Nursing and the New Deal: We Met the Challenge

By: Pheobe Pollitt

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Nursing and the New Deal: We Met the Challenge

Phoebe Pollitt, Ph.D., R.N.C., and Camille N. Reese, M.S.N., R.N.C., ACCE

Abstract The years of the great depression were marked with unemployment and economic ruin for many people. Americans were left feeling helpless and hopeless. After the 1932 presidental election of Franklin Roosevelt, his administration embarked on a course of government known as the New Deal. Many new and innovative programs were established to create jobs and a sense of hope for the public. This article will examine four programs that were of particular interest to nursing: the Federal Emergency Relief Act, the Civil Works Act, the Works Progress Act, and the Social Security Act. Nurses of the time embraced these programs. They participated in their development and implementation and made a difference in the lives of many desperate Americans.

INTRODUCTION

The great object of the institution of civil government is the progressive improvement of the condition of the governed.
John Quincy Adams, 1825 (Schlesinger, 1959)

The current national debate about health care echoes one held over half a century ago. The proper role for government to play in establishing, financing, and staffing health care institutions has long been a source of controversy. During the Great Depression of the 1930s, the voters and their representatives in Washington opted for a massive expansion of federal programs and dollars into what had been an almost entirely private for profit health care delivery system. These new programs, The Federal Emergency Relief Administration (FERA), the Works Progress Administration (WPA), The Civil Works Administration (CWA) and the Social Security Administration (SSA), all part of the "New Deal," changed national thinking about health care in a myriad of ways. Before these programs began, it was unusual for local and state governments to take an active role in the provision of direct patient care; since their inception, it is rare for a county not to sponsor a well funded health department, a school nursing program, a hospice program, and other health programs aimed at the aging population. The current debate centers on how best to facilitate optimal health for the citizenry, not whether to provide these services.

While much has been written about the major construction and artistic projects undertaken by the New Deal agencies, few scholars have studied the nursing programs concurrently initiated by the federal government. This article explores how the New Deal programs dealing with health care affected nursing in North Carolina (NC). Through understanding the changes in the health and well-being of Americans during the Great Depression and the viable options offered by the New Deal programs, nurses can examine these previous health care reform efforts and identify or revise available solutions.

HARD ECONOMIC TIMES

The stock market crash in 1929 worsened a period of economic depression, unemployment, and great financial hardship for many people in the United States. Virtually all areas of the country and sectors of the economy were adversely affected. In 1930, 26,355 businesses failed and many factories were idle. The most fertile topsoil on farms in the midwest, the "breadbasket of America" was literally blown away in the Dust Bowl. Unemployment rose from 4 million in 1930 to 12 million in 1932 (Davidson & Lytle, 1988).

The nursing profession suffered from unemployment along with every other occupational group. Local, state and federal government provided few employment opportunities. In 1933 there were approximately 3,000 counties in the United States. Of these, one third did not employ any public health nurses and 45% had no hospital for general community use (Sargent, 1933). Nurses who had been employed through private and philanthropic organizations in the 1920s often found themselves jobless when their sponsoring organizations were no longer able to raise sufficient funds to pay them. For example, the Red Cross, the largest worldwide employer of nurses in the 1920s, had reduced its number of public health nursing programs in the United States from a peak of nearly 3,000 in the 1920s to approximately 650 in 1930. Thousands of former Red Cross nurses were jobless in the midst of the depression (Buhler-Wilkinson, 1993). As Mary Roberts noted during the 1933 conference of the Southern Division of the American Nurses Association; ". . . we have the social and economic paradox of the unemployed nurse and the unnursed patient, which is, however, no more paradoxical than the farmer with unsold wheat and children in the city begging for bread. . ." [North Carolina Emergency Relief Administration (Southern Historical Collection, 1933).

