang, 1998), 14.

² Robert Sobel, *The Pursuit of Wealth: The Incredible Story of Money throughout the Ages* (New York: McGraw-Hill Professional, 2000), ix.

³ Richard Hofstadter, *The Age of Reform: From Bryan to F. D. R.* (New York: Vintage Books, 1955).

⁴ Rebecca Edwards, *New Spirits: Americans in the Gilded Age 1865-1905* (New York: Oxford University Press, 2006), 43–5.

⁵ Stanley Vance, *Industrial Administration* (New York: McGraw-Hill, 1959), 19, accessed October 14, 2010, <http://www.archive.org/details/industrialadmini031448mbp>.

⁶ Edwards, *New Spirits*, 43–5.

⁷ Richard Hofstadter, *Social Darwinism in American Thought* (Boston: Beacon Press, 1992), 85–113.

⁸ Charles R. Darwin, *On the Origin of Species by Means of Natural Selection, or the Preservation of Favored Races in the Struggle for Life* (Oxford: Oxford University Press, 1859/1996).

⁹ Mark Francis, *Herbert Spencer and the Invention of Modern Life* (New York: Cornell Press, 2007), 104.

¹⁰ Herbert Spencer, *The Works of Herbert Spencer, Vol. 2, The Principles of Ethics* (New York, NY: D. Appleton and Company, 1893), 400, accessed March 15, 2010, <http://solomon.soth.alexanderstreet.com>.

¹¹ Edwards, *New Spirits*, 153.

¹² *Ibid.*, 153–4.

¹³ Hofstadter, *Social Darwinism*, 10.

¹⁴ A. R. Wallace to Charles R. Darwin, 2 July 1866 in *The Darwin Correspondence Project*, no. 5140, accessed March 15, 2010, <http://www.darwinproject.ac.uk/entry-5140#back-mark-5140.f5>.

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- ¹⁶ David Nasaw, "Gilded Age Gospels," in *Ruling America: A History of Wealth and Power in a Democracy*, ed. Steve Fraser and Gary Gerstle (Cambridge: Harvard University Press, 2005), 124, 125.
- ¹⁷ John White, "Andrew Carnegie and Herbert Spencer: A Special Relationship," *Journal of American Studies* 13 (April 1979): 57–71.
- ¹⁸ Andrew Carnegie, "Wealth," *North American Review*, 391 (1889), accessed March 15, 2010, <http://facweb.furman.edu>.
- ¹⁹ Carnegie, "Wealth."
- ²⁰ Karen Buhler-Wilkerson, *False Dawn: The Rise and Decline of Public Health Nursing, 1900–1930* (New York: Garland, 1989), 3, 4, 12.
- ²¹ Charity Organization Society of the City of New York, ed., *Friendly Visitors among the Poor* (New York: G. P. Putnam, 1883), 1–3.
- ²² Ibid.
- ²³ Lillian D. Wald, *Windows on Henry Street* (Boston: Little, Brown and Company, 1939), 77.
- ²⁴ Diner, 193, 194.
- ²⁵ Bianca Genco-Morrison and Jan L. Hagen, "Hull House (United States)," in *Encyclopedia of Social Welfare History in North America*, ed. John Middlemist Herrick and Paul H. Stuart (Thousand Oaks, CA: Sage, 2005), 177–8.
- ²⁶ National Research Council Social Science Panel on the Significance of Community in the Metropolitan Environment, *Toward an Understanding of Metropolitan America* (San Francisco: Canfield, 1974), 82.
- ²⁷ Wald, *Windows*, 58. Wald often did not mention dates or particulars for some of the occasions she wrote about in *Windows on Henry Street*.
- ²⁸ Ibid., 64.
- ²⁹ Hofstadter, *Age of Reform*.
- ³⁰ Judith Sealander, *Private Wealth & Public Life: Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal* (Baltimore: The Johns Hopkins University Press, 1997), 2.
- ³¹ Ibid., 3.
- ³² Ibid., 3.
- ³³ John A. Fitch, "Ludlow, Chrome, Homestead and Wall Street in the Melting Pot," *The Survey* 33 (October 1914): 531-534. *The Survey's* editorial staff included Paul U. Kellogg, editor, and Jane Addams. The journal was published by the Survey Associates, whose national council included Wald and Addams.
- ³⁴ Maurice Dobb, *Studies in the Development of Capitalism* (London: Routledge & Kegan Paul Ltd., 1963), 350.

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- ³⁵ Fitch, "Ludlow," 531–3.
- ³⁶ Ibid.
- ³⁷ Ibid.
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- ³⁹ R. L. Duffus, *Lillian Wald: Neighbor & Crusader* (New York: J. J. Little & Ives, 1938), 36.
- ⁴⁰ Ron Chernow, *Titan: The Life of John D. Rockefeller, Sr.* (New York: Random House, 1998), 552, 553.
- ⁴¹ Lillian D. Wald, "The Nurses' Settlement in New York," *The American Journal of Nursing* 2 (May 1902): 567–75, accessed March 15, 2010, <http://www.jstor.org/stable/3401585>.
- ⁴² Doris Groshen Daniels, *Always a Sister: The Feminism of Lillian D. Wald, a Biography* (New York: The Feminist Press at The City University of New York, 1989), 36.
- ⁴³ Ibid., 37.
- ⁴⁴ R. J. Michael, *The Social Gospel* (London: Trubner, 1897), iv, accessed March 15, 2010, <http://www.googlebooks.com>.
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- ⁴⁷ Walter Rauschenbush, *Christianity and the Social Crisis* (New York: Macmillan, 1913), xi, accessed March 15, 2010, <http://www.googlebooks.com>.
- ⁴⁸ Gary Scott Smith, *The Search for Social Salvation: Social Christianity and America, 1880-1925* (Lanham, MD: Lexington, 2000), 127–9.
- ⁴⁹ Ibid., 132.
- ⁵⁰ Walter Rauschenbusch, *A Theology for the Social Gospel* (New York: Macmillan, 1922), 165, accessed March 15, 2010, <http://www.googlebooks.com>.
- ⁵¹ Rauschenbusch, *Christianity*, 186–211.
- ⁵² Ibid., 213.
- ⁵³ Smith, 133.
- ⁵⁴ Wendy J. Deichmann Edwards and Carolyn De Swarte Gifford, introduction to *Gender and the Social Gospel*, ed. Wendy J. Deichmann Edwards and Carolyn De Swarte Gifford (Chicago: Board of Trustees of the University of Illinois, 2003), 8, 9, 11.
- ⁵⁵ Duffus, 317.

⁵⁶ Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008), 14.

⁵⁷ Daniels, 9.

⁵⁸ *Ibid.*, 10.

⁵⁹ Jane Addams, *Democracy and Social Ethics* (Norwood, MA: Norwood Press, 1902), 224, accessed March 15, 2010, <http://www.googlebooks.com>.

⁶⁰ Michele M. Materese, "From Local to National: Lillian D. Wald – A Social Activist, 1893–1913" (Ph.D. dissertation, State University of New York, Binghamton, 2006), 164.

⁶¹ Daniels, 3, 4.

⁶² *Ibid.*, 47.

⁶³ *Ibid.*, 47.

⁶⁴ Mary Beth Norton et al., *A People and a Nation: A History of the United States*, vol. 2, *Since 1865*, 8th ed. (Boston: Wadsworth, 2009), 653.

⁶⁵ Feld, *Wald*, 107–114.

⁶⁶ Feld, *Wald*, 10, 17. Feld's dissertation and subsequent book about Wald are the only sources that place Wald in this movement.

⁶⁷ William Graham Sumner, *What Social Classes Owe to Each Other* (New York: Harper & Brothers, 1903), 112, accessed March 15, 2010, <http://solomon.soth.lexanderstreet.com>.

⁶⁸ Ruth C. Engs, *The Progressive Era's Health Reform Movement: A Historical Dictionary* (Westport, CT: Praeger, 2003), 25, 115, 251, 345, 397.

⁶⁹ Michael J. Berson and Barbara Cruz, "Eugenics Past and Present," *Social Education* 65 (September 2001): 300, accessed January 30, 2009, <http://galegroup.com.ezproxy.fau.edu>.

⁷⁰ Allison Berg, *Mothering the Race: Women's Narratives of Reproduction, 1890–1930* (Chicago: University of Illinois Press, 2002), 1, 2, 4.

⁷¹ Berg, *Mothering the Race*, 1, 2, 4.

⁷² Engs, *Health Reform*, 46.

⁷³ *Ibid.*, 8; Berson and Cruz, 300.

⁷⁴ Eng, *Health Reform*, 113. Sir Francis Galton studied the bloodlines of prominent men and concluded that genius was hereditary.

⁷⁵ Berson and Cruz, 300.

⁷⁶ *Ibid.*, 300.

⁷⁷ National Association for the Advancement of Colored People, "The NAACP Time Line," National Association for the Advancement of Colored People, accessed March 2, 2009, <http://www.naacp.org/about/history/timeline/index.htm#1900>.

⁷⁸ Engs, *Health Reform*, 234.

⁷⁹ *Ibid.*, 10, 11. In 1973, the American Eugenics Society became the Society for the Study of Social Biology. It lost influence during the 1930s. In 1934, the acting executive director published a pamphlet supporting the Nazi sterilization program. The society began dissolving relationships with nativistic elements of the eugenics movement, and in the late 1930s forged relationships with the American Birth Control League.

⁸⁰ Berson and Cruz, 300.

⁸¹ Engs, *Health Reform*, 111.

⁸² Leon F. Whitney, "Eugenical Sterilization" *American Journal of Nursing* 27 (September 1927): 741–3, accessed August 9, 2009, <http://www.jstor.org/stable/3407991>.

⁸³ Engs, *Health Reform*, 202.

⁸⁴ *Ibid.*, 214. In 1909 the National Committee for Mental Hygiene was founded to provide Public Health information on mental diseases.

⁸⁵ *Ibid.*, 112, 116.

⁸⁶ *Ibid.*, 118.

⁸⁷ *Ibid.*, 392

⁸⁸ Miller Center of Public Affairs, "American President: An online Reference Resource," Miller Center of Public Affairs, accessed March 2, 2009, <http://millercenter.org/academic/americanpresident>.

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⁹⁰ Ellsworth Faris, "Remarks on Race Superiority," *The Social Service Review* 1 (March 1927): 40, accessed March 16, 2009, <http://www.jstor.org/stable/30009004>.

⁹¹ *Ibid.*

⁹² Engs, *Health Reform*, 42, 43.

⁹³ J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920s," *The Journal of American History* 55 (March 1969): 776, accessed March 16, 2009, <http://www.jstor.org/stable/1900152>; Alexandra Minna Stern, "Making Better Babies: Public Health and Race Betterment in Indiana, 1920–1935," *American Journal of Public Health* 92 (May 2002): 742, accessed March 2, 2009, <http://www.apha.org>.

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⁹⁵ *Ibid.*, 751.

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- ⁹⁹. Diner, 193, 194.
- ¹⁰⁰. Genco-Morrison and Hagen, 177.
- ¹⁰¹. National Research Council, 82.
- ¹⁰². Lillian D. Wald, *Lillian D. Wald: Progressive Activist*, ed. Clare Coss (New York: Feminist Press at the City University of New York, 1989), xv–xvii.
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- ¹⁰⁸. Miller Center of Public Affairs, "William Howard Taft (1857–1930)," Miller Center of Public Affairs, American President: An Online Reference Resource, accessed March 2, 2009, <http://millercenter.org/academic/americanpresident>.
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- ¹¹⁰. Miller Center of Public Affairs, "Woodrow Wilson (1856–1924)," Miller Center of Public Affairs, American President: An Online Reference Resource, accessed March 2, 2009, <http://millercenter.org/academic/americanpresident>.
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- ¹¹³. Buhler-Wilkerson, *False Dawn*, 62, 146.
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2002), 161.

¹¹⁷ Mary Sewall Gardner, *Public Health Nursing* (New York: MacMillan, 1917), accessed January 30, 2009, <http://books.google.com/>.

¹¹⁸ Florence Swift Wright, *Industrial Nursing: For Industrial, Public Health, and Pupil Nurses, and for Employers of Labor* (New York: MacMillan, 1920), 9, accessed January 30, 2009, <http://www.archive.org/details/industrialnursin00wriguoft>. Industrial nurses provided care to women pregnant with legitimate children and made home visits after delivery to look after the welfare of the entire family.

¹¹⁹ S. W. Newmayer, "The Warfare against Infant Mortality," *Annals of the American Academy of Political and Social Science* 37 (March 1911): 288, accessed June 4, 2009, <http://www.jstor.org/stable/1011086>. In 1911, S. W. Newmayer's article noted that the United States was contemplating a National Child Welfare Bureau to take responsibility for children. Nursing shared in this responsibility for the children's health.

¹²⁰ Women's City Club of New York, "Preliminary Report."

¹²¹ The Eleanor Roosevelt Papers, "Women's City Club of New York," in *Teaching Eleanor Roosevelt*, ed. Allida Black et. al. (Hyde Park, NY: Eleanor Roosevelt National Historic Site, 2003), <http://www.nps.gov/archive/elro/glossary/womens-city-club-ny.htm>.

¹²² Women's City Club of New York, "Maternity Center 'Adopted Out,'" *Women and Social Movements in the United States, 1600–2000*, accessed March 2, 2009, <http://womhist.alexanderstreet.com/wccny/doc15.htm>.

¹²³ Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879–1939* (Los Angeles: University of California Press, 2006), 17, 78.

¹²⁴ *Ibid.*, 77.

¹²⁵ *Ibid.*, 91, 93.

¹²⁶ *Ibid.*, 79.

¹²⁷ *Ibid.*, 77.

¹²⁸ *Ibid.*, 77.

¹²⁹ *Ibid.*, 89, 100.

III. METHOD

In contrast to nostalgia, history attempts to recapture the complex ways that the persons and ideas of the past have influenced the present.

