From the Environment to Education: AICP Nurses and the Narrowing of Reform

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Thesis

Submitted to the Faculty of the

Graduate School of Vanderbilt University

in partial fulfillment of the requirements for

the degree of

MASTER OF ARTS

in

History

May, 2015

Nashville, Tennessee

Approved:

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Gary Gerstle

In May 1937, a nurse from the Bureau of Educational Nursing of the New York Association for Improving the Condition of the Poor (AICP) visited an Italian immigrant family whose infant daughter was suffering from a collapsed lung. The nurse referred the family to a local physician, who prescribed "exercises and spanking to make the child cry vigorously in order to inflate this collapsed lung."[1] In her follow-up visits, the nurse helped the family follow the doctor's prescription, gradually teaching them "to deny their children some things and discipline them in order that they may develop well, not only physically, but emotionally."[2] By the time the infant recovered, the nurse was proud of her success—the family seemed to be responding well to her lessons and advice. Her supervisor, Lida Reuwick, noted, "It has been hard to give up some of their old world customs, but by patient teaching and demonstration these parents are beginning to follow the nurse's instructions and are overcoming many bad habits in the care of these two children."[3]

Examples such as this one reveal how the AICP's mission of social reform blended notions about health, proper childrearing, and the failings of working-class, immigrant culture. Ideas about public health had always played a significant role in the AICP's efforts. Organized in 1843 and incorporated in 1848, the AICP directed its efforts toward reforming and uplifting the population of urban working-class poor. Improving the health of this population formed a major part of its efforts; however, during the nineteenth century, these efforts were mostly directed towards sanitary reforms aimed at the urban environment. For example, in the nineteenth century, the AICP pushed for tenement house reform and the construction of public

[1] Lida E. Reuwick, "Maternity Report" May 1, 1937. Box 23 Folder 57.7. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.
[2] Reuwick, "Maternity Report" May 1, 1937.
[3] Reuwick, "Maternity Report" May 1, 1937.

baths. In 1892, believing that fresh air was necessary for health, the AICP established a program that sponsored trips for working-class families to Sea Breeze, Coney Island.[4]

While these programs attempted to improve the general health of the family, the majority of the AICP's health efforts targeted the infant in particular. In his book, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929*, Richard Meckel argues that late-nineteenth and early-twentieth centuries witnessed a coordinated effort among public health reformers to reduce infant mortality.[5] In many ways, the infant was the ideal target for the sanitary reform just beginning to emerge in urban areas. Newly interested in problems of health and mortality among urban populations, these new sanitarians found the infant mortality rate "a more sensitive and politically useful measure than the crude death rate."[6] After "discovering" infant mortality, they turned it into a social problem and, ultimately, a political tool capable of animating new social reforms.

According to Meckel, the methods of the sanitarians shifted around the turn of the twentieth century. Once concerned mostly with environmental reforms, they now moved to the education of the mother as the primary nucleus of reform. They came to believe that, by providing prenatal care and, more importantly, educating the mother in the proper care of the infant, they could greatly reduce infant mortality. Thus, in doing so, they shifted from the urban environment to the environment of the home. In Meckel's telling, however, this shift is abrupt, and its consequences are largely unexplained. By focusing on the AICP in the early twentieth

[4] "A Study of the Bureau of Educational Nursing: New York Association for Improving the Condition of the Poor." June 1926. Box 23. Folder 57.5. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.
[5] Richard Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Ann Arbor: Ann Arbor Paperbacks, 1990), 5.
[6] Meckel, 5.

century, this paper explores how these developments played out on the ground. What did it mean for social and health reform to focus on the home?

Social Reform in the Home: Nurses

The AICP of the early-twentieth century turned to nurses to perform the groundwork of many of their reform initiatives. These nurses blurred the lines between medical practitioner and social worker; they set up baby clinics and entered the homes of their clients. As such, they played a crucial role in mediating the contact between the AICP and its clients. By understanding their work and moving them to the center of the story, we can gain a better understanding of not only the impact of the AICP, but also the way in which medical issues became so closely entangled with the agency's larger social mission.