In the 1930's most nurses in North Carolina, as in the rest of the country, were self-employed in private duty. Their hours and days of employment varied making accurate records of unemployment and underemployment impossible to verify. Contemporaneous articles in nursing journals, however, describe a dire employment situation for nurses. Ashmun (1933) wrote in the *American Journal of Nursing:* • 'The existence of serious and growing unemployment in the nursing profession is unquestioned. Just how much unemployment exists among the private duty nurses can hardly be determined accurately." Six months later in the same journal, Sargent (1933) noted, "One hears and reads of overcrowding in every profession, particularly in nursing, education, medicine and law. It is not without reason that nursing was mentioned first."

In light of decreasing rates of employment and increasing rates of poverty and despair, citizens sought a more active role for the federal government in meeting their economic and social needs. Soon after the presidential election of 1932, Roosevelt noted that one third of the nation was ill fed, illclad, and ill housed. The new Roosevelt Administration embarked on a course of government expansion known as the New Deal.

NORTH CAROLINA DURING THE GREAT DEPRESSION

North Carolina did not escape the ravages of the Great Depression. In 1930, North Carolina was largely an agricultural state. While thousands of North Carolinians, especially white males, owned some land, sharecropping and tenant farming were common. Small towns dotted the map. As early as 1930 there were reports of farmers starving. In that same year, 7.5 million dollars were owed in delinquent property taxes and over 150,000 parcels of land were for sale for nonpayment of taxes. Prices for tobacco, the primary cash crop for North Carolina, dropped from 22.5 cents a pound in 1922 to 6 cents a pound in 1931. Similar devaluations occurred in the cotton and peanut markets (Badger, 1981).

The business and industrial sector of the state's economy also suffered during the Depression. Since there was no Federal Deposit Insurance Corporation (FDIC) to protect the money of bank depositors, between 1930 and 1933, 195 banks collapsed, losing over 103 million dollars of customers' deposits (Badger, 1981). Industrial unemployment tripled in 1930. There were approximately 70,000 workers unemployed and an additional 20,000 able to obtain only part-time employment. By September 1931, an estimated 100,000 industrial workers in the state were unemployed (Badger, 1981). In this era, before unemployment compensation, food stamps, and other programs providing a "social safety net," unemployment and lowered pay often led to homelessness, hunger, and ill health.

Martha Gellhorn was employed as a social surveyor for the federal government. In this capacity, she traveled the country writing first hand accounts of the conditions she found. In 1934 she visited several small towns in North Carolina. About health conditions in Wilson, North Carolina, she noted, •'According to clergy, caseworkers and relief administrators most (people on relief) were illiterate, afflicted with tuberculosis and social diseases. Of the white families, many had pellagra and hookworm."

She described a father with two daughters living in a tobacco barn while the father looked for work. Shortly they would have to move from the barn with no place to go, no money, and no work.

In Gastonia, she saw "latrines draining down a gully to a well from which residents get their drinking water." Gellhorn estimated half the mill families she met in Gastonia "are syphilitic and moronic" and she wondered "why they aren't all dead of typhoid?" She also observed dietary deficiencies, colitis and typhus in North Carolina (Gellhorn, 1936).

Prior to 1932, relief from destitution was a minor phase of governmental activity in North Carolina. Each county provided for its own indigents by offering minimal financial help and/or a county poorhouse for its poorest citizens. A relatively small number of people, mostly the elderly, mentally ill, and physically infirmed, were cared for out of public funds. Churches and private relief agencies such as the Community Chest and the Red Cross provided the

majority of relief to poor and needy citizens (Kirk, Cutler, & Morse, 1936). As the Great Depression wore on, the employment, financial, housing, food, and health needs of increasing numbers of people overwhelmed the resources of charitable and government agencies in North Carolina as well as every other state.

A BRIEF HISTORY OF PUBLIC HEALTH NURSING IN NORTH CAROLINA

At the tum of the twentieth century gains in knowledge related to the etiology, transmission, treatment, and prevention of many diseases gave rise to the new field of public health. Nurses educated in the emerging discipline of public health translated their scientific findings into action. North Carolina nurses were among these pioneers.