–Diane B. Hamilton, “The Idea of History and the History of Ideas”

Historical research examines past events and lives of people or groups during a specific timeframe. The goal is to gain a broader understanding of the meaning behind events.¹ Historian W. H. McDowell argued that historical research is not predictive, stressing instead the contextual richness that historical research provides to the understanding of social and political events.² McDowell suggested that the search for meaning does not belong to historical research but rather to the social sciences. Further, McDowell argued, historical research is an art rather than a science and is similar to literary traditions that make use of imagination.³

Nursing historians Sandra B. Lewenson and Eleanor Krohn Herrmann argued that in understanding the full meanings of historical occurrences, the examination of present-day experiences and events can reveal hidden truths to guide future actions.⁴ The research question for this study, as well as the researcher’s worldview, is consistent with the social history method. Social constructivism, humanism, and the meaning of language comprise a worldview wherein research foci provide an understanding of social contexts, meaning, and the influences of social phenomena.⁵ Thus, for the purposes of this study, the researcher sought to present a complexity of views rather than narrowed meaning.⁶

Researchers who follow the social history method seek to understand people, groups, and events in the context of an era by exploring social structures, processes, and experiences.⁷ Conceptual assumptions of the interconnectedness of people and events, as well as contextualization, judgments, and ambiguity, strengthen the social history method. In history, time is the independent variable.⁸ Therefore, questions from this study evolved in the context of person, place, and time to establish an understanding of relationships and meanings as part of the unique canvas of human action.⁹ The researcher analyzed the data to identify important contextual influences, where meanings, patterns,¹⁰ and significance provided impartial understandings.¹¹

Every art and every inquiry, and similarly every action and choice, is thought to aim at some good; and for this reason the good has rightly been declared to be that at which all things aim.¹²

Ethical Considerations

Conducting ethical historical research requires accurate data collection, precise recording and storage of data, full disclosure by the researcher, methodological rigor, and compliance with all institutional review board policies.¹³ In this study, rigorous scholarship uncovered the hidden truths¹⁴ in archival records, texts, letters, and artifacts and became the basis for understanding the past. Accurate interpretation of all resource material is the foundation of truth.¹⁵ Therefore, the researcher sought rigor through attention to accuracy, revisiting research questions as new data emerged, the use of two or more sources to substantiate unusual conclusions, and hermeneutical data analysis.¹⁶

Research Questions

Did eugenic philosophy and practice influence the Social Security Act of 1935 in relation to maternal health policy?

What was nursing's influence on the Social Security Act of 1935?

Data

The primary archival sources for this study included the Social Security Act of 1935, transcripts of congressional debates on the Social Security Act of 1935, and the publications, letters, and diaries of relevant persons. Secondary resources included journals, magazines, and newspapers available in university collections, public libraries, and the National Archives. These sources addressed, analyzed, and enhanced information gleaned from the primary sources.¹⁷

Data collection from primary and secondary resources continued until the researcher reached saturation and redundancy. Since the researcher was the data collection instrument, the researcher filed detailed information to create an audit trail. Identification of evolving questions was recorded throughout the investigation. Quotations and other documentary evidence supported conclusions from the data analysis.

Data Analysis

Data were analyzed using the Heideggerian hermeneutical method to understand their meaning in the context of the era from which the data originated. Hermeneutics seeks to understand the meaning of texts or dialogue as related to the influences of persons, place, and time or the phenomenon of being human. The study of the human phenomenon and behavior is central to both phenomenology and psychology. To

Aristotle, psychology was the “science of the soul,” and the soul was the earliest actuality of a “living being” with consciousness and thought.¹⁸ Contemporary meanings of “soul” refer to an essence with awareness of imagination, memory, hope or fear, desire or aversion. Where as natural scientists study the properties and laws of physical bodies (external perception), psychologists examine the properties and laws of the soul conjectured to exist in others (inner perception).¹⁹

Historical research is a qualitative method that seeks to understand the meaning of an event; it is not considered a pure phenomenological method. It is similar to phenomenology in that the researcher answers questions of meaning. Another similarity between historical and phenomenological research is the desire to understand an experience as individuals understand the experience.²⁰ The hermeneutic phenomenologist examines people’s interpretation of their lives and the meanings they make out of their experiences.²¹ Herbert Spiegelberg (1904–1990), an American philosopher, divided the phenomenological movement into three phases: preparatory, German, and French.

In the preparatory phase, philosophers responded to organized religion’s inability to offer substantial opinions on the nature of reality. Franz Brentano (1838–1917) and his student Carl Stumpf (1848–1936) sought to restructure philosophy to provide answers that organized religion could no longer provide. By using tenets of descriptive psychology, Brentano and Stumpf sought to make the study of psychology truly scientific.

The German phase included both Edmund Husserl (1859–1938) and his student Martin Heidegger (1889–1976).²² Husserl, the central figure of the phenomenological movement, noted that the ideas involved in philosophy changed to encompass a

description of how consciousness represents and experiences the world.²³ Human experiences are intersubjective and include a relational awareness among people.²⁴

The third, or French, phase began after Husserl's death. Gabriel Marcel (1889–1973), Jean-Paul Sartre (1905–1980), and Maurice Merleau-Ponty (1908–1961) were instrumental during this phase. Research traditions in various disciplines began to use hermeneutics, or interpretive methods.²⁵ Hermeneutics is defined as “the branch of knowledge that deals with (theories of) interpretation, esp. of Scripture.”²⁶ The word derives from the Greek *hermeneuo*, meaning, “to interpret,” and the name of the Greek god Hermes, the messenger and interpreter of messages between the gods and humans.²⁷

Hermeneutic phenomenological research bridges the traditionally accepted Cartesian philosophy of mind–body dichotomy.²⁸ Phenomenologists and existentialists argue that the mind and body, or consciousness and physical existence, are not separate. Consciousness is “in the world” and is always conscious. Phenomenologists describe experience where consciousness exists, not abstract emotions or thoughts.²⁹

Hermeneutic phenomenology is used to examine human experience, as opposed to human social processes, cultures, or structures.³⁰ Heideggerian hermeneutics focus on interpretation and combine elements of descriptive and interpretive phenomenology. In language, the primary expression of meaning, the meaning of words is important.³¹ Thus, the semantic worldview, or constructivist paradigm, that is consistent with phenomenology includes assumptions critical to hermeneutic phenomenological research. One such assumption is that theory should be based on interpretations. With varied interpretations, there is no separate reality. Subjectivity is valued, context is important to explanations, biases must be identified, and ideas evolve and change over time.³²

Husserl and Dilthey sought to understand the structure of the lived experience, or the life-world. Heidegger expanded on Husserl and Dilthey's understanding of hermeneutics to create three definitions of hermeneutics: the process of understanding "basic structures of Being ... made known," the "conditions on which the possibility of any ontological investigation begins," and "an interpretation of Dasein's being."³³ Heidegger used the German term for "being there," Dasein, to identify the human capacity to comprehend its own existence. According to Heidegger, hermeneutics was the way or method people used to understand their world of phenomena and the fundamental nature of being.³⁴

For Heidegger, the essence of phenomenology was ontological and answered questions on being such as what is being in the world? The term *Dasein* connotes being in the world and defines the nature of human beings in their context and culture. Heidegger sought to understand life in the historical context of its developing worldview.³⁵ Dasein, therefore, asks the ontological question and seeks to understand the meaning of being.

The hermeneutical approach to data analysis is not a linear process, but an encompassing, fluid, circular process. Hermeneutic interpretive analysis, or the hermeneutic circle, begins with examination of narrative texts as a whole to acquire overall understanding. Next, an interpretative summary is written, data categories are identified, and further analysis is undertaken. The identification and clarification of relational themes highlight the similarities and differences within categories. As patterns emerge through comparison, linkages are identified and validated. The final analysis, with supporting documentation, is written in a narrative form.³⁶

To fully understand the influences surrounding the Social Security Act and Title V, scholarly texts from other disciplines, including but not limited to the fields of history, federal legislation, and sociology, were evaluated to develop a better understanding of the influences surrounding the Social Security Act and Title V.³⁷ The purpose of this study was to explore the work of nursing and the social influences of eugenic policies established during the Progressive Era (1890–1930) on the writing and passage of the Social Security Act of 1935. The Social Security Act contains a provision for maternal and child health services.

¹ Sandra Lewenson and Eleanor K. Herrmann, *Capturing Nursing History: A Guide to Historical Methods in Research* (New York: Springer, 2008), xi.

² W. H. McDowell, *Historical Research: A Guide* (London: Longman, 2002), 19.

³ *Ibid.*, 20.

⁴ Lewenson and Herrmann, 2.

⁵ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Method Approaches* (Thousand Oaks, CA: Sage, 2003), 6.

⁶ *Ibid.*, 7–9.

⁷ Lewenson and Herrmann, 16.

⁸ *Ibid.*, 13.

⁹ Diane B. Hamilton, “The Idea of History and the History of Ideas,” *Image: Journal of Nursing Scholarship* 25 (Spring 1993): 45.

¹⁰ *Ibid.*, 47.

¹¹ Lewenson and Herrmann, 15.

¹² Aristotle, *Nicomachean Ethics*, trans. David Ross and Lesley Brown (New York: Oxford University Press, 2009), 3.

¹³ Creswell, 132–3.

¹⁴ Lewenson and Herrmann, 169.

¹⁵ *Ibid.*, 170.

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- ¹⁶ Ibid., 118, 151–5.
- ¹⁷ Ibid., 130.
- ¹⁸ Marlene Zichi Cohen, David L. Kahn, and Richard H. Steeves. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers* (Thousand Oaks, CA: Sage, 2000), 2.
- ¹⁹ Ibid., 4.
- ²⁰ Ibid., 3, 4.
- ²¹ Ibid., 3.
- ²² Ibid., 7.
- ²³ Edmond Husserl, *Cartesian Mediations: An Introduction to Phenomenology*, 7th ed. trans. Dorion Cairns (The Hague: Martinus Nijhoff, 1982), 19–24.
- ²⁴ Cohen, Kahn, and Steeves, 7.
- ²⁵ Ibid., 8.
- ²⁶ *Oxford English Dictionary*, 2nd ed., s.v. “Hermeneutics.”
- ²⁷ Cohen, Kahn, and Steeves, 10.
- ²⁸ Tina Koch, “Interpretive Approaches in Nursing Research: The Influence of Husserl and Heidegger,” *Journal of Advanced Nursing* 21, no. 5 (1995): 827–836.
- ²⁹ Cohen, Kahn, and Steeves, 5.
- ³⁰ Ibid., 8.
- ³¹ Ibid., 6.
- ³² Ibid., 6.
- ³³ Martin Heidegger, *Being and Time* (New York: Harper, 1927/1962), 37–8.
- ³⁴ Ibid.
- ³⁵ Ibid.
- ³⁶ Nancy L. Diekelmann, David Allen, and Christine A. Tanner, “A Hermeneutic Analysis of the NLN’s Criteria for the Appraisal of Baccalaureate Programs,” in *The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis*, ed. Linda Moody and Moira Shannon (New York: National League for Nursing, 1989), 11–33.
- ³⁷ Nancy Diekelmann, “Narrative Pedagogy: Heideggerian Hermeneutical Analyses of Lived Experiences of Students, Teachers, and Clinicians,” *Advanced Nursing Science* 23, no. 1 (2001): 53–71.

IV. SOCIAL REFORM IN AMERICA: THE POWER OF A SISTERHOOD

If it shall appear that the sufferings and the sins of the “other half,” and the evil they breed, are but as a just punishment upon the community that gave it no other choice, it will be because that is the truth.

—Jacob August Riis, *How the Other Half Lives*

Women of the 1890s made history by choosing to live lives filled with meaningful activity and rejecting traditional gender restrictions. These predominantly white, privileged women confronted social challenges by taking advantage of their social status and education. The economic and social resources at their disposal created unparalleled opportunities for social action.¹ However, neither social justice nor social reform could be legislated; therefore, these women’s groups, or sisterhoods, went to war against industrial greed.²

Three remarkable women of the Progressive Era formed a sisterhood and shared a vision of community reform that made children’s health and welfare central. In the world of Lillian Wald, Jane Addams, and Florence Kelley, the home and community were inextricably bound. The once private concerns of the home became public and political.³ Wald’s vision of nursing, “organic relations—led in compassion,”⁴ as well as her belief “that differences are small and superficial and things that are alike in people are many and fundamental,”⁵ added the unique voice of nursing to the voices of social justice advocates like Addams and Kelley.

Lives of the “Other Half”

Jacob Riis’ book, *How the Other Half Lives*, published in 1890, shocked middle- and upper-class Americans with its vivid portrayal of life in urban tenements. No longer able to deny the wretched conditions of “the other half” of society, reformers sought to rectify the “sanitary, moral, and economic”⁶ conditions of tenement life. In New York City, the death of a child in a tenement, registered at the Bureau of Vital Statistics as “plainly due to suffocation in the foul air of an unventilated apartment”⁷ caught the attention of state senators. A state delegation arrived in New York and investigated conditions surrounding the death. A subsequent report stated, “There are annually cut off from the population by disease and death enough human beings to people a city, and enough human labor to sustain it.”⁸

The fundamental law of the naturalist is said to be the survival of the fit; the much more fundamental law of the charity worker is the revival of the unfit⁹

Children of the Street

State “eugenic laws,” when enforced, protected children from abuse and improved their health and safety.¹⁰ Yet, children remained in tenements, in the streets,¹¹ in crowded and ill-equipped schools,¹² “misplaced” by caretakers.¹³ Increased immigration, overcrowding, and baby farms, which feed “outcasts, or illegitimate children . . . on sour milk, and give them paregoric to keep them quiet, until they die,”¹⁴ were common.

By the 1890s, the Children’s Aid Society of New York (founded in 1853 by Charles Loring Brace)¹⁵ provided a safe haven to over 300,000 “outcast, homeless, and orphaned children.”¹⁶ Urban reformists instituted the “placing out” of children¹⁷ by sending them West on “orphan trains.” Brace believed that “children of the poor are not

essentially different than the children of the rich.”¹⁸ The Children’s Aid Society would “connect the supply of juvenile labor of the city with the demand from the country.”¹⁹ Children placed in “good” homes with hardworking families were to experience “direct religious influence.”²⁰ However, a *New York Times* article dated March 19, 1898, told a different story. Some unlicensed charitable organizations used this system for their own gain.²¹ Many children who rode the orphan trains from the East to the farmlands of the West found a life of servitude and neglect.²²

The increased focus on child labor²³ and eugenic ideals, which defined a “fit” child,²⁴ transformed some institutional approaches to children’s health. Mrs. E. H. Harriman of the Eugenic Record Office of Cold Spring Harbor, New York,²⁵ the John D. Rockefeller Family of the Rockefeller Institute for Medical Research,²⁶ and Andrew Carnegie of the Carnegie Institution of Washington²⁷ established research centers to study the physical and emotional requirements of healthy and productive children.²⁸ Not all of these endeavors met humanistic goals.