A great deal of scholarship has looked to the profession of social work as the linchpin of the Progressive Era. In this narrative, social workers are vehicles of Progressive reform, imposing middle-class values and culture upon the working classes, while also occupying a sort of liminal status between the two worlds. However, these scholars, focusing on the professionalism of the social workers, limit their scope unnecessarily, overlooking, for example, the nurses who also bore a great deal of the burden of the Progressive project. As a result, the medical and the social have become separated in the literature.

Meanwhile, the history of nurses has become a niche specialization in the history of medicine, rather than occupying a central role in the political and social history of the Progressive Era. For example, in her book, *Ordered to Care: The Dilemma of American Nursing, 1850-1915*, the historian Susan Reverby has provided the most comprehensive history to date of nursing in the early twentieth century. Reverby focuses on the professionalization of

the field, which she argues was undermined by the gendered nature of nursing work and American society's constant undervaluing of the work of this "caring profession." Reverby's narrative is thus an inherently narrow one: focusing on the efforts of what she sees as a developing profession, she overlooks some of the variation and complexity within the field. Most significantly, public health nurses—the group that most clearly bridges the divide between medicine and social policy—play almost no role in her story.

Public health nurses, in many ways, were the foot soldiers of social reform in the early-twentieth century. I argue, therefore, that recovering the role of public health nurses in Progressive reform reshapes how we understand the Progressive movement. Associations such as the AICP saw medical and social issues as closely intertwined—by looking at the work of nurses, we can see how these messages worked together at the ground level.

Nurses, Mothers, and Milk

Nurses first gained a central role in the AICP in the first decade of the twentieth century. In 1907, the AICP employed nurses as part of their Sea Breeze program. Impressed by their results, they employed more the following year, when the AICP established seven "Milk Depots" throughout the city. These centers were staffed by a physician and a nurse—they weighed babies, performed brief medical exams, and dispensed milk to mothers who were unable to breastfeed.[7] In addition, three trained nurses, unconnected to the milk depots, performed educational fieldwork.

[7] "A Study of the Bureau of Educational Nursing: New York Association for Improving the Condition of the Poor." June 1926. Box 23. Folder 57.5. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.

The "Milk Depot" project was part demonstration and part experiment. Its organizers hoped to educate mothers on infant feeding and hygiene while providing them with a clean milk supply. At the same time, through gathering data, they planned to test the efficacy of such a program in order to determine whether milk depots helped to reduce infant mortality more than educational work alone.[8] The field nurses were thus a key part of the project, serving as a kind of control against which to test the value of the milk depots.

Both at the milk depots and in the field, the AICP nurses blended the roles of social worker and medical practitioner. At the milk depots, for example, while the physicians measured the babies' physical and mental health, the nurses met with the mothers, gathering background information on the family's home life in order to assess the mother's intelligence and competence. This blurring of roles required nurses to make the sorts of judgments usually attributed to social workers; nurses conducted conversations with mothers and then filled out "social cards" from memory. These social cards included basic information, such as the family's nationality, the occupations of the parents, and a history of hereditary sicknesses. In answering these questions, nurses were encouraged to take the mothers' answers with a large dose of skepticism: for instance, the nurses' instructions reminded nurses to note "whether persons, declaring themselves to be one nationality, belong evidently to another."[9] Thus, the social cards were more than just recorded conversations: nurses exercised a large amount of discretion, and even answers about personal identity were ripe for reinterpretation.

[8] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[9] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 40. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.

While the nurses who staffed the milk depots were limited to extracting information from conversations with mothers, nurses who made home visits were able to glimpse more of the home lives of their clients. These nurses were equipped with more elaborate "score cards" with which to grade the quality of home life they encountered. Many of the questions focused on details of the home environment, allowing nurses room to judge the light, ventilation, sink construction, and water closet construction. For example, the nurses noted whether the living space was "light" ("light enough to read easily in every part of the room"), "gloomy" ("not light enough to read easily in every part, but enough readily to see one's way about when doors are closed"), or "dark" ("too dark to see one's way about easily when doors are closed.")[10] The requirements for ventilation used a more quantitative scale: a well-ventilated room should have a street-facing window "not less than 12 feet deep for a five-story tenement house not on a corner."[11] In this way, nurses calculated, measured, and tallied in order to arrive at an overall assessment of the home environment.