In 1902, Lydia Holman began a 30 year practice as an independent community health nurse in remote Mitchell County (Pollitt, 1991). In 1911, in the village of Salem, Percy Powers initiated school nursing in North Carolina (Wyche, 1938). Her work was emulated by the State Board of Health in 1918 when six full-time nurses were employed to inspect and assist school children throughout the state (Cooper, 1934). Amelia Lawrison of Wilmington is thought to be the first home health nurse in the state. Her work, funded by a group of public spirited citizens, began in 1904 (Wyche, 1938).

North Carolinians' concern with public health continued to grow. In 1911, the first County Department of Public Health in the nation was founded in Guilford County. According to Wyche (1938), the American Red Cross employed a number of graduate nurses to provide public health services in 52 counties in NC between 1915 and 1935. Local committees supported each Red Cross nurse with office space, volunteers, and supplies. In many NC cities, including Greensboro, Winston-Salem, Asheville, Charlotte, Raleigh, Wilmington, and Durham, various civic, religious, and charitable organizations initiated and supported public health nursing programs (Wyche, 1938). In December of 1919, a new Bureau of the State Board of Health, the Department of Public Health Nursing and Infant Hygiene, was created. Funds were contributed equally from the State of NC and the American Red Cross for a total department annual budget of $12,000. Rose M. Ehrenfeld, a registered nurse, was the director of the new department. In 1921, the Sheppard-Townsend Act passed, permitting the United States Congress to allow the state to assume even greater financial responsibility for expanded maternal and child health programs (Wyche, 1938).

However, increasing financial support from the government for public health programs in NC was greatly curtailed by the Depression. Dr. James M. Parrott, the state health officer, in a 1932 report to the state medical society wrote, ". . . our state appropriation has dropped from $486,000 in 1929 to $263,647 now available. I remind our people that were it not for the assistance which we get from the International Health Board, the US Public Health Service, the Rosenwald Fund, life insurance companies and other private agencies, and particularly the Parent Teacher Association, we would be compelled to fold our tents and solomenly and shamefully slip away. We are begging! Yes, and it is humiliating too; but I'll beg for the sake of this service." (Parrott, 1932).

The NC experience was echoed across the country. Due to the economic depression, state and charitable resources were insufficient to sustain much less expand public health services to meet the needs. Several federal programs were enacted to fill the void.

THE RESPONSE OF THE FEDERAL GOVERNMENT: THE NEW DEAL

In his speech accepting the Democratic Party's nomination for the Presidency in 1932, Franklin Roosevelt pledged himself to a "New Deal" for the American people. This phrase came to stand for a constellation of temporary and permanent measures designed to provide relief from the Great Depression. Four of these programs are of particular interest to nursing. Chronologically, they are: the Federal Emergency Relief Act (FERA), 1933-1936; the Civil Works Act (CWA), 1933-1934; the Works Progress (later Projects) Act (WPA), 1936-1943; and the Social Security Act (SSA), 1935-present. The evolving nature and sheer volume of new programs, each with its own administration, regulations, and eligibility requirements, but with overlap- ping purposes and at times personnel, created considerable confusion during the New Deal Era and subsequently for its historians. Perhaps the outstanding legacy of the New Deal was the assumption that government had a responsibility to ensure a minimum quality of life for its citizens.

THE FEDERAL EMERGENCY RELIEF ACT

The Federal Emergency Relief Act (FERA), which produced the largest relief agency ever created, was one of the first pieces of legislation President Roosevelt sent to Congress. Its purpose was to provide immediate "relief" (cash) payments to the unemployed. Roosevelt soon came to believe jobs were superior to handouts. The FERA was joined by several job creating programs.

"Be it enacted . . . that the Congress hereby declares that the present economic depression has created a serious emergency, due to widespread unemployment and increasing inadequacy of state and local relief funds, resulting in the existing or threatened deprivation of a considerable

number of families and individuals of the necessities of life, and making it imperative that the Federal Government cooperate more effectively . . . in furnishing relief to the needy and distressed people" (FERA, 1933).