Like other philanthropic organizations, the Rockefeller Institute also funded research that used orphans and other “inmates of public hospitals”²⁹ as research subjects. These studies included clinical trials of new vaccines and diagnostic tests. Between 1912 and 1914, the Rockefeller Institute supported Hideyo Noguchi’s research that created a diagnostic test for syphilis. The research was conducted on orphans and inmates of public hospitals.³⁰ When information about children as research subjects in Noguchi’s work became public, the president of the New York Society for the Prevention of Cruelty to Children filed a formal complaint with the New York City District Attorney’s Office.³¹

Boston physician C. F. Withington addressed the delicate balance between research and hospital responsibility in his 1886 essay on the role of hospitals in medical education and the obligation of physicians to “do no harm.”³² Hospitals and other institutions provided doctors access to “abundant clinical material.”³³ Often, physicians carried out extensive experimentation without putting the safety of their research participants first.³⁴ Research was justified by the proposed benefit to the child participants and to society.³⁵ Even though investigators downplayed potential risks, children were exposed to over-treatment or mistreatment.³⁶ Some researchers even used their own children as research subjects.³⁷

And a Little Child Shall Lead Them

The wolf also shall dwell with the lamb,
and the leopard shall lie down with the Kid³⁸

The social consciousness of Jane Addams, Florence Kelley, and Lillian Wald challenged the world. Their sisterhood, forged on a communal vision, helped to mold public policy and to improve the lives of women and children. Historian Marjorie Feld described Wald, Addams, and Kelley as a defining force in early-twentieth-century politics. Women’s political power laid the foundation for the New Deal, social welfare policies, and governmental institutions’ reliance on social science and advocacy. Feld noted that Wald’s words stood “out as the voice of a trained nurse.”³⁹

In 1888, the dream of a life of social relevance brought Addams and her friend Ellen Gates Starr to Toynbee Hall, a settlement house in London.⁴⁰ Toynbee Hall, founded in 1884,⁴¹ exemplified the English settlement movement’s slogan, “Back to the People.”⁴² In America, social settlements and settlement houses, hubs of organization for

women reformers in the Progressive Era, contributed a base from which some women could live on their own terms.⁴³ In 1889, Addams established Hull House, a settlement house on Halsted Street in Chicago.⁴⁴ “Hull-House was soberly opened on the theory that the dependence of classes on each other is reciprocal; and that as the social relation is essentially a reciprocal relation, it gives a form of expression that has peculiar value.”⁴⁵

Addams embodied a strong moral ethic and “righteousness that for which many men and women of every generation have hungered and thirsted, and without which life becomes meaningless.”⁴⁶ Addams knew the importance of the settlement in children’s lives.⁴⁷ Neighborhood girls, invited to Hull House’s first Christmas, reaffirmed Addams’s life mission. These “little girls”⁴⁸ had been working in a candy factory from 7:00 in the morning to 9:00 at night. “The sharp consciousness of stern economic conditions was thus thrust upon us in the midst of the season of good will.”⁴⁹ Later that winter, three boys from the Hull House club were injured while working in a factory. One of the boys died as a result.

To families living in poverty, children’s income was necessary for the survival of the household. Unknowing parents literally signed away rights to claim damages from industrial accidents so their children could work.⁵⁰ In 1891, Kelley, an attorney and resident of Hull House,⁵¹ went to the Illinois State Bureau of Labor and proposed an investigation into the “sweating system in Chicago with its attendant child labor.”⁵² Children in the United States who worked in factories “toiled as slaves.”⁵³ Unlike children in a rural pre-capitalist system,⁵⁴ children in urban tenements were exposed to industrialization that created dangerous labor conditions such as “fire, boiler explosions, unguarded machinery, fatal diseases from contagion, foul air and poisonous work.”⁵⁵

These conditions disrupted the children's health and family structure and threatened future generations of working-class families.⁵⁶

After an 1889 investigation of Chicago's child labor practices, Kelley took a committee from the Illinois Bureau of Labor into sweatshops and slums where children and adults "sweated."⁵⁷ Addams and Kelley inspired a generation of social activism, and along with Wald, they shaped child labor and health laws. In the autumn of 1890, Julia Lathrop from Rockford, Illinois, attended a lecture by Addams (a graduate of the Rockford Female Seminary). Addams spoke about social democracy, the settlement house movement, and her work for egalitarian social relations in the United States. Hull House, located in a neighborhood where children foraged in garbage for toys, and where saloons pervaded the area with "gilded vice," became Lathrop's new home.⁵⁸

Upon seeing the young children who worked in factories through the night, Lathrop had a strong desire to end child labor. Most middle- and upper class Americans thought immigrant children benefit from working under these conditions by building good character and learning discipline.⁵⁹ Such attitudes were a continued reflection of the influence of Social Darwinism on reform efforts.

In late 1893, after the Chicago World's Fair, smallpox struck Chicago.⁶⁰ The majority of smallpox cases were in the Polish and Bohemian garment districts.⁶¹ On February 9, 1894, Kelley, as chief factory inspector of Illinois, notified "each of the 176 wholesale 'manufacturers' and merchant tailors whose goods are made up in these districts"⁶² of the "existing and increasing danger of infection."⁶³ Kelley informed the business owners that she intended to enforce the Workshop Law in order to protect the "purchasing public." In April, May, and June of 1894, 325 tenements contained

smallpox.⁶⁴ Kelley and Lathrop sent afflicted families to the designated “contagious” hospital, “destroyed thousands of dollars worth of clothing . . . and saved thousands of lives.”⁶⁵

As Kelley, Addams, and Lathrop labored in Chicago, Wald and Mary Brewster, a nurse, settled in New York City’s lower East Side (Jefferson Street) and established a nursing settlement.⁶⁶ In 1895, Wald and Brewster moved to a permanent location, the influential Henry Street.⁶⁷ Wald recalled how a little girl living in a New York tenement took her by the hand and brought her to a small room where the girl’s mother, who had given birth two days earlier, lay upon a filthy bed. The mother had hemorrhaged after the birth of her child, and dried blood caked the bed, the mother, and her newborn. In the apartment, there was no food or clean water, but there was love.⁶⁸ Wald wrote of the event in her 1915 book *House on Henry Street*:

To my inexperience it seemed certain that conditions such as these were allowed because people did not *know*, and for me there was a challenge to know and to tell. . . . I rejoiced that I had had training in the care of the sick that in itself would give me an organic relationship to the neighborhood in which this awakening had come.⁶⁹

The nursing service established by Wald and Brewster was carefully planned. Nursing care in the homes of patients maintained the patients’ dignity and independence. Nurses were “ready to respond to calls from the people themselves.”⁷⁰ This was especially important when the patients were “women [who] cannot leave their homes without imperiling, or sometimes destroying, the home itself.”⁷¹ Wald was always mindful of the role of the doctor in this nursing model. “We were prudent enough to

report the authority and treatment given, with solemn etiquette delicate.”⁷² In 1897, Wald worked with the New York Department of Health and school physicians to establish medical screening for children’s contagious diseases, and in 1902, school nursing was established.⁷³

In 1899, Wald traveled to Chicago and met Addams and Kelley of Hull House.⁷⁴ In early 1899, Kelley became secretary of the National Consumers’ League in New York City against her mentors’ advice. Her February 1899 letter to Wald commented, “In spite of your advice and Miss Addams’ and Miss Lathrops’ I feel like a rash young thing rushing forth into the great world without the family blessing!”⁷⁵ These comments demonstrated the closeness of the sisterhood. Shortly after writing the letter, Kelley moved to New York and joined Wald at Henry Street.⁷⁶

The move from Hull House to Henry Street gave Kelley a new platform and a new family, which included Lavinia Dock, Ysabella Waters, and Annie Goodrich.⁷⁷ In February 1902, Kelley spoke to a group at Mount Holyoke College about forming “a group dedicated to abolishing child labor and eliminating tenement work and sweat shops.”⁷⁸ The lecture set a student named Frances Perkins on the path to joining the widening circle of sisters.⁷⁹

In 1903, Wald and Kelley were outraged by a newspaper article on the Secretary of Agriculture’s investigation of the boll weevil threat to the American cotton crop.⁸⁰

If a boll weevil, or rather a cotton boll, was a matter for federal solicitude, why should a child not be? If the federal government could take a paternal interest in cotton, wheat, corn, cattle, sheep, pigs and fish, why shouldn’t it pay some

attention to children, who were also national assets? The child crop was at least as important as any other.⁸¹

Kelley contacted Dr. Edward T. Devine, a longtime friend of Theodore Roosevelt, about Wald's idea to create a federal agency for children. Devine told President Roosevelt about Wald's idea for a federal children's agency. "Bully! Bring her down and talk to me about it."⁸²

"In the Place Just Right"

'Tis the gift to be simple

'tis the gift to be free

'tis the gift to come down

where we ought to be . . .

to turn, turn, will be our delight⁸³

Chicago answered Perkins's desire for a life of meaningful challenges with opportunities to explore new ideas. Chicago was a focal point for social activism, and in 1905, Perkins moved from New York to teach at Ferry Hall, a women's college outside of Chicago.⁸⁴ She also started volunteering at Hull House.⁸⁵ Addams remarked that Perkins was "one of us,"⁸⁶ and Perkins said she found the settlement workers to be her true family.⁸⁷

Wald was eager to bring maternal and childhood social issues into the national spotlight.⁸⁸ Accompanied by Addams, Devine, and McDowell,⁸⁹ Wald met with President Roosevelt in Washington on March 31, 1905.⁹⁰ Hard fought battles over the safety and rights of women and children focused on not only the local and state levels, but also the national level. "The foundation [for a national federal program] was laid by early

maternal and child health programs beginning in cities. It followed the development of juvenile courts and paralleled mother's aid programs in individual states."⁹¹ As Addams wrote in her 1905 book, *Democracy and Social Ethics*,

It is most difficult to hold to our political democracy and to make it in any sense a social expression and not a mere governmental contrivance, unless we take pains to keep on common ground in our human experiences.⁹²

By October 1911, Perkins joined the staff of the National Consumers League in New York City⁹³ and worked with Kelley, who had inspired her at Mount Holyoke in 1902.⁹⁴ The elimination of child labor and bad working conditions was a platform from which Perkins and Kelly often debated.⁹⁵

During the past two decades of existence of the [Henry Street] Settlement, there has been a significant awakening on matters of social concern, particularly those affecting the protection of children throughout society in general. . . . We are working together as comrades for a common cause.⁹⁶

For seven years Wald, Addams, and Kelley led a nationwide campaign and mobilized public opinion. The National Child Labor Committee worked unremittingly to lobby for the bills introduced in Congress between 1906 and 1912. Eleven bills failed, eight originating in the House and three in the Senate, although each recognized the necessity of a Federal agency.

It is not only discreditable to us as a people that there is now no recognized and authoritative source of information upon these subjects relating to child life, but in the absence of such information as should be supplied by the Federal government many abuses have gone unchecked; for public sentiment, with its great corrective

power, can only be aroused by full knowledge of the facts. . . . There are few things more vital to the welfare of the nation than accurate and dependable knowledge of the best methods of dealing with children, especially with those who are in one way or another handicapped by misfortune; and in the absence of such knowledge each community is left to work out its own problem without being able to learn of and profit by the success or failure of other communities along the same lines of endeavor.⁹⁷

In 1912, Congress passed the act that created the Federal Children's Bureau and charged it "to investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people."⁹⁸ According to Wald, "Infant mortality is a social disease—'poverty and ignorance, the twin roots from which this evil springs.' There is a large measure of preventable ignorance."⁹⁹ On April 9, 1912, President William Howard Taft signed the bill. Lathrop became the Bureau's first director. She appointed an advisory committee to develop priorities and to structure the Bureau. People who had been "instrumental in establishing the Bureau, Lillian Wald, Jane Addams, Florence Kelley, and Dr. Devine were all members of this group."¹⁰⁰

The recommendations of this group charted the course of the Bureau's history—"the length, breadth, and thickness of the Bureau's duties" in Mrs. Kelley's words. The phrase "to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people was seen for the broad mandate that later years proved it to be."¹⁰¹

By 1921, the Federal Children's Bureau had reported on infant health, children's employment, and nationwide social and health problems. Its research on infant and

maternal mortality and morbidity provided “a plan for action that culminated in 1921 in a grant-in-aid program for maternity and infancy,”¹⁰² the Sheppard-Towner Maternity and Infancy Act of 1921. This act created a model for future federal-state grants in aid programs, such as the Social Security Act of 1935.

Other Voices

While Wald, Addams, Kelley and Lathrop fought for education and respect for all children, Mary DeGarmo, a former classroom teacher, initiated better-baby contests. These contests combined health standards and intelligence with competitions at state fairs. DeGarmo’s first Scientific Baby Contest was presented at the Louisiana State Fair (Shreveport, 1908). The contest’s objective, an efficient “smooth-running” society, combined the goals of the social efficiency movement with standardization practices of the early twentieth century.¹⁰³

The Federal Children’s Bureau, in 1917, launched a nationwide campaign to educate women and families on infant mortality. In stating the reasons for these campaigns, Lathrop, the chief of the Bureau, stated,

There are many million fathers and mothers in the United States who have never read a statistical table and never will. Yet hidden within the figures of the Bureau’s reports on infant mortality . . . lie stern facts about the dangers which beset American babies. . . . If the Bureau is to investigate and report as the law directs, then it must try to find ways of reporting that will be heard by the whole public which it was created to serve . . . baby week emphasizes the constructive side of *Infant Care*. It addresses not only individual parents but communities.¹⁰⁴

Lathrop noted that “The Baby Week” led to “The Children’s Year” during World War I. This yearlong campaign educated the Nation on the importance of a healthy childhood during this time of national peril.¹⁰⁵ The activities of Children’s Year reached over 1 million women and many communities and achieved its goal to make child health and welfare a national issue. The campaign also included a back-to-school drive to bring attention to child labor.¹⁰⁶

Yet, others offered a vision of a society where children would be limited and controlled. Harry Laughlin, director of the Eugenics Record Office in Cold Spring Harbor, New York, was a staunch supporter of compulsory sterilization laws to improve the state of American children. In 1922, Laughlin pushed for state eugenical sterilization laws.¹⁰⁷ Such laws reflected his belief that humane sterilization of defectives would improve the lives and well-being of society. And, these laws were “purely eugenic, that is, to prevent certain degenerate human stock from reproducing its kind [with] absolutely no punitive element [to the law].”¹⁰⁸

All persons in the State who, because of degenerate or defective hereditary qualities are potential parents of socially inadequate offspring, regardless of whether such persons be in the population at large or inmates of custodial institutions, regardless also of the personality, sex, age, marital condition, race, or possessions of such person.¹⁰⁹

Industrialization and scientific advances in medicine gave Americans the impression that reproduction could be controlled, efficient, and predictable.¹¹⁰ Better breeding was a means of social improvement and fueled the eugenics movement’s use of science to solve social problems through governmental involvement.¹¹¹ “The Sheppard-

Towner Maternity and Infancy Protection Act of 1921 was arguably the closest the American government has come to the ‘rationalization’ of reproduction.”¹¹²

Public funding for child health care challenged the eugenic principles of infant death as the natural order of survival of the fittest. Some state sterilization policies were based on “institutional population control”¹¹³ and the need for controlled welfare costs to lessen state financial burdens. This view of sterilization differed from that of the American Eugenics Society, which promoted the “fit,” or rather, intended to ensure the survival of the fittest.¹¹⁴

Grace Abbott’s activities with the American Eugenics Society while she was chief of the Federal Children’s Bureau in the 1920s, created a perception of federally funded maternal and child health services with compulsory eugenic sterilizations.¹¹⁵ Wald voiced her concerns to Abbott, drawing attention to the field secretary of the American Eugenics Society, Leon Whitney,¹¹⁶ and his presentations at community fairs. These presentations insulted immigrants and people of other nationalities, and “the few Nordics who heard the [talk] seemed equally displeased.”¹¹⁷ The Federal Children’s Bureau and leaders of Sheppard-Towner (primarily Wald and Lathrop) strove to emphasize the positive aspect of eugenics through the creation of well-baby clinics and public educational campaigns for better babies.¹¹⁸

The noblest human passion of pity must never be founded upon anything but truth. . . . Democracy is despised in the person of every child who is left to grow up ignorant, weak, unskilled, no matter what the race or color.¹¹⁹

Other voices continued to press the eugenics debate. Yet, the women of Hull House and the House on Henry Street were foremost in the long fight to improve the lives

of women and children. Hard-won social reforms set the stage for the continued progress of the Children's Bureau.