While nurses followed a step-by-step rubric for measuring housing conditions and quality, they received less guidance on evaluating home life. Here, the scorecard simply stated, "Base your estimate of household cleanliness, personal cleanliness, and good food, upon your own experience and understanding of the sanitary and hygienic conditions under which a family can live a normal and healthful life."[12] This exhortation to evaluate using the nurse's "own experience" invited the nurse to insert herself into the process, disposing of any notion of the

[10] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 41-42. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[11] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 42. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[12] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 42. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.

nurse as an objective observer. Nurses acted as judges, determining what was an acceptable level of cleanliness, what constituted good food, and—even more basically—what it meant to be healthy.

Nurses' notes were more than personal records: the AICP records reveal that they hoped the nurses' notes would not only be useful in providing better care for individual families, but also help to compile a large statistical database that the AICP could use to fight infant mortality. In this way, the nurses were part of a larger fact-finding mission. In their instructions to the nurses, the administrators of the milk committee stated, "The duty of collecting facts therefore is most important, for on it depends all social, physical, industrial and moral advancement. Each individual collector, however insignificant his or her work may seem, contributes definitely to this great movement, and by each added figure piles up the sum of evidence which is necessary to change conditions."[13] In order to encourage them to take detailed records, the instructions then went on to ask a series of questions intended to "arouse a personal interest in statistics on the part of the nurses."[14] These questions, like the social cards and scorecards, sought to incorporate the nurses' own opinions and judgments into the process of creating data. The instructions encouraged nurses to ponder such questions as: "Are some nationalities more desirable than others? More immune against disease?"; "What do you think is an ideal place to live?"; and "Do the mothers who come to you know how to cook? Do they keep house as well

[13] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 44-45. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[14] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 45. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.

as your own mother?"[15] These questions were meant as thought exercises—nurses would not have written out or submitted their answers. Nevertheless, their inclusion in the packet of instructions for nurses is noteworthy: the nurses' role as sociological observers was encouraged and valued.

Ultimately, the AICP's yearlong experiment bolstered the role of these visiting nurses. The AICP report on the project concluded that the milk depots had been a useful supplement, but home visits remained indispensable. The ideal solution, the AICP decided, was a mixed program in which nurses distributed milk via milk depots and visited clients in their home on a regular basis to follow up.[16] The committee regretted that nurses could not completely replace traditional social workers, mainly because relief agencies would be reluctant to trust their judgments. Despite these limitations, the committee pushed for nurses to adopt an increased role—to merge the medical and the social more fully:

> They should be the coordinating units, joining the sanitary, medical, social and municipal interests in the depots […] They would not be regarded as intruders and unwelcome guests when they visited the homes. They would be social workers, persons of importance in their neighborhoods, carrying on a fine and sympathetic […] work."[17]

The Rise of the Educational Nurse

Over the next few decades, the role of nurses in the AICP continued to grow. In 1913, the AICP established the Bureau of Educational Nursing. While previous projects like the Milk Depot had used the services of nurses, the Bureau gave them a firmer foothold within the AICP.

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[15] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 45-46. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[16] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 65. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.
[17] "Infants' Milk Depots and their Relation to Infant Mortality: The New York Milk Committee." 1908. Pg. 78. Columbia University Library. http://archive.org/details/infantsmilkdepot00newy.

Nurses did both general and prenatal work—"so that one nurse only should care for the health of the entire family"—but their main focus was maternity work.[18] Following its establishment, the Bureau expanded, driven by a push to "make maternity safe." By 1936, the Bureau employed 64 nurses, 7 clerical workers, and a Maternity Supervisor. Over a six-month period from October 1, 1935, to March 31, 1936, for instance, the Bureau served 316 mothers.[19]

As the number of nurses grew, so did their authority. The nurses in the Milk Depot demonstration of 1908 had played a mostly observational role, but, after 1913, their role began to evolve into a more educational one. This transition reflects an underlying change in the causes of infant mortality. The milk depots had rested on an assumption that a lack of access to clean milk had impaired infant welfare—here, the city was at fault for failing to provide an adequate urban milk supply. But with the shift to education, a new understanding of infant mortality and poverty started to emerge. In this new discourse, the primary enemy of the nurse is the ignorance of the mother. In the milk depot project, nurses had provided resources (milk) and followed up with families. With their new educational mission, however, nurses became dispensers of knowledge. Maternity itself became a skill, and nurses were the trainers.