FERA was responsible for disbursing federal relief monies and coordinating relief activities among and between the states. It had a dual purpose of providing help to those in need and of employing people needing jobs. It's initial budget was 500 million dollars. Section 4(a) of FERA specifically provided funding for ". . . services, materials and/or commodities to provide the necessities of life" to persons in need.

For the first time, bedside care for the indigent was specifically mentioned as a legitimate expenditure of federal tax monies under FERA Regulation #7. Even though all FERA activities were optional and required a locally tax supported agency as cosponsor, by September 1934, thousands of registered nurses were hired in the 20 states participating in the program to provide health services to distressed persons. FERA provided jobs for nurses and care for those who needed it (Kalisch & Kalisch, 1995).

The passage of FERA heralded a new understanding of the role government could play in providing basic services, including health care for its citizens. Prior to the passage of FERA, the federal government's role in health care was minimal, confined to some sanitation work through the U.S. Public Health Service and funding of a few maternal child health clinics with Shepard-Towner funds (Kalisch & Kalisch, 1995). FERA, coupled with the CWA, WPA and SSA, ushered in an era in which citizens expected and government provided billions of dollars for direct patient care and monies for construction of health care facilities, education of health care workers, and research for advances in medicines and technology.

THE CIVIL WORKS ADMINISTRATION (CWA)

Despite the existence of FERA, and numerous other New Deal programs, there remained at least 10 million unemployed people in 1933. In order to stave off mass starvation, homelessness, and poverty during the winter of 1933-1934, and because Roosevelt believed using federal monies for jobs was better for the individual as well as society than having people on the "dole," he created the Civil Works Administration (CWA). Although it was a "jobs" rather than a "relief" program, it was administered under the FERA. The CWA existed from November 12, 1933 through May 1, 1934. During this brief time over 4 million people were employed using CWA funds. Some of the activities of these CWA workers were major construction projects, such as the building of sanitary privies and municipal airstrips.

Nationally, more than 2,000 unemployed registered nurses found work through the CWA. Hospitals, sanitariums, asylums, schools, nursery schools, and public health departments all benefited from the work of the CWA nurses (Fitzpatrick, 1975). The CWA was a very popular program with the unemployed and their advocates, but it was also very costly. Due to fears that people might come to rely on government funded jobs rather than employment in the private sector, and having gone through the Congressional allotment of funds for the CWA, the program was discontinued as warm weather approached. By the end of May 1934 the CWA was history.

THE WORKS PROGRESS ADMINISTRATION (WPA)

As the Depression entered its sixth year, widespread unemployment continued to plague the United States. In 1935, 20 million people were receiving some form of government relief, and millions more were without jobs or relief payments. Roosevelt decided only a massive public works program would provide the jobs needed to stimulate the economy. Congress concurred, and in May 1935, passed the Emergency Relief Appropriations Act, which created the Works Progress Administration (Davidson & Lytle, 1988). The purpose of the new agency was to ". . . provide relief, work relief and to increase employment by providing useful projects. . ."(Kalisch & Kalisch, 1995). WPA workers built or improved 664,000 miles of roads, 24,000 miles of sewage lines, 2,500 hospitals, 5,000 schools, 13,000 parks and playgrounds and 1,000 airports. In addition to construction, artists, writers, and performers were employed. The school lunch program was launched as a WPA experiment. Thousands of libraries were built and staffed, foods were grown and canned, and sewing projects of all types abounded.

At least 10,000 registered nurses worked for the WPA over its eight years of existence. The WPA nursing and public health projects were all sponsored by local or state departments of public health. Office space, supplies, and equipment were donated by the sponsoring agency while the WPA was responsible for wages. The work of WPA nurses was similar to that of FERA and CWA nurses: that is, health education, home visits for ante and postpartum care, bedside nursing for illness and injury, conducting clinics and screening for immunizations, dental health, tonsil and adenoid inflammation, examining school children for growth and "defects" and responding to various local health needs (Kalisch & Kalisch, 1995). In its first 18 months WPA nursing services amounted to 9,000,000 visits, inspections, and treatments, (Woodward,1937). In 1936, WPA projects provided jobs for 4,406 nurses on 75 projects in 16 states.