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² Jacob August Riis, *How the Other Half Lives* (New York: C. Scribner's Sons, 1914), 4–5, accessed November 8, 2010, <http://googlebooks.com>.

³ Noralee Frankel and Nancy Schrom Dye, *Gender, Class, Race, and Reform in the Progressive Era* (Lexington: University Press of Kentucky, 1991), 3.

⁴ Lillian D. Wald, Hand-written notes, 1895-1936, reel 27, box 40, folder 4, New York Public Library, New York.

⁵ Ibid.

⁶ Riis, 282.

⁷ Ibid., 10.

⁸ Ibid.

⁹ Francis G. Peabody, "The Problem of Charity," in *Sixth Session: Organization of Charities, Proceedings of International Congress of Charities, Corrections, and Philanthropy*, Chicago, June 1893, ed. Daniel C. Gilman (Baltimore: Johns Hopkins Press, 1894), xix, accessed November 12, 2010, <http://books.google.com>.

¹⁰ Emory R. Johnson, ed., "Race Improvement in the United States," *The Annals of the American Academy of Political and Social Science* 34 (July 1909): 84, accessed November 12, 2010, <http://pds.lib.harvard.edu/pds/view/5140125?n=1&s=4>.

¹¹ Riis, 179.

¹² Ibid., 180.

¹³ Ibid., 184.

¹⁴ Ibid., 191, 196; Johnson, 72, 78.

¹⁵ Charles Loring Brace, *The Dangerous Classes of New York and Twenty Years' Work among Them* (New York: Wynkoop & Hallenbeck, 1872), 88, accessed January 6, 2011, <http://books.google.com/books?id=1WMXAAAAYAAJ&printsec=frontcover&dq=charles+loring+brace&ei=kkITfW4H4zoUKYjjagF&cd=1#v=onepage&q=1853&f=false>.

¹⁶ Riis, 85.

¹⁷ Marilyn Irvin Holt, *The Orphan Trains: Placing out in America* (Lincoln: University of Nebraska Press, 1992), 3.

¹⁸ Charles Loring Brace, *The Best Method of Disposing of Our Pauper and Vagrant Children* (New York: Wynkoop, Hallenbeck & Thomas, Printers, 1859), 3, accessed November 15, 2010, <http://pds.lib.harvard.edu/pds/view/3290622?n=6&s=4>.

¹⁹ Ibid., 12.

²⁰ Ibid.

²¹ “Placing out of Children,” *New York Times*, March 19, 1898, accessed November 16, 2010, <http://query.nytimes.com/gst/abstract.html>.

²² Florence Kelley [Wischnewetzky], *Our Toiling Children* (Chicago: Woman’s Temperance Publication Association, 1889), 3, accessed November 16, 2010, <http://pds.lib.harvard.edu/pds/view/2574419?n=4&s=4>.

²³ Kelley, *Toiling Children*, 3–6.

²⁴ Alexandra Minna Stern, “Making Better Babies: Public Health and Race Betterment in Indiana, 1920–1935,” *American Journal of Public Health* 92 (May 2002): 742, accessed March 2, 2009, <http://www.apha.org>.

²⁵ Ruth C. Engs, *The Progressive Era’s Health Reform Movement: A Historical Dictionary* (Westport, CT: Praeger, 2003), 117.

²⁶ Engs, *Health Reform*, 281.

²⁷ Ibid., 53.

²⁸ Susan E. Leder, “Orphans as Guinea Pigs American Children and Medical Experimenters, 1890–1930,” in *In the Name of the Child: Health and Welfare, 1880-1940*, ed. Roger Cooter (London: Routledge, 1992), 96.

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³⁰ Ibid., 96–97.

³¹ Ibid., 108.

³² Ibid., 101.

³³ Ibid., 100.

³⁴ Ibid., 116.

³⁵ Ibid., 96–97.

³⁶ Ibid., 97.

³⁷ Ibid.

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³⁹ Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008), 62.

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- ⁴³ Kathryn K. Sklar, "Archival Sources on Women and Progressive Reform," *The Journal of American History* 75 (June 1988): 180.
- ⁴⁴ Addams, *Twenty Years*, viii.
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- ⁴⁸ *Ibid.*
- ⁴⁹ *Ibid.*
- ⁵⁰ *Ibid.*
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- ⁷³. Ibid., 49–51.
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- ⁹². Addams, *Democracy*, 222.
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V. SECURITY: A SOCIAL RESPONSIBILITY

The United States enjoyed an “orgy of stock speculation in 1928–1929”¹ until a downturn in foreign markets created the Great Depression. The Hoover administration’s efforts to curb market inflation failed² and persistent economic problems marked the start of Roosevelt’s first term as president.³ Unemployment “had just struggled through the third severe winter since President Hoover had proclaimed, in . . . 1930, that the depression is over.”⁴ Banks collapsed, relief stations closed, hunger marchers protested, and food riots and crime increased.⁵

Social activism infused Roosevelt’s 1933 inaugural address: “The measure of the restoration lies in the extent to which we apply social values more noble than mere monetary profit.”⁶ Political commentator and columnist Dorothy Thompson remarked, “People must understand that Roosevelt thinks as Jane Addams and Lillian Wald think.”⁷

From Sea to Shining Sea

The United States benefited from industrialization and the machine age. However, centralized profits and the monopoly of trade limited industrial workers’ ability to realize the fruits of industrialized labor.⁸ As millions of men and women worked with “their hands . . . the future holds in store much unemployment . . . especially unemployment in old age.”⁹ In the past, industry had not been the economic foundation of the country. Until the late 1800s, a largely agricultural, family- and community-centered economy had characterized the United States. “The industrialization of society . . . the development of

large corporations, the increasing use of machinery” changed the monetary structure of American society.¹⁰ Congress noted, “The energy of our machines is paralyzing.”¹¹

Roosevelt’s government struggled to create a system that would provide security to the aged and would protect mothers and children.¹² The 73rd Congress passed progressive legislation in 1933 to stabilize banking and to put people back to work through methods like the Civilian Conservation Corps and the Works Progress Administration.¹³ Congressional debates crystallized the continued national concern for the destitute elderly and the necessity for a comprehensive old-age pension bill.¹⁴ Legislators agreed on a form of social insurance supported by an individual’s financial contributions from previous employment.¹⁵

It does not carry with it the stigma of charity with its devastating effect on the morale of our population and its loss of self-respect. The protection afforded by social insurance comes to the worker as a matter of right.¹⁶

While the federal government administered national social and economic security programs, states governed their own programs authorized under state constitutions. State programs were designed to care for the indigent.¹⁷ State leadership feared a nationalized government rather than a union of states. In the 1935 Social Security Act debate, Representative Chester C. Bolton (R-Ohio)¹⁸ commented, “Unless we are to become a nationalized government rather than a union of States, it must always be within the province of the States primarily to take care of individuals.”¹⁹

In 1935, it was estimated that more than 3 million or more people—half of the population over 65—depended on family or friends for financial support. Within this age group, 1 million collected public assistance through state and local agencies.²⁰ People

who were older than 50 and unemployed faced a future of continued unemployment.²¹ More than 15,000,000 people collected unemployment relief from some state and union unemployment provisions. Nine million children under 16 years of age were financially unsupported.²² Until the Economic Security Bill was passed, individual states enacted unemployment compensation without federal aid. Massachusetts, in 1916, introduced the first state bill “modeled after the limited British act of 1911,”²³ but the bill did not come to a vote. During the 1920s, Wisconsin, New York, Connecticut, Minnesota, and Massachusetts tried, but failed, to pass state legislation for public support to unemployed people. In 1932, Wisconsin enacted “an unemployment compensation law . . . the only concrete result of all the numerous endorsements of unemployment compensation and the years of effort for the enactment of state legislation.”²⁴

Making Social Security Happen: Witte, Altmeyer and Perkins

In his second year in office, President Roosevelt sent a special message to Congress:

Next winter we may well undertake the great task of furthering the security of the citizen and his family through social insurance . . . I am looking for a sound means which I can recommend to provide at once security against several of the great disturbing factors in life—especially those which relate to unemployment and old age.²⁵

Executive Order 6757, written by Assistant Secretary of Labor Arthur Altmeyer and issued on June 29, 1934, created the Committee on Economic Security (CES). The chair was Secretary of Labor Frances Perkins. A technical board of twenty-one government authorities provided vital legal, economic, and actuarial information. An

advisory council assisted with policy development; its members were Paul Kellogg, editor of *The Survey*, a social work journal; William Green, president of the American Federation of Labor; Grace Abbott, former head of the Children's Bureau; and Helen Hall, president of the National Federation of Settlements and director of the Henry Street Settlement.²⁶ In 1933, Wald became the president of the settlement and named Hall the head worker. An influenza attack had weakened Wald's heart but not her spirit. "She could no longer radiate the energy"²⁷ needed for active involvement in the proceedings; however, she remained involved with the council.²⁸

The CES submitted a report on its findings and recommendations to Roosevelt at the end of December 1934. At the beginning of January 1935, the president presented to Congress a legislative proposal on economic security that included a thirteen-volume analysis on social insurance in Europe and the economic state of affairs in America, along with a summary. Between June 1934 and January 1935, Perkins guided the program development.²⁹

From Creating Economic Security to the Social Security Act of 1935

Edwin Witte, a professor of economics at University of Wisconsin,³⁰ rejected the title "father of social security";³¹ as executive director of the CES, he valued the American tradition of "public assistance" or "general assistance."³² This tradition, modeled after the English system of poor relief, supported the use of public funds for public assistance.

Edwin Witte

Born in Wisconsin on January 4, 1887, Witte "was proud of his dual role as a public servant and a teacher."³³ In Wisconsin, he earned a reputation as an advocate of

social security and public health insurance. He identified with the small farmer and the worker, and with people who were unemployed, sick, or aged.”³⁴ Witte noted that prior to 1934,

A majority of the States [had] soldiers’ aid, aid to the blind, aid to dependent children, and old-age assistance. We had also made beginnings with some of the social services, which today are regarded as either included within “social security” or closely related to it, notably vocational rehabilitation, public employment offices, maternal and child health and welfare services, and still other forms of public health and medical care services . . . and from 1922 to 1929 also for infant and maternal health services. . . . But we were far behind European countries in the development of social insurance.³⁵

In December 1934, the President waited for the final recommendations from the CES. Final reports, recommendations, and disagreements on recommendations delayed the New Deal’s comprehensive legislative proposal. Perkins

reminded the members, they had agreed in the Cabinet meeting in May that the Administration would have a comprehensive social security bill ready in January 1935 and had gotten the President out on a limb, so they had to reach decisions and do so without dissents.³⁶

Perkins worked tirelessly with the committee while additional advisory boards convened.

“The most publicized was the Medical Advisory Committee.”³⁷ All committees, including the Committee on Child Welfare and the Nurses Advisory Committee “made real contributions in the fields suggested by their titles.”³⁸

The Committee succeeded in bringing together a notable staff. All of the more than 100 men and women who faithfully served on the staff of the Committee on Economic Security cannot be mentioned on this occasion. I was the Executive Director in charge of the selection and work of the staff and the secretary of the Committee. . . . Thomas Eliot was the Committee Counsel and the man who drafted the Economic Security Bill, which the Administration presented to the Congress.³⁹

On Christmas Eve, 1934 President Roosevelt received the final legislative proposal and report.⁴⁰

Arthur Altmeyer

In 1920, Arthur Altmeyer replaced Witte as secretary of Wisconsin's Industrial Commission. Trained as an economist,⁴¹ Altmeyer later became Secretary of Labor and Perkins's representative on the Labor Department in the National Recovery Administration.⁴² After Altmeyer became Assistant Secretary of Labor in July 1934, he recruited members for the CES. He recommended his colleague from the University of Wisconsin, Witte, for the position of executive director.⁴³ During the Progressive Era, Witte and Altmeyer's involvement with the Wisconsin workmen's compensation programs led them to serve together on the Wisconsin State Industrial Commission.⁴⁴

Altmeyer involved influential special interest groups to ensure passage of the Social Security Act. Familiar with workers' insurance in Europe, institutional and labor economists were the force behind the addition of unemployment and old-age provisions in the act. Social workers expressed themselves in favor of areas related to public assistance. Organized labor agreed with institutional and labor economists.⁴⁵

Large businessmen recognized the need for social action. They saw the wreckage that had been caused by the Depression, and so leaders in industry, the heads of large corporations, were very sympathetic toward the adoption of governmental measures, particularly contributory social insurance. That included Folsom and Swope and Teagle of Standard Oil of New Jersey. I remember those three men particularly, but there were others like Litchfield of Goodyear Rubber and a number of others. . . . I don't think private insurance was interested to any great extent. ⁴⁶

What came as a surprise was that the AMA leadership was so strongly antagonistic to the idea of considering a health insurance program.⁴⁷

Frances Perkins

Perkins' close ties with President Roosevelt dated to when Roosevelt, as governor of New York, appointed her the state's industrial commissioner in 1929. Trained as a social worker with a background in economics,⁴⁸ she strongly advocated for unemployment insurance. "I came to Washington to work for God, FDR, and the millions of forgotten, plain common workingmen."⁴⁹ Her appointment as Secretary of Labor gave her a national platform for the social programs that she supported (e.g., abolishing child labor).