This transition is further evident in the instructions given to the nurses. The instructions for the nurses of the milk depot project had emphasized the nurse as record-keeper and judge. The "social cards" had encouraged nurses to note housing conditions and home life, but they did not actively call for much intervention. The instructions for home visits in the 1930s, on the other hand, were very different. The "Plan for Prenatal Visits" prescribed eight visits for each

[18] "A Study of the Bureau of Educational Nursing: New York Association for Improving the Condition of the Poor." June 1926. Box 23. Folder 57.5. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.
[19] "Excerpt from Report to the Board of Managers of A.I.C.P." April 1936. Box 67. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.

maternity case. Over the course of these visits, the nurse would distribute literature and educate the mother in prenatal and infant care, including diet, hygiene, clothing for the mother, clothing for the baby, supplies for the baby, and care of the baby.[20]

The process of maternal and infant care had become streamlined. While the milk depot nurses had been encouraged to use their own experience to make judgments, the options for the educational nurse had narrowed. There was only one right, medically-approved way to have and raise a baby, and nurses had become the gatekeepers of that knowledge. We can see this narrowing of possibilities in the story of Mrs. L. In the 1930s, an AICP nurse visited Mrs. L, a midwife from Barbados living in the Columbus Hill neighborhood of NYC. Mrs. L was pregnant and "proud to display her knowledge [of midwifery] to the nurse." However, the maternity supervisor reported: "The nurse had to be very tactful in teaching Mrs. [L] the newer methods and at the same time not to entirely discard the old. Before long, Mrs. [L] began to see the instructions she was receiving were so helpful that it was not necessary to refer to the training she had had."[21] Here, the role of the nurse was clear—to impart the medical, modern understanding to maternity and infant care to the mother and to persuade her to adopt these methods. The mother—and her perceived ignorance—had moved to the center of reform.

Medicalization and Professionalization

Over the course of the early-twentieth century, then, the AICP's efforts to combat ill health in the urban poor changed course. Initially starting with a more holistic, environmental

[20] "Plan for Prenatal Visits." Box 23. Folder 57.7. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.
[21] "Report of the Maternity Work Done at Columbus Hill from October 1, 1928 to February 1, 1939." Box 23. Folder 57.7. Community Service Society Archives. Columbia University Rare Book and Manuscript Library.

approach that merged both education and the provision of resources, it narrowed to a step-by-step maternal education program. Nurses played a major role in this shift, and it is through the lens of their activities that we can see this transition playing out on the ground. As nurses gained professional status, their work also became more streamlined.

In the process, reform itself was medicalized. Maternal education became increasingly a matter of specialized medical knowledge. At the same time, the distance between the nurse and her client widened. As the "score cards" of the early-twentieth century suggest, the first AICP nurses were encouraged to use their own experience to relate to and interpret their clients. By the 1920s, "experience" had been replaced by "medical knowledge." The domain of reform narrowed as the holistic approach of the milk depots gave way to a focused program of maternal education.

With this shift came increased responsibility for the mother. Milk Depots, Sea Breeze trips, and other environment-based programs had suggested that there were elements of infant health that were beyond the mother's control. Children were victims of an unhealthy city—the AICP's role was to provide them with the conditions in which they could thrive. The Educational Nursing Program, on the other hand, focused almost exclusively on the mother: in the process, it lay most of the burden on her shoulders. AICP nurses claimed that the mother's ignorance was their enemy, but too easily they could find themselves battling the mother instead.

Through the shifting role of AICP nurses, then, we can glimpse a larger change in the nature of urban health reform. Infant health, once a poverty problem, was now a medical problem. This medicalization of reform provided a new sense of hope: perhaps even the poorest families, with the right training, could raise healthy children. But it also encouraged reformers to narrow their scope, to ignore the structural problems facing the poor, and to adopt a much more

limited understanding of urban reform.

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