These projects included visiting nursing services, public health clinics, health education, school nursing, health camps, tuberculosis surveys, trachoma clinics, and cancer surveys (Mciver, 1936). By May 1937, there were 2,241 nurses paid by WPA in 31 states, including 66 registered nurses working on WPA projects in North Carolina (Woodward, 1937).

SOCIAL SECURITY ACT

While the WPA created 3,000,000 jobs between 1935 and 1943, those citizens unable to work were not helped by this massive federal program. In order to aid the elderly, blind, disabled and single mothers with young children, President Roosevelt and the Congress passed the Social Security Act (SSA). The SSA, enacted in September 1935, provided federal money for maternal child health, rural public health work, training for public health workers, financial assistance for the elderly, blind, and disabled citizens. The SSA programs were largely responsible for the shift in employment of public health nurses from voluntary health agencies to government funded jobs. In 1931, 40% of community health nurses worked for voluntary health agencies such as the American Red Cross, the Anti-Tubercular League, and local church and civic groups. By 1938, only three years after the enactment of SSA, only 25% of community health nurses worked for voluntary health agencies and 75% for local, state, and federal public health programs (Melosh, 1982). In 1936, 1,000 registered nurses received stipends through the US Public Health Service through SSA funding for postgraduate training in public health nursing (Kalisch & Kalisch, 1995).

NURSING AND THE EMERGENCY RELIEF ADMINISTRATION IN NORTH CAROLINA

In June of 1933, NC received $2,739,010, its first allotment of New Deal money for health care through the FERA allotment. On August 8, 1933 the NCERA began operation. As O'Berry noted at the time "The relief program under the Governor's Office of Relief was the pioneer program in the State. There was no precedent to follow. No definite policies nor regulations had been formulated by the Federal government. Each state was feeling its way on uncharted seas (Kirk, Cutler & Morse, 1936)."

If there was a lack of precedent, there was no shortage of work. The state of health in NC was generally poorer than much of the nation. In 1929, the infant mortality rate in the United States was 68 per 1000 live births, and in NC it was 79. Death rates from infectious diseases, such as tuberculosis and influenza, far exceeded national averages. Between 1933 and 1935, 11% of the people in NC were on relief. NCERA disbursed over 40 million dollars in relief payments to an average of over 300,000 people per month in the state of NC (Kirk, Cutler & Morse, 1936).

NCERA-sponsored public welfare and public health projects provided employment for 216 registered nurses in NC (Kirk, Cutler & Morse, 1936). These nurses focused on health promotion and disease prevention by dispensing general health information, teaching lay midwives sanitary practices, staffing clinics, examining school children and providing home health nursing. Between August 1933 and December 1934, NCERA nurses visited 23,450 homes, examined 39,608 school children, and gave 19,934 immunizations (Kirk, Cutler & Morse, 1936).

One interesting NCERA nursing project was the Catawba County Preventorium for Undernourished and Underprivileged Children. The Preventorium was a cooperative effort to provide medical care, proper nutrition, and inculcate good health habits in indigent children. The county government, county hospital, and a variety of civic clubs, including the Kiwanis, Rotary, Women's Club, American Legion, Red Cross and Business and Professional Women's Club, provided this four month summer program under the general supervision of the school nurse. The Depression threatened the ability of local supporters to continue the Preventorium. In the summer of 1935, NCERA paid salaries for all the staff, including two registered nurses. During the summer of 1935, 73 children were helped by the Preventorium. Thirty-nine had tonsils removed, six received glasses, 16 had dental work, and 20 had other medical treatments. The group ate three meals a day, gained a total of 273 pounds, and consumed 5,640 quarts of milk. Without this NCERA nursing program, it is unlikely that these children would have received needed health care or an adequate diet (McKay, 1935).