In 1934, she was named chairman of the CES. Within six months, the committee had completed a comprehensive report on social insurance with a legislative proposal. Its recommendations included unemployment insurance and old-age insurance but omitted health insurance only because, in the words of

Perkins, “The experts couldn’t get through with health insurance in time to make a report on it.”⁵⁰

Perkins praised Witte, who completed a “heroic major work of writing in his own hand the results of the deliberations of committees and sub-committees and student research and who drove a high-powered team of volunteer workers.”⁵¹ She wrote:

It was the Great Depression which we must never forget in this country, which was the approximate cause of this movement which was launched at that time—this movement to write under the lives of the American people a basis of security which came to them out of the orderly and substantial, and regular, contributions to their future and to the future hazards. It would not have been done in that year, I am sure, except for the fact that the Great Depression was still staring us in the face and we were conscious of it whenever we walked on the streets of Washington.⁵²

The CES recommended programs to provide a “greater degree of security for the American citizen and his family than he has heretofore known.”⁵³ Perkins and the committee presented a platform of social insurance proposals. This was not a plan “that would provide a complete and permanent solution . . . [but] assure [to all] a decent standard of living in both good times and bad.”⁵⁴ The committee endeavored to present the President with a bill that protected citizens’ income in times of “unemployment, old age, death of the breadwinners and disabling accident and illness, not only on humanitarian grounds, but in the interest of our National welfare.”⁵⁵

Keep the Bill Constitutional

The major constitutional impediment that faced the proposed legislation was the relationship between federal authority and states' rights and protections against the misuse of federal power. According to the Tenth Amendment, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."⁵⁶ The CES stalled as Roosevelt's Christmas deadline neared.⁵⁷ The unresolved question remained of how to constitutionally administer the programs in the proposal. Rexford Tugwell, Undersecretary of Agriculture, wanted a national or federal system for unemployment insurance.⁵⁸ Perkins noted, "It had been really a tough fight as to whether we should have a Federal-State system (of unemployment compensation) or purely Federal system."⁵⁹

Perkins invited the decision makers to her Washington DC home to force a resolution. Everyone agreed to stay until an agreement was made. .⁶⁰ Perkins wrote that she had taken

the strong measure of asking them to come to my house—not for dinner but after dinner—and then I told them I was going to lock the door and we would stay until we had settled it and there would be no more review. This was the final and the last meeting—"We have to settle it tonight."

I laid out a couple of bottles of something or other to cheer their lagging spirits. Anyhow, we stayed in session until about 2 a.m. We then voted finally, having taken our solemn oath that this was the end; we were never going to review it again.⁶¹

Taxation as the Answer

Perkins had her answer to the constitutional question; she had “gone to afternoon tea” and called upon the wife of Supreme Court Justice Harlan Stone. Perkins recalled that when Justice Stone asked how she was getting along,

I said, “All right.” And then I said, “Well, you know, we are having big troubles, Mr. Justice, because we don’t know in this draft of the Economic Security Act. . . . It is a very difficult Constitutional problem, you know. . . .”

Justice Stone privately said “The taxing power, my dear, the taxing power. You can do anything under the taxing power.”⁶²

On July 2, 1909, Congress passed the Sixteenth Amendment. Ratified on February 3, 1913, it gave Congress the power “to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States, and without regard to any census or enumeration.”⁶³ Perkins and the committee based the new Social Security bill on the right of the federal government to levy taxes. They thereby met the burden of constitutionality and the bill reflected the use of taxes to fund the outlined programs.

Perkins and the President believed that if the bill came to the floor of the Senate or House with an exclusively executed Federal structure, it would not have passed. A combined State–Federal relationship and Congress’ previous approval of old-age insurance, but not unemployment insurance, structured the language of the bill.⁶⁴

So, we put it all in one bill and then acted as though we were rigged; we wouldn’t compromise with people but insisted that it all go through in one deal: unemployment insurance and old-age insurance. This was the reason it was

done—because of our belief that the Congress would have monkeyed with the unemployment insurance sections.⁶⁵

The Economic Security Bill Goes to the Hill

On January 17, 1935, Perkins, Secretary of the Treasury Henry Morgenthau Jr., Attorney General Homer Cummings, Secretary of Agriculture Henry A. Wallace, and Federal Emergency Relief Administrator Harry Hopkins presented President Roosevelt and Congress with the Economic Security Bill.

Dear Mr. President:

In your message of June 8, 1934, to the Congress you directed attention to certain fundamental objectives in the great task of reconstruction, an indistinguishable and essential aspect of the immediate task of recovery. You stated, in language that we cannot improve upon . . . our task of reconstruction does not require the creation of new and strange values. It is rather the finding of the way once more to known, but to some degree forgotten, ideals and values. If the means and details are in some instances new, the objectives are as permanent as human nature.⁶⁶

The original intention of the CES was to provide financial insurance from general revenue to all citizens over 65. However, during the first hearing testimony before the House Ways and Means Committee, Secretary of Treasury Henry Morgenthau's last-minute statement reversed the original universal old-age provision. Perkins and her fellow committee members, unaware of Morgenthau's change of opinion on universal coverage, were surprised at his public statement, which supported denying domestic, agricultural, and other hourly workers access to old-age insurance.⁶⁷ Testimony and

statements from financial experts and concerned citizens were presented to both the House and the Senate. Thus, the final act codified prevailing social and economic practices of the time (see Appendix).

Title I of the Social Security Act (Grants to States for Old-Age Assistance) raised racial questions: “Could [the bill] be readily used for discrimination against eligible persons on account of race or color. . . . In many communities there is a prevailing idea that Negro persons can have such a reasonable subsistence on less income than a white person.”⁶⁸ Title II (Federal Old-Age Benefits Old-Age Reserve Account) of the act denied economic security for domestic servants, or as Henry I. Harriman, president of the US Chamber of Commerce, testified before the Senate:

There [should] be exempted from the operation of the fund workers, domestic servants . . . [whom] I should think that it would be, as a practical matter, practically impossible to collect the tax on, for instance, the casual worker—the man who comes in and works in your garden for a day or two, or he shovels snow . . . the burden of setting up an organization to collect such taxes would be substantially and I believe that, at the start, it would be very much better to remove those three classes.⁶⁹

Title II’s implications were not lost on the NAACP. Charles H. Houston represented the NAACP in his Senate testimony, and he questioned the ability of any state to fairly administer an act for old-age pensions for African Americans, whose primary work was either domestic or agricultural.⁷⁰

We “Negroes” are United States citizens who have never failed to shoulder our full share of the national burden; if we have not paid you more money in taxes it is because you have denied us equal opportunity to work.⁷¹

Grace Abbott, member of the President’s CES advisory council and former chief of the Children’s Bureau, testified before the House Ways and Means Committee on the bill.⁷²

Mr. Chairman, as far as this whole program is concerned it seems to me, as one especially interested in child welfare, that to a very considerable extent it is a child-welfare program. Provision for the unemployed is a child-welfare program and if we get the aged taken care of it means that there is more money available in the families for the care of children.

There are two ways, of course, of looking at a program of this sort. You can talk of how much it does or you can say how little it does and for each you can make an argument because, we will not arrive at security by this measure. But we will make very great progress toward security if it is enacted.

So I find a great deal of reason for satisfaction in the program. I want to say, before I discuss the special children’s measures, something about the unemployment-insurance bill. I am in favor of the form in which the bill is drawn, instead of the so-called “subsidy bill” form. The reasons why I am in favor of it are, briefly stated. Because by this measure, we get a more genuine Federal–State relationship, and whatever some would like to have the United States, it is Federal Government with the States having general residuary powers, and we might just as well recognize and plan in accordance with this fact.⁷³

Not only did the Great Depression create vast unemployment and threaten the “ideal” family structure, but the language of Title III—Grants to States for Unemployment Compensation Administration placed a burden on the growing numbers of homeless migrants. The testimony of Ellen Potter, representative of the National Committee on Care of Transient and Homeless, before the Senate Finance Committee drew attention to the plight of many deserving Americans who would not qualify for benefits.

In the third year of the depression every State, city, town, and village stood with its defenses raised against men, women, and children who could not prove long-time residence within its jurisdiction. The leading citizen as well as the common laborer resented the presence of the migrant; the public official, in response to local demand, threw him into the lock-up or ran him over the border to the next county or the next State; he was considered a menace instead of a human to be integrated into the social structure of the community.

The migrant, whether he be a professional man or a common laborer, is no new phenomenon in America. Our country has been developed by those men and women of various national origins who had the courage to leave lands which they knew to seek out another land where political and religious liberty might be found, and where adventure and opportunity to better them-selves was assured....

There is further this complication: That the administration of relief previous to the establishment of Federal emergency relief was not a State function but a purely local responsibility; and as a result the person in need might have

legal settlement in State but not in the county or the municipality, and therefore no relief was to be had.⁷⁴

Aid to dependent children (ADC; also known as mothers' aid, mothers' pensions, and mothers' assistance) was designed for families "deprived of a father's support by death, desertion, or other reasons defined by the laws of the various States, and requiring care planned on a long-time basis, the assistance to be given in the form of a definite grant."⁷⁵ The law sought to ensure "a family life and the upbringing of children,"⁷⁶ to prevent the disruption of families, and to "enable the mother to stay at home and devote herself to housekeeping and the care of her children."⁷⁷

Prior measures to "protect" children from the effects of poverty, institutionalization, and placing out, did not provide the anticipated outcomes of socialization, care, and support. Economically, a stable labor force required a stable family structure. Title IV guaranteed the reproduction and maintenance of a future labor force needed in an industrialized economy.⁷⁸ Grace Abbott commented about the primary purpose of Title IV—Grants to States for Aid to Dependent Children, "The whole idea of mothers' pensions is that it should be enough to care for the children adequately, to keep the mother at home and thus give some security in the home."⁷⁹ However, the premise of the mothers' aid campaign, created by maternalist, white, middle-class, college-educated women, ignored the reality of most poor mothers. The depiction of poor women as full-time mothers denied the reality that they needed to work, to be wage earners.⁸⁰ It also had the unintended outcome of discouraging men from remaining in their families.

In testimony before the House Ways and Means Committee, Katharine Lenroot, chief of the Children's Bureau, concentrated on the integral part of child-welfare

provisions in the “the entire Economic Security program.”⁸¹ The basic needs of children throughout the nation were economic security “when the father is absent from the home, the need for a measure of health protection, which must be supplied through community activities and community agencies; and in the third place, need for special social protection when grave conditions of incompetency or neglect or abuse or defect in the child himself are present.”⁸²

During the past year, representatives of the Child and Maternal Health Division of the Children’s Bureau have been in every State of the Union, and have talked with State officials and local officials, and voluntary groups and individuals. We have also made home visits to families in several communities for the purpose of talking with mothers and finding out for ourselves what the mothers’ own experiences have been as to the effect of the depression on child health and on child welfare.

The infant and maternal mortality rates also give some indication of the situation. We have had a falling infant mortality rate in this country, but between 1932 and 1933, there was not the usual decrease. The rate remains stationary.⁸³

Title V—Grants to States for Maternal and Child Welfare enabled each State to institute an improved and expanded comprehensive program for maternal and child health.⁸⁴ The federal government required improved health services in rural areas and in areas of severe economic distress.⁸⁵ Each state planned for financial participation in maternal and child-health services, as well as the state health agency’s administrative functions. Local child health units administered maternal and child-health services and coordinated the work of medical, nursing, and welfare organizations or groups.⁸⁶

In rural areas, women and children's health suffered. Most maternal and child programs developed in urban areas in contrast to the "serious neglect in many of the rural areas of the country and the areas suffering from extreme distress and destitution."⁸⁷ Felix J. Underwood, Mississippi's state health officer, brought another reality of maternity care in poor rural areas where untrained health workers often assisted in births.

Mr. J. W. Rogers is a very old farmer who is trying to help his neighbors who are not able to get a doctor in maternity cases. He has been pressed into the service from a humanitarian standpoint. I understand he makes no charges as his patients are not able to pay.⁸⁸

Margaret Sanger presented a letter to the Senate Finance Committee, which also highlighted the plight of rural mothers, whose babies died from lack of nourishment and maternal care. Three hundred thousand women were eligible for assistance but unable to receive needed services or care.⁸⁹

Ours is the only country with modern medical care that omits birth-control instruction to mothers suffering from these diseases. Consequently we have a high maternal death rate and will continue to have in spite of this appropriation unless mothers have knowledge of contraception and use it to protect their health and prevent increasing physical and mental suffering.

It is estimated that the frequency of abortions is also an important factor in maternal mortality.⁹⁰

It is important from every aspect of maternal and child health service as indicated in this bill, to include contraceptive advice, and I respectfully suggest, gentlemen, that on page 51, line 12, after the words "child health service" you

state “including the establishment of clinics where contraceptive advice can be obtained.”⁹¹

The American Eugenics Society also supported the inclusion of birth control information.

The Eugenics Society believes that the times and frequency of pregnancy are of vital consideration in any program of maternal health and child welfare. A program which ignores these elemental aspects of maternal and child health closes its eyes to facts we ignore at our peril.

We wish to recommend, incorporation in this bill of provisions to study the crude and health-destroying practices. Of distraught [women] in their efforts to prevent unwanted conception, and the methods employed to interrupt once it has taken place, and above all to provide adequate and scientific information for mothers by which they may voluntarily limit their [number of children] in keeping with their health and economic ability. . . .

There is one suggestion that we would like to make if it is in order. If one word were inserted in this bill, we believe that all that we ask for would be covered. [It] is in line 11, section title and if the word were inserted just before the word “maternal care” which would make it the third word in line, the line would then read, “conducting special demonstration and research in contraception, care, and other aspects of maternal and child health service.” Just insert the one word “contraception.”⁹²

The national policy of prohibiting the dissemination of accurate scientific information about birth-control is adding and measurably to the difficulty the

problem of poverty and with which our children and our grandchildren will have to deal.⁹³

The concerns of Margaret Sanger and other advocates for women's health were but one aspect of the Children's Bureau's broad responsibilities. Title V also enabled each state to identify crippled children and to provide "medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling."⁹⁴ Cooperation among medical, health, nursing, welfare groups, and vocational rehabilitation of children with physical handicaps was the idealized standard.⁹⁵

Reverend George Reid Andrews addressed the Senate Finance Committee on maternal and child welfare.

I am representing the American Eugenics Society, being its executive secretary.

The Eugenics Society [wants] to see that our children are well born and well bred. We are, therefore, interested in eugenics and we want to see at least four children born to every couple capable of bequeathing to their children a sound mind in a sound body, and able to provide for their children a fit home and proper character training; and conversely, we want to see fewer children in families unable to provide adequately for their off-spring, and no children born to the feeble-minded, hereditarily diseased, the insane, and the habitual criminal. Anything, therefore, which affects maternal health and child welfare is of concern to us. . . .

We rejoice in this plan of greater economic and health security asset [put] forth in this bill, especially its features relating too maternal and child welfare, although we wish that these purposes might have been more generous. There are

aspects of health of great importance which are not mentioned [or] considered at all, are vaguely hinted at. The, condition, of a mother's health at the time of conception and during pregnancy [affects] the vitality of the child. . . .

Moreover, the ability of the mother to care for the physical, mental, and spiritual needs of her children in her home is of great importance for both mother and children.⁹⁶

Child welfare services enabled cooperation between state and federal public welfare agencies. This arrangement strengthened and extended welfare services in both rural and urban areas. The protection and care of children in danger of becoming delinquent, homeless, neglected, and dependent was the purpose of this section. Community child welfare in rural areas and other areas of special need was a high priority.⁹⁷ Provisions for vocational rehabilitation⁹⁷ also strengthened federal, state, and territorial cooperation. The section (vocational rehabilitation) focused on persons physically disabled "in industry or otherwise and their return to civil employment."⁹⁸

Lenroot's testimony underscored the importance of community collaboration.

The provisions, then, with reference to children's security do not contemplate any lessening of the burden now being carried by State and local agencies or by private voluntary agencies, such as the Shiners, . . . and many other private undertakings which are rendering very great service to children in this country.⁹⁹

Federal Powers and States Rights

Provisions guaranteeing the Social Security Act's constitutionality were addressed through the inclusion of individual states' plans for old-age pensions, unemployment insurance, maternal-child health services, and public health. Other titles in the Act also

mandated state–federal agreements. The Sheppard–Towner Maternity and Infancy Act of 1921 created a model for the Social Security Act and included federal and state shared responsibilities.

Opponents of the Maternal and Infancy Act challenged its constitutionality. However, the Supreme Court twice ruled that the federal grants-in-aid provisions were constitutional.¹⁰⁰ Subsequent federal grants-in-aid for social welfare legislative proposals were fashioned after the act.¹⁰¹ Prior federal grants-in-aid acts were land-grant colleges, agricultural experiment stations, and forestry aid, among others. State authority over maternal and child health-care delivery designs left the Federal Children’s Bureau with primarily administrative duties. Evaluation and approval of state plans became the responsibility of the Public Health Service surgeon general, the US Commissioner of Education, and the Children’s Bureau.¹⁰²

Healthy children ensured national prosperity. The statement presented to the Senate by the Associated Women of the American Farm Bureau Federation underscored this position.

It is a well-known fact that even at the peak of prosperity, four-fifths of the rural areas of the States were without organized health service. No one [can] deny that maternity and infancy are without proper protection in most of our rural communities. The Associated Women of the American Farm Bureau Federation “count children as the best crop of the farm” and are glad to add influence to help secure measures, which will safeguard mothers children.¹⁰³

Security against Misfortune

Perkins' primary objective was to "place the security of the men, women, and children of the Nation first."¹⁰⁴ The executive committee identified three crucial areas for addressing security: decent housing, access to productive work, and a safeguard "against misfortunes which cannot be wholly eliminated in this man-made world of ours."¹⁰⁵ The bill arrived on Capitol Hill on January 17, 1935. Both the House Ways and Means and the Senate Finance Committees conducted hearings. On March 1, 1935, Representative Frank Buck (D-CA) offered a motion to change name of the bill to the Social Security Act of 1935.¹⁰⁶ In April of the same year, the act passed in the House, 372–33. On June 19, 1935, the Social Security Act passed the Senate, 77–6. The Conference Committee then reconciled the House and Senate versions (see Appendix). On August 14, 1935, President Roosevelt signed the act into law.¹⁰⁷

At the onset of the Depression, few Americans 65 or older had made provisions for their future. Approximately 50–70 percent of the aged did not have pensions from state or federal retirement systems or private employers. The burden placed on families by indigent elderly, which was passed on to children,¹⁰⁸ was finally alleviated.

¹ Herbert Hoover, *The Memoirs of Herbert Hoover: The Great Depression 1929–1941* (New York: Macmillan, 1952), v, accessed July 20, 2010, <http://www.ecommcode.com/hoover/ebooks/displayPage.cfm?BookID=B1&VolumeID=B1V3>.

² Ibid, vi.

³ Ibid, vii.

⁴ Frances Perkins, *The Roosevelt I Knew* (New York: Viking Press, 1946), 183.

⁵ Ibid.

⁶ Roosevelt, "First Inaugural Address" (Presidential address, Washington DC, March 4, 1933), *Avalon Project*, accessed October 6, 2010, http://avalon.law.yale.edu/subject_menus/inaug.asp.

⁷ Doris Groshen Daniels, *Always a Sister: the Feminism of Lillian D. Wald* (New York: Feminist Press at the City University of New York, 1989), 59.

⁸ *Social Security Legislation*, HR 4120, 74th Cong., 1st session (April 11, 1935): H 5456, accessed August 15, 2010, <http://www.socialsecurity.gov/history/senate35.html>.

⁹ Ibid.

¹⁰ *Social Security Legislation*, H 5468.

¹¹ *Social Security Legislation*, H 6087.

¹² *Social Security Legislation*, H 5456.

¹³ Franklin D. Roosevelt, "Outlining the New Deal Program," (Presidential address, Washington, DC, May 7, 1935), Franklin D. Roosevelt Presidential Library and Museum, accessed August 10, 2010, <http://docs.fdrlibrary.marist.edu/050733.html>.

¹⁴ *Social Security Legislation*, H 483.

¹⁵ *Social Security Legislation*, H 5468.

¹⁶ Ibid.

¹⁷ *Social Security Legislation*, H 6084.

¹⁸ Office of the Clerk House of Representatives, "Congressional Biographical Directory of the United States Congress: 1774–Present," US Congress, accessed October 7, 2010, <http://bioguide.congress.gov/biosearch/biosearch1.asp>.

¹⁹ *Social Security Legislation*, H 6084.

²⁰ Richard Hofstadter, *The Age of Reform: From Bryan to F. D. R.* (New York: Vintage Books, 1955), 242–7.

²¹ *Social Security Legislation*, H 5468.

²² Ibid.

²³ Edwin E. Witte, "An Historical Account of Unemployment Insurance in the Social Security Act," *Law and Contemporary Problems* 3, no. 1 (1936): 157, accessed December 8, 2010, <http://www.law.duke.edu/journals/lcp/archive>.

²⁴ Ibid., 158.

²⁵ U.S. Social Security Administration, "National Conference on Economic Security," U.S. Social Security Administration, accessed October 10, 2010, <http://www.socialsecurity.gov/history/mayflower.html>.

²⁶ Ibid.

²⁷ R. L. Duffus, *Lillian Wald, Neighbor and Crusader* (New York: Macmillan Company, 1938), 299.

²⁸ Ibid., 299–315.

²⁹ U.S. Social Security Administration, “National Conference.”

³⁰ U.S. Social Security Administration, “Ed Witte Profile,” U.S. Social Security Administration, accessed January 9, 2011, <http://www.ssa.gov/history/wittepio.html>.

³¹ Edwin E. Witte, “Reflections on the Beginnings of Social Security” (speech, given at the 20th Anniversary of Social Security Act, Washington DC, August 15, 1955), accessed October 6, 2010, <http://www.ssa.gov/history/witte4.html>.

³² Ibid.

³³ Wilber J. Cohen, “The Beginnings of Social Security Edwin E. Witte (1887–1960) Father of Social Security,” *Industrial and Labor Relations Review* 14, no. 1 (October 1960), accessed October 10, 2010, <http://www.ssa.gov/history/cohenwitte.html>.

³⁴ Ibid.

³⁵ Witte, “Reflections.”

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Edwin E. Witte, interview by Charles I. Schottland and Wilber Cohen. Interview, August 12, 1955, transcript, National Headquarters of the Social Security Administration, Washington DC, accessed September 8, 2010, <http://www.ssa.gov/history/witte2.html>.

⁴¹ U.S. Social Security Administration, “Papers of Arthur Altmeyer,” U.S. Social Security Administration, accessed January 9, 2011, <http://www.ssa.gov/history/archives/altmeyerguide.htm>.

⁴² Arthur J. Altmeyer, interview by Peter A. Corning, June 29, 1967, interview 4, transcript, U.S. Social Security Administration, Washington DC, accessed September 8, 2010, <http://www.socialsecurity.gov/history/ajaoral4.html>.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Arthur J. Altmeyer, interview by Peter A. Corning, September 14, 1966, interview 3, transcript, U.S. Social Security Administration, Washington DC, accessed September 8, 2010, <http://www.socialsecurity.gov/history/ajaoral3.html>.

⁴⁸ Miller Center of Public Affairs, “Frances Perkins,” Miller Center of Public Affairs, American President: An Online Reference Resource, accessed January 9, 2011, <http://millercenter.org/president/fdroosevelt/essays/cabinet/536>.

⁴⁹ U.S. Social Security Administration, "Social Security Pioneers Frances Perkins," U.S. Social Security Administration, accessed August 25, 2010, <http://www.ssa.gov/history/fperkins.html>.

⁵⁰ U.S. Social Security Administration, "Frances Perkins."

⁵¹ Frances Perkins, "Remarks by Frances Perkins" (speech given at the 25th Anniversary Celebration of the Signing of the Social Security Act, August 15, 1960, Washington DC), accessed September 27, 2010, <http://www.ssa.gov/history/perkins6.html>.

⁵² Ibid.

⁵³ Frances Perkins, "Social Insurance for U.S." (national radio address, February 25, 1935), accessed September 27, 2010, <http://www.ssa.gov/history/perkinsradio.html>.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ "Bill of Rights," National Archives and Records Administration, accessed October 10, 2010, http://www.archives.gov/exhibits/charters/bill_of_rights_transcript.html.

⁵⁷ Kirstin Downey, *The Woman behind the New Deal: The Life and Legacy of Frances Perkins, Social Security, Unemployment Insurance, and the Minimum Wage* (New York: Anchor Books, 2010), 237.

⁵⁸ Ibid.

⁵⁹ Frances Perkins, "The Roots of Social Security" (speech given at the Social Security Headquarters, Baltimore, MD, October 23, 1962), accessed August 25, 2010, <http://www.ssa.gov/history/perkins5.html>.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

⁶³ "Bill of Rights."

⁶⁴ Perkins, "Roots of Social Security."

⁶⁵ Ibid.

⁶⁶ Frances Perkins, H. Morgenthau, Jr., Homer Cummings, H. A. Wallace, and Harry Hopkins to President Franklin D. Roosevelt, January 17, 1935, in *American Presidency Project* (Santa Barbara: University of California), accessed September 7, 2010, <http://www.presidency.ucsb.edu/ws/?pid=15062>.

⁶⁷ Frances Perkins, *The Roosevelt I Knew* (New York: Viking, 1946), 297–8.

⁶⁸ *Social Security Legislation*, H 479.

⁶⁹ *Economic Security Act* S 1130, 74th Cong., 1st session (1935): S 915, accessed July 15, 2010, <http://www.ssa.gov/history/reports/35senate.html>.

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- ⁷⁰ *Economic Security Act*, S 640.
- ⁷¹ *Economic Security Act*, S 647.
- ⁷² *Economic Security Act*, S 493.
- ⁷³ *Ibid.*
- ⁷⁴ *Economic Security Act*, S 523.
- ⁷⁵ Committee on Economic Security, “Aid to Dependent Children,” in *Social Security in America*, part 3, *Security for Children* (Washington, DC: U.S. Social Security Administration), accessed July 15, 2010, <http://www.ssa.gov/history/reports/ces/cesbookc13.html>.
- ⁷⁶ *Ibid.*
- ⁷⁷ *Ibid.*
- ⁷⁸ Mimi Abramovitz, *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present* (Boston: South End Press, 1996), 195–6.
- ⁷⁹ *Economic Security Act*, S 496.
- ⁸⁰ Linda Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare, 1890–1935* (New York: Free Press, 1994), 22.
- ⁸¹ *Social Security Legislation*, H 262.
- ⁸² *Ibid.*, 263.
- ⁸³ *Ibid.*, 275.
- ⁸⁴ U.S. Social Security Administration, “Social Security Act of 1935,” U.S. Social Security Administration, accessed July 15, 2010, <http://www.ssa.gov/history/35actv.html>.
- ⁸⁵ *Ibid.*
- ⁸⁶ *Ibid.*
- ⁸⁷ *Social Security Legislation*, H 269.
- ⁸⁸ *Economic Security Act*, S 413.
- ⁸⁹ *Economic Security Act*, S 1266.
- ⁹⁰ *Economic Security Act*, S 1267.
- ⁹¹ *Ibid.*
- ⁹² *Economic Security Act*, S 1003–4.
- ⁹³ *Economic Security Act*, S 1004.
- ⁹⁴ US Social Security Administration, “Social Security Act of 1935.”

^{95.} Ibid.

^{96.} *Economic Security Act*, S 1003-5.

^{97.} US Social Security Administration, “Social Security Act of 1935.”

^{98.} Ibid.

^{99.} *Social Security Legislation*, H 263.

^{100.} Joseph B. Chepaitis, “Federal Social Welfare Progressivism in the 1920s,” *Social Service Review* 46 (June 1972): 213.

^{101.} Ibid., 214.

^{102.} Ibid., 217.

^{103.} *Economic Security Act*, H 373.

^{104.} Perkins et al. to Roosevelt.

^{105.} Ibid.

^{106.} U.S. Social Security Administration, “Vote Tallies on 1935 Law,” U.S. Social Security Administration, accessed October 16, 2010, <http://www.ssa.gov/history/tally.html>.

^{107.} Ibid.

^{108.} Downey, 230.

VI. CONCLUSIONS

The purpose of this study was to explore the work of nursing and the social influences of eugenic policies established during the Progressive Era (1890–1930) on the writing and passage of the Social Security Act of 1935, which contains a provision for maternal and child health services. The researcher posed the following research questions: Did eugenic philosophy and practice influence the Social Security Act of 1935 in relation to maternal health policy? And what was nursing's influence on the Social Security Act of 1935? The researcher concluded that eugenic policies did influence the writing and passage of the Social Security Act. In addition, nurses and other women played specific, important, and constructive roles in developing the act.

Eugenics Speaks through Others and the Written Word

During the late 1800s and early 1900s, prominent leaders of business, science, philanthropy, and social reform supported the eugenic agenda, which assured the well-being of hard-working Anglo-Saxon American citizens. The language of the Social Security Act (see Appendix) created barriers to benefits for the most vulnerable of Americans (the homeless, immigrants, and other non-White American groups), thereby curbing their dignity, equality, and economic security.