Mrs. Elizabeth McMillan Thompson, one of the first African American public health nurses in NC, remembered her New Deal work this way:

Of course there was smallpox. The first week I was here (Tarboro, NC), I vaccinated over 3,000 black people. What was so peculiar about it was that the local doctors would refer a case to us as small pox, and after I went to visit the patient, I would discover that it wasn't small pox at all but syphilitic lesions. We began to pick up many of our venereal disease cases this way. As I recall, the first problems we addressed were smallpox, venereal disease, tuberculosis and poor sanitation . . . Many of the families had no sanitary facilities, so one of our big projects in the early Thirties was to provide privies for the tenant farmers. The only reason we got as many in as we did was that the county commissioners passed a law that every family must have a privy. This law was important, for the landlords hadn't been too cooperative in the past. WPA workers built the privies at a local lumber yard and transported them to the homes. They must have distributed a thousand or more in Cumberland County . . . We'd go back sometimes a month later and the privy hadn't been used at

TABLE I. *North Carolina Emergency Relief Administration Statistics: Summary of Public Health and Nursing Work Under the Federal Emergency Relief Administration in North Carolina (1934-1935)*

Activity	Number
Registered nurses employed	216
Public health nurses employed	79
Nurses aides employed	222
People visited in their home by nurses or aides	63,768
Home visits	23,450
Children examined	39,608
Defects corrected	1,290
Routine medical examinations	6,830
Wasserman tests given	3,824
Blood tests given	988
Special tests and procedures	3,696
Dental examinations	12,391
Dental corrections	10,652
Immunizations given	19,934
Clinics operated	406
Group meetings for health education	1,873
Health surveys	619

all. So we ended up showing them how to sit on the seat, then you had to show then how to keep the snakes from going in and making homes, and how to keep the spiders out so the children wouldn't be bitten. . . (Plyer, 1980).

Financial records of the NCERA expenditure from March 1934 through May 1935 show 62 nursing projects with a total budget of approximately $48,000. These projects included employment in schools, hospitals, clinics, home health, and other public health agencies. In May 1935, there were 125 registered nurses employed by NCERA (Council, 1935). According to Kirk, Cutler & Morse (1936), practical nurses were paid 30 cents an hour, registered nurses were paid 45 cents an hour, and nursing supervisors were paid either 45 or 50 cents an hour.

NURSING AND THE CIVIL WORKS ADMINISTRATION IN NORTH CARLOINA

The NCCWA spent over $800,000 providing emergency jobs for over 70,000 unemployed people in the winter of 1933-1934 (Badger, 1981). In NC some CWA funds were used to establish 30 emergency nursery schools. Each of these nursery schools employed a full-time registered nurse. In this capacity, 35 white and 15 African American nurses coordinated and assisted in 2,056 physical examinations, administered 1,117 vaccinations and immunizations, assisted in 970 dental examinations, and gave countless hours of health advice to parents. The salary of these nurses was $12.50 a week (Kirk, Cutler & Morse, 1936).

According to Kirk, Cutler & Morse (1936), approximately 300 RNs worked on Civil Works Administration projects in NC from December 1933 through May 1934. Although their tenure was brief, their work benefited thousands of North Carolinians.

CWA funds in NC were used by the Department of Child Health Work, a division of the State Board of Health, to hire 65 unemployed RNs. Thirty-five were assigned to work in establishing county health departments and 30 worked out of the State Offices of the Department of Child Health Work. During their short, 15 week tenure, from February 5, 1934 through May 12, 1934, they accomplished an amazing amount of work. Thousands of school children were examined and treated for various ailments (Table 2) (The Special Child Welfare Project Report, 1934).

Several nurses summarized their experience with the CWA Child Health Program in an article for *The Health Bulletin.* One nurse wrote,

You might have noticed from the report the number of undernourished children and wondered if anything was being done for correction. It was thought more practicable to have hot lunches served to undernourished children at schools than to try individual corrections. At the time I began we had only one lunchroom outside the city limits. Up to this writing we have 10 lunchrooms. Cod liver oil treatments have been employed in some cases.