Beginning with the first hearing in the House of Representatives, Secretary of Treasury Henry Morgenthau challenged the act's original intent to provide economic security to all citizens over 65 when he denied domestic, agricultural, and other hourly workers eligibility for old-age insurance.¹ The financial discrimination perpetuated in

Title I of the Social Security Act, Grants to States for Old-Age Assistance, raised racial questions about the definition of acceptable living standards for persons employed in domestic, agricultural, and hourly wage occupations.² Henry I. Harriman's Senate testimony was but one argument supporting the denial of economic benefits to working-class and non-White groups as a reasonable business practice. "The burden of setting up an organization to collect such taxes would be substantially [burdensome] and I believe that, at the start, it would be very much better to remove those three classes."³

The failure to include a mechanism to collect taxes from all citizens, regardless of occupation, through Title II—Federal Old-Age Benefits Old-Age Reserve Account was highlighted in Charles H. Houston's testimony. Houston, who represented the NAACP, reminded Congress that Blacks were citizens who never shrank from fulfilling their responsibilities to the U. S. government. Furthermore, hard-working Blacks deserved economic security.⁴ Nevertheless, Congress acknowledged neither the contributions nor the financial needs of hourly domestic and agricultural workers.

The text of Title III—Grants to States for Unemployment Compensation Administration perpetuated joblessness and widespread disruptions in families affected by the Depression. By the third year of the Depression, men, women, and children without homes, seen as unwelcome intruders, did not have a place in society. City and local governments rebelled against the unwanted burden of homeless migrants and other deserving Americans who were unable to meet the requirements for unemployment benefits. The country that had developed and prospered from the toil of brave immigrants and migrants turned its back on these vulnerable victims of the Depression.⁵

However, in stark contrast to Title III was the maternalistic focus of Title IV—Grants to States for Aid to Dependent Children, also known as mothers’ aid, mothers’ pensions, or mothers’ assistance. Designed to maintain the family structure when a father’s financial support ended, due to death, desertion, or other circumstances defined by state laws, ADC provided assistance⁶ to ensure a family life⁷ wherein the mother’s role of homemaker and childcare provider was preserved and matricentered family life was maintained.⁸ Thus, Title IV sought to ensure a healthy and readily available labor force.⁹

Title V—Grants to States for Maternal and Child Welfare created an opportunity for each state to enact comprehensive programs to improve maternal and child health.¹⁰ The way in which these programs would be created raised debate over women’s reproductive needs. In Margaret Sanger’s appeal to the Senate, the reality of scarce health care for rural mothers and their babies¹¹ and the prevalence of abortions in maternal mortality was highlighted.¹² Sanger’s argument for contraceptive clinics to provide reproductive information¹³ supported the American Eugenics Society’s opinion about the importance of birth control information. The Society went further by requesting scientific research into contraceptive care.¹⁴

Title V’s broad scope included services for crippled children, child welfare, and vocational rehabilitation (see Appendix) and outlined responsibilities and comprehensive services for crippled children.¹⁵ Again, the American Eugenics Society articulated a view that supported the importance of well-born and well-bred children, as well as the significance of limiting children only to capable couples with “fit and proper” homes.¹⁶ The inclusion of child welfare services in Title V not

only strengthened and extended welfare services in both rural and urban areas, but also added safe guards for protection and care of children who were in danger of becoming delinquent, homeless, neglected, and dependent.¹⁷

The picture of maternal and infant health in 1935 was not promising. Lenroot and others testified to the need for health care, especially in rural areas, to provide needed prenatal and obstetric care to reduce maternal and infant deaths. Each state developed and provided its own health care services. With the Social Security Act, opportunities to improve health service plans still depended on individual states and their infrastructure. Rural and less densely populated states were in desperate need of nurses to make home visits¹⁸ and obstetricians to provide maternity care.

By 1935, twenty-eight states had enacted eugenic sterilization laws to improve the fitness of children.¹⁹ Harry Laughlin, director of the Eugenics Record Office and a known advocate for individual state compulsory sterilization laws,²⁰ expressed his belief that humane sterilization of society's defectives would improve the lives and well-being of all.²¹ The object of Laughlin's work was to control reproduction and to create a predictable "crop" of worthy children for the future.²² Industrialization and scientific advances in medicine gave Americans the impression that reproduction could be controlled, efficient, and predictable.²³ Better breeding was a means of social improvement and fueled the eugenics movement's use of science to solve social problems through governmental involvement.²⁴

Speaking for the Future: The Voice of Nursing and the Sisterhood

Public funding for child health care challenged the eugenic principles of infant death as the natural order and survival of the fittest. Sterilization policies were not based

on survival of the fittest but on “institutional population control”²⁵ and controlled welfare costs or state financial burdens.²⁶ During the Great Depression, sterilization advocates framed their arguments in terms of financial burden versus prevention of genetic defects. Other candidates for sterilization were young, unmarried women who lived in poverty and engaged in promiscuous sexual activities.²⁷

Historian Molly Ladd-Taylor argued that the government funded maternal and child health services with compulsory sterilization were based on eugenics. Ladd-Taylor crafted her argument with substantial data and outlined the perfunctory involvement of Grace Abbott, chief of the Federal Children’s Bureau, with the American Eugenics Society in the 1920s.²⁸ In a letter to Abbott dated February 4, 1926, Lillian Wald communicated her concern not only about Leon Whitney,²⁹ the American Eugenics Society’s³⁰ field secretary, but also his presentation at community fairs. Wald noted that Whitney’s words were insulting to immigrants, other nationalities, and Nordics.³¹

Immigrant Mexican women were one example of migrants and immigrants who struggled with the stigma of being unfit mothers, regardless of the unhealthy living conditions perpetuated by the neglect of public health officials.³² According to Ladd-Taylor, eugenics had two sides: positive eugenics, with its increased information on health and prevention and well-baby clinics, and negative eugenics, with its philosophy of controlled reproduction through sterilization.³³ Historian Martin Pernick provided another view on eugenics and maternal and child health policy:

“Eugenics” and maternal and child health policy is deep and complex, depending on what different people meant by “eugenics.” Eugenics was not limited to the organized eugenics societies, but could sometimes mean simply “better babies”

and that kind of eugenics was central to the Wald=Lathrop-Children's Bureau leaders behind Title V and Sheppard-Towner."³⁴

The idea of better-baby contests began with Mary DeGarmo, a former classroom teacher, combined health standards and intelligence with state fair competitions. The contests' objective, an efficient "smooth-running" society, combined the goals of the social efficiency movement with standardization practices of the early twentieth century.³⁵ Five years after its inception, in 1917, the Federal Children's Bureau launched a nationwide campaign to educate women and families on infant mortality. Abbott realized that statistics alone could not change ideas on maternal and child health care. If the role of the Bureau were "to investigate and report *as the law directs*, then it must try to find ways of reporting that will be heard by the whole public which it was created to serve."³⁶ During the second year of World War I, the Bureau and President Wilson, proclaimed Children's Year and the importance to a nation of "conserving childhood in times of national peril."³⁷ The activities of Children's Year reached over 1 million women and many communities and achieved its goal to nationalize not only issues of child health and welfare, but also issues of child labor.³⁸

The Social Security Act gave the Federal Children's Bureau the authority to approve state plans. The continuance of sterilization policies fell to individual state mandates. The act neither required sterilization nor specifically mentioned birth control measures: These were left to individual states, and it became the states' right to determine their own health policy.

The passage of the Social Security Act of 1935 manifested the vision of Wald, Addams, and Kelley:

Men are coming to see that beyond and above this individualism there is something higher, Mutualism.

Don't you see that in this Mutualism the world becomes an entirely different thing? Men's dreams are after the perfect world of Mutualism; men will think of it in the midst of the deepest subjection to the false condition under which they are now living. This is new life, where service is universal law.³⁹

Social and economic security for children and their mothers, and maternal health care for women and children in remote rural areas, were a fraction of a legacy bequeathed by those women who dared to dream, to speak, to change a political power structure, and to reshape a nation. The "ladies" (gentle Jane Addams, outspoken Florence Kelley, quiet competent Julia Lathrop, and diplomatic visionary Lillian Wald) supported each other and gave Frances Perkins a legacy to continue the fight for women and children's social and economic rights.

Implications for Practice, Research, Policy, and Education

The data gathered in this study demonstrated the history of health care disparities in America during the twentieth century. Although racism and prejudice seem to have been constant components of the human condition, the institutionalization of racism in American health care policy primarily occurred during the Progressive Era. As such, the conclusions of this research have enormous implications for health care policy, nursing practice, and education, as well as future research.

Wald and others remind that nursing is a profession with a rich history founded on advocacy and professional autonomy. The work of the sisterhood of Wald, Dock, and others remains a powerful reminder for nurses today. Following the example of the

sisterhood, as we choose to embrace the abilities of other partners in health care, the collective efforts of all health professionals can create opportunities for an improved health care system. These ladies of the Progressive Era worked individually, as well as in relationships concert, and in doing so, influenced the country's power brokers, no matter their philosophical beliefs.

The recent release of the Healthy People 2020 goals⁴⁰ identified the importance of the community in addressing the overall health of Americans. When the conditions in which people live, work, learn, and play,⁴¹ as well as the “interrelationship between these conditions,”⁴² are addressed, a healthier population and workforce will be realized and American prosperity can be attained.⁴³ Healthy People 2020 recognized the necessity of integrating “health policy efforts with those related to education, housing, business, transportation . . . [and] other areas outside of the health sector”⁴⁴ to fully achieve the goal of a better life for all Americans.⁴⁵ The focus of Healthy People 2020 is reminiscent of the goals proposed during the implementation of the Social Security Act of 1935.

The richness of data from this study substantiated a continued need for future research to identify influences of the Social Security Act of 1935 on systems of health care delivery. If America continues to struggle with maintaining a healthy workforce and providing health care access to socially stigmatized groups in America, indicated by Healthy People 2020, Wald's work must continue. With health care access still in question, understanding the importance of the eugenics agenda during the Progressive Era, which influenced the Social Security Act, justifies research into the lingering effects of eugenics and institutional racism on systems affected by the act. Specifically, research should address the implementation processes of Title V in individual states, the influence

of the Federal Children's Bureau on the evolution of maternalistic principles, and subsequent challenges in women's reproductive rights as the United States entered World War II.

Additional research is needed to understand the lingering effects, if any, of state sterilization laws and maternal health care utilization in urban, suburban, and rural areas. In addition, research should investigate the impact of nursing during the tumultuous times following 1935. Did nursing follow the sisterhood's model of mutuality and relatedness? If not, what role did nursing assume? Where did the profession stand on national health care issues of the late 1930s to early 1950s? Was there a health care debate, and if so, how did it relate to the Social Security Act of 1935?

Nursing's obligation to participate in shaping health policy is the challenge Wald, Dock, and others bequeathed to the profession. Nurses must be seen and heard in community, state, and national arenas. The profession's ethical responsibility is to effect policy changes that embrace the rights of individuals and communities to accessible, equitable healthcare. As educators and advocates, nurses must ensure the future integrity of their profession through the education of budding nurses. Throughout the education process, emphasis on the interrelationships among disciplines, from acute care to preventive care, must be identified as opportunities for active community engagement.

The principles of prevention, advocacy, and autonomy are nursing's birthright and must be shared. When working with others, nurses do not diminish their profession's autonomy but strengthen its roots. The history of U. S. eugenics policy, which involved nursing, is a reminder that nursing education must stress informed ethical decision making beyond the bedside. By telling the stories of those without a voice or choice,

nurses put historical values into practice. Most importantly, nurses must remember that their professional role is not one of following orders. Nurses must challenge ethically questionable status quo practices and enhance the value of wholeness in individuals and communities.

Nurses can address health policy issues in a manner consistent with the discipline's historical practice of caring for socially and economically challenged groups.⁴⁶ Dock reminds nurses that they are one part "of a great whole."⁴⁷ As part of that greater whole, nurses must place interdisciplinary policy collaboration at the forefront of their policy agenda. Working in concert with other disciplines on policy issues not only develops a stronger network of voices advocating change, but also broadens the scope of power to effect needed change. Health policy areas relating to maternal and child health are but one avenue by which nurses can join other health care specialists to effect more comprehensive policies.

Public health and school nurses practice within community settings and witness communities with community partners strive to address inequities in health care outcomes. However, policies still have not sufficiently answered several questions raised during the Great Depression, such as: "who is deserving?" and "how can society help children and their life choices?" The voice of school nurses can readily answer such questions through their rich experiences in classrooms, working with community members, and their interdisciplinary practice.

Nurses, whose work is grounded in caring compassion, must not only maintain an unyielding stance while addressing growing health care disparities in their areas of practice, but also must elicit support and strength from others on local, state, national, and

global levels. Nurses can best experience their own caring for the public through solid and clear policy partnership efforts that assure and promote the health of all individuals.⁴⁸ Just as city and local governments tried to deny responsibility for the homeless before and during the implementation of the Social Security Act, America today still struggles with questions of immigration, unemployment, and health care.

¹ Frances Perkins, *The Roosevelt I Knew* (New York: Viking Press, 1946), 297–298.

² *Social Security Legislation*, HR 4120, 74th Cong., 1st session (April 11, 1935): H 263, accessed August 15, 2010, <http://www.socialsecurity.gov/history/senate35.html>.

³ *Economic Security Act*, S 1130, 74th Cong., 1st session (February, 1935): S 915, accessed July 15, 2010, <http://www.ssa.gov/history/reports/35senate.html>.

⁴ *Economic Security Act*, S 640, 646.

⁵ *Economic Security Act*, S 523.

⁶ Committee on Economic Security, “Aid to Dependent Children,” in *Social Security in America*, part 3, *Security for Children* (Washington, DC: U.S. Social Security Administration), accessed July 15, 2010, <http://www.ssa.gov/history/reports/ces/cesbookc13.html>.

⁷ Committee on Economic Security, “Aid to Dependent Children.”

⁸ Ibid.

⁹ Mimi Abramovitz, *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present* (Boston: South End Press, 1996), 195–6.

¹⁰ U.S. Social Security Administration, “Social Security Act of 1935,” U.S. Social Security Administration, accessed July 15, 2010, <http://www.ssa.gov/history/35actv.html>.

¹¹ *Economic Security Act*, S 1266.

¹² *Economic Security Act*, S 1267.

¹³ Ibid.

¹⁴ *Economic Security Act*, S 1003–4.

¹⁵ U.S. Social Security Administration, “History,” U.S. Social Security Administration, accessed July 15, 2010, <http://www.ssa.gov/history/35actv.html>.

¹⁶ *Economic Security Act*, S 1003-5.

¹⁷ U.S. Social Security Administration, “Social Security Act of 1935.”

¹⁸ *Social Security Legislation*, H 239–40.

¹⁹ Harry H. Laughlin, "State Criteria for Legal Eugenical Sterilization" Dolan DNA Learning Center, Legislative Status of Eugenical Sterilization in the Several States of the United States January 1935, accessed August 10, 2010, <http://www.dnalc.org/view/10927--State-criteria-for-legal-eugen>.

²⁰ Harry H. Laughlin, "Model Eugenical Sterilization Law," in *Eugenical Sterilization in the United States* (Chicago: Psychopathic Laboratory of the Municipal Court of Chicago, 1922), 446–52, accessed July 15, 2010, <http://dnapatents.georgetown.edu/resources./EugenicalSterilizationInTheUS.pdf>.

²¹ Ibid.

²² Ibid.

²³ Molly Ladd-Taylor, "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States," *Social Politics*, 137 (Spring 1997), accessed October 1, 2010, <http://sp.oxfordjournals.org>.

²⁴ Ibid.

²⁵ James W. Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 199.

²⁶ Ladd-Taylor, 142.

²⁷ Ibid., 149.

²⁸ Ibid., 138.

²⁹ Lillian D. Wald, Letters, reel 3, box 4, folder 4, New York Public Library, New York.

³⁰ Leon F. Whitney, *The Case for Sterilization* (New York: Frederick A. Stokes, 1934), 8–9, accessed June 10, 2010, http://www.archive.org/stream/caseforsteriliza00whitrich/caseforsteriliza00whitrich_djvu.txt.

³¹ Wald, Letters.

³² Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Los Angeles: University of California Press, 2006), 17, 77–9.

³³ Ladd-Taylor, 140–53.

³⁴ Martin S. Pernick, e-mail message to author, August 13, 2010.

³⁵ Steven Selden, "Transforming Better Babies into Fitter Families: Archival Resources and the History of the American Eugenics Movement, 1908–1930," in *Source Proceeding of the American Philosophical Society*, 2nd ed., vol. 149 Philadelphia, PA: American Philosophical Society, 2005), 206-207, accessed September 21, 2009 from <http://www.jstor.org/stable/4598925>.

³⁶ Emphasis added. Dorothy Edith Bradbury, *Four Decades of Action for Children a Short History of the Children Bureau* (Washington, DC: US GPO, 1956), 8-9, accessed October 25, 2010, <http://www.archive.org/details/fourdecadesofact00brad>.

³⁷ Ibid., 9.

³⁸ Ibid.

³⁹. Lillian D. Wald, "Politics 1938, Crowded Districts of Large Cities," reel 27, box 40, folder 3, New York Public Library, New York.

⁴⁰. U.S. Department of Health and Human Services, "Social Determinants of Health," *Healthy People 2020*, accessed March 1, 2011, <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

⁴¹. Ibid.

⁴². Ibid.

⁴³. Ibid.

⁴⁴. Ibid.

⁴⁵. Ibid.

⁴⁶. Sheryl R. Kirkhan and Annette J. Browne, "Toward a Critical Theoretical Interpretation of Social Justice Discourses in Nursing," *Advances in Nursing Science* 29, no. 4 (2006): 324–39, accessed October 2, 2007, <http://ovidsp.tx.ovid.com.ezproxy.fau.edu/>.

⁴⁷. Lavinia Lloyd Dock and Isabel Maitland Stewart, *A Short History of Nursing: From the Earliest Times to the Present Day* (New York: G. P. Putnam, 1920), 1.

⁴⁸. Sally S. Cohen and Paula Milone-Nuzzo, "Advancing Health Policy in Nursing Education through Service Learning," *Advances in Nursing Science* 23, no. 3 (2001): 28–40.

APPENDIX

Social Security Act (1935)

AN ACT to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.¹

Title I – Grants to States for Old-Age Assistance

Title I define old-age assistance as “money payments to aged individuals.”² It also enabled each state to provide financial assistance “as far as practicable under the conditions in such to aged needy individuals.”³ Each state submitted individualized plans for old-age assistance to the Social Security Board, under Title VII. State plans mandated compliance, fiscal participation, and designated oversight in “all State political subdivisions.”⁴ The funded assistance outlined a 50/50 federal/state financial match.⁵ Recipient prerequisites included age 65 or older, U. S. residency, and national citizenship requirements.⁶

The Economy Security Act maps out for the country a policy that is almost entirely new in that it places upon the Federal Government a large portion of the

expense of taking care of those persons who need public assistance of one kind or another. . . The great expense growing out of the present bill pertains to old-age pensions and unemployment assurance. . . . My own notion about this is that it is a complicated system, difficult to explain, and one in which neither the employer nor the employee will willingly contribute.⁷

Title II – Federal Old-Age Benefits Old-Age Reserve Account

Title II defined wages and employment as follows:

- (a) The term wages means all remuneration for employment . . .
- (b) The term employment means any service, of whatever nature, performed within the United States by an employee for his employer, except—
 - Agricultural labor;
 - Domestic service in a private home;
 - Casual labor not in the course of the employer s trade or business; . . .
- (c) The term qualified individual means any individual with respect to whom it appears to the satisfaction of the Board that—
 - He is at least sixty-five years of age; . . .⁸

The Old-Age Reserve Account was instituted as a federal payment structure for old-age benefits and payments upon death for qualifying individuals. Stipulations included being 65 or older and employment within the United States, Alaska, or Hawaii.⁹

Title III – Grants to States for Unemployment Compensation

Administration

The act mandated states to enact unemployment compensations laws, which permitted the use of grants or federal funds. Yearly approved federal appropriations

under Title IX incorporated the state's population, an estimate of the number of persons covered by state law, and administrative costs. State or public employment offices disbursed the funds. Unemployed citizens whose claims had been denied could request a hearing.¹⁰

Title IV – Grants to States for Aid to Dependent Children

Title IV defined dependent children as follows:

When used in this title—(a) The term *dependent child* means a child under the age of sixteen who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with his father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, or aunt, in a place of residence maintained by one or more of such relatives as his or their own home;

(b) The term *aid to dependent children* means money payments with respect to a dependent child or dependent children.¹¹

Title IV required a federally approved statewide plan funded by the state (at 0.665%) and by the federal government (at 0.335%). Thus, states were compelled to accept a broader role in child welfare. State residency requirements depended upon where the mother lived in the year before the child's birth. The state could deny a claim but not an applicant's right to an impartial hearing.¹²

Title V – Grants to States for Maternal and Child Welfare

Title V enabled each State to institute an improved and expanded comprehensive program for maternal and child health.¹³ “The provisions of the bill would only attempt to

make universally available throughout the United States certain minimum measures of public protection.”¹⁴ The federal government required improved health services in rural areas and in areas of severe economic distress. The chief of the Children’s Bureau was accountable for the implementation and approval of each state’s comprehensive plans in the Title V sections: maternal and child health, crippled children, child welfare, and vocational rehabilitation.

Financial allotments for each section of Title V differed. The maternal and child health allotment was a combined, fixed dollar amount with supplemental funds determined by the number of live births in each state.¹⁵ Each state planned for financial participation in maternal and child health services, as well as the state health agency’s administrative functions. Local child health units administered maternal and child health services and coordinated the work of medical, nursing, and welfare organizations or groups.¹⁶

Title V enabled each state to identify crippled children and provide “medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling.”¹⁷ The number of such children within each state and a fixed sum determined the federal fiscal allotment.¹⁸ The extent of state financial participation was equal to the federal payment.¹⁹ Plans specified cooperation among medical, health, nursing, welfare groups, and vocational rehabilitation of children with physical handicaps.²⁰

Child welfare services enabled cooperation between state and federal public welfare agencies. This arrangement strengthened and extended welfare services in both

rural and urban areas. The purpose of the section was to delineate the protection and care of children in danger of becoming delinquent, homeless, neglected, or dependent. Community child welfare in rural areas and other areas of special need was a high priority.²¹ Federal allotment combined a fixed sum and a supplement calculated by the ratio of the state rural population to the national rural population. State participation was not stipulated.²²

Vocational rehabilitation strengthened cooperation among the United States, individual states, and Hawaii. The section focused on persons who were physically disabled “in industry or otherwise and their return to civil employment”²³ and did not identify federal and state fiscal allotments.²⁴

Title VI – Public Health Work

Public health state plans focused on “establishing and maintaining adequate public-health services, including the training of personnel for State and local health work . . . presented by the State health authority to the Public Health Service.”²⁵ Federal grants were distributed to the states based on population, special health problems, and financial needs. State fiscal contributions were not specified.²⁶ The Surgeon General of the Public Health Service, with the approval of the Secretary of the Treasury, approved state plans.²⁷ Designated funds were identified for “investigation of disease and problems of sanitation.”²⁸

Title VII – Social Security Board Establishment

Title VII created the Social Security Board. The board consisted of three Senate-approved appointments. Board members were required to abstain from other employment and represented both political parties.²⁹ Their duties focused on improved economic

security through social insurance, old-age pensions, unemployment and accident compensation, and other areas deemed necessary to ensure economic security.³⁰

Title VIII – Taxes with Respect to Employment

Under Title VIII,

Federal taxes are to be paid by all employers and employees based on wages received in employment in any service performed within the United States, Alaska, and Hawaii except:

- Agricultural labor;
- Domestic service in a private home;
- Casual labor not in the course of employer's trade or business;
- An individual who has attained 65 years;
- Officers or members of the crew of a vessel documented under the laws of the United States or of any foreign country; employees of the United States Government; employees of a State or a political subdivision;
- Employees of nonprofit institutions operated exclusively for religious, charitable, scientific, literary or educational purposes, or for the prevention of cruelty to children or animals;
- Employees of a carrier as defined in (Public No. 400, 74th Cong. [H. R. 8652]).³¹

Under the Secretary of Treasury, the Bureau of Internal Revenue collected and paid taxes into the U. S. Treasury. Taxes paid and collected in this manner could be in the form of a filed tax return, stamps, tickets, coupons, or “other reasonable devices or methods.”³²

Title IX – Tax on Employers of Eight or More

According to Title IX, “Employers of eight or more individuals employed on each of some 20 days in year, each day being in a different calendar week, in employments performed within the United States, except the following employments [indicated in Title VIII].” The thrust of Title IX clarified state unemployment compensation laws.

Employers who demonstrated favorable working conditions and who maintained adequate reserves were able to receive a reduced tax rate as long as during the previous year, they contributed to a state pooled fund, continued contributions to a guaranteed employment account, and met reserve standards. The Social Security Board retained oversight privileges, which included the right to refuse a state’s certification.

State responsibility for compensation claims dictated the use of public state employment or other board-approved agencies. The Unemployment Trust Fund of the U. S. Treasury was the fund depository. Funds invested by the Treasury incurred the standard average interest rate payable by the United States. Each state had a separate account.³³ Payment and expense guidelines were established. However, each state retained the right of appeal or amendment to the law.

Compensation not to be denied any eligible individual for refusal to accept work if (a) the position is vacant due directly to a strike, lockout, or labor dispute, (b) the wages, hours, or conditions of work are substantially less favorable to the individual than those prevailing in the locality, or (c) if the individual would be required to join a company union or to resign from or refrain from joining a bona fide labor organization;³⁴

All moneys received in the state unemployment fund were to be deposited in the Unemployment Trust Fund maintained by the U. S. Treasury, subject to requisition of the state. These funds would be invested by the Treasury and would bear interest at the average rate paid by the United States for all interest-bearing obligations. A separate account was to be maintained for each state.³⁵

Title X – Grants to States for Aid to the Blind

Title X defined aid to the blind as “money payments to blind individuals.”³⁶ State plans for aid to the blind were submitted to the Social Security Board. State and federal fiscal participation was evenly split based on records indicating the number of blind individuals living within the state.³⁷ The cost calculation included a financial limit not to exceed a designated dollar amount per eligible person. Administration of the plan was designated to a single state agency.

Claimants denied services had the opportunity to appeal in a fair hearing. Residency requirements were defined as not less than one year and not greater than five years of residence within the last nine years. In addition, citizenship requirements could not be amended to limit access to any U. S. citizen. Aid was denied to persons who received federally approved old-age assistance or who were an inmate of a public institution.³⁸

Title XI – General Provisions

Title XI defined terms used in the Social Security Act (State, United States, person, corporation, shareholder, and employee):

The terms *include* and *including* when used in a definition contained in this Act shall not be deemed to exclude other things otherwise within the meaning of the term defined.

Nothing in this Act shall be construed as authorizing any Federal official, agent, or representative, in carrying out any of the provisions of this Act, to take charge of any child over the objection of either of the parents of such child, or of the person standing in loco parentis to such child.³⁹

The Social Security Act, approved August 14, 1935,⁴⁰ gave to Congress the right to amend, alter, or repeal its provisions.⁴¹ However, authority to make rules and regulations consistent with the act was granted to the Secretary of the Treasury, the Secretary of Labor, and the Social Security Board.⁴²

¹ U. S. Social Security Administration, "Social Security Act of 1935," US Social Security Administration, accessed July 15, 2010, <http://www.ssa.gov/history/35actv.html>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ *Social Security Legislation*, HR 197, 74th Cong., 1st session (April 11, 1935): H 4120, accessed August 15, 2010, <http://www.socialsecurity.gov/history/senate35.html>.

⁸ U. S. Social Security Administration, "Social Security Act of 1935."

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ U. S. Social Security Administration, "Social Security Act of 1935."

¹⁴. *Social Security Legislation*, H 263.

¹⁵. *Ibid.*

¹⁶. *Ibid.*

¹⁷. *Ibid.*

¹⁸. *Ibid.*

¹⁹. *Ibid.*

²⁰. *Ibid.*

²¹. *Ibid.*

²². *Ibid.*

²³. *Ibid.*

²⁴. *Ibid.*

²⁵. U. S. Social Security Administration, "Legislative History, Social Security Act of 1935," U. S. Social Security Administration, accessed July 15, 2010, <http://www.ssa.gov/history/1935chart11.html>.

²⁶. *Ibid.*

²⁷. U. S. Social Security Administration, "Social Security Act of 1935."

²⁸. *Ibid.*

²⁹. *Ibid.*

³⁰. *Ibid.*

³¹. U. S. Social Security Administration, "Legislative History."

³². *Ibid.*

³³. *Ibid.*

³⁴. *Ibid.*

³⁵. *Ibid.*

³⁶. U. S. Social Security Administration, "Social Security Act of 1935."

³⁷. *Ibid.*

³⁸. U. S. Social Security Administration, "Legislative History."

³⁹. U. S. Social Security Administration, "Social Security Act of 1935."

⁴⁰. *Ibid.*

⁴¹. Ibid.

⁴². Ibid.

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