TABLE 2. *Cumulative Report of the 65 CWA Nurses Assigned to the Department of Child Health, State Board of Health (February 5, 1934-May 12, 1934)*

Schools visited	3,086
Children examined	115,771
Defects found	55,801
Malnourished children:	
10% or more underweight	21,374
Appearance or report of teacher	2,323
Home visits:	
Investigation of malnutrition	4,222
Securing corrections	5,175
Educational bedside work	3,185
Prenatal conferences:	
Individual	2,529
Group	269
Home visits:	
Prenatal	2,776
Postnatal	2,260
Visits to nursery schools	781
Treatments secured by:	
Dentists	280
Physicians	1,198
Immunizations secured:	
Diptheria	4,251
Smallpox	12,787
Typhoid fever	5,927

Another nurse wrote in a more personal vein,

I use this means to thank you for giving me work in the Relief Nursing Project. I regard this appointment, which has provided a living for my family and me, a godsend, a blessing that I am sure each of us will remember. Yet the financial side has not been all; the actual knowledge of conditions among my fellow people that I have derived by coming in direct contact with those who are weak and those who are strong, many of whom were as rich or as poor as I, has helped me as nothing else could. I thank you again for this opportunity. It has certainly given me a different view on life and an inspiration for public health work.

NURSING AND THE SOCIAL SECURITY ACT IN NORTH CAROLINA

The WPA was the largest jobs program created under the New Deal. However, due to the chronological proximity of the initiation of the WPA and the SSA, and the mandates of the SSA, the WPA was probably the least influential New Deal program for nurses in NC. Provisions of the SSA delegated federal money for maternal child health, rural public health, training for public health workers, and services for the elderly, blind, and disabled citizens. These programs created hundreds of new jobs for nurses in NC. Therefore, the WPA in NC focused few of its program in the health care arena.

Few documents exist relative to WPA nursing and NC. In 1937, there were 66 registered nurses working for the WPA in the state. Ten of these were in Buncombe County, in the western region of the state. These nurses made 1690 visits to needy homes (Woodward, 1937). It is likely that their work closely resembled that of the North Carolina Emergency Relief Administration and North Carolina Civil Works Administration nurses. More is known about early SSA programs.

Amy Louise Fisher, one of the first SSA nurses in NC, related her experiences in interviews and articles. Watauga County is a rugged, rural county in the Appalachian Mountains in northwest NC. Because of the geographic location, the residents experience severe winter weather. Fisher moved to Boone, NC in 1930 to work as a parish nurse with the Watauga Lutheran Mission. In June 1935 she became the first public health nurse funded through the SSA in Watauga County. In an article about her work in the December 1936 *Public Health Nurse* she noted, "Last year was the first year the health department has been in existence here and we tried to cover practically the whole county. Over 5,000 people took the typhoid fever vaccine and 1,625 babies and children were given diphtheria toxoid. The need is much too large for the individual physician to cope with in this county. . ."

Fisher described some of the problems associated with making her school rounds. "There are about 50 schools in the county, and we plan our schedules so that we may get to the most inaccessible ones before bad weather sets in. But even then we sometimes have to walk part of the way. We don't try to go to Lower Elk after a hard rain because you ford the creek 22 times and some of the fords are pretty deep."

Fisher also taught a class for midwives. Over three sessions lay midwives learned about the proper care of the mother and newborn, including sanitizing instruments and washing their hands. Fisher reported one of her students reactions to the class. "One woman over 70 years of age patted me on the shoulder and said, 'Law, honey, I've catched hundreds of babies and I ain't never gone through all this fixing before.' " (Fisher, 1936).

LONG-TERM IMPACT UPON HEALTH CARE AND NURSING IN NORTH CAROLINA

These New Deal programs had a significant impact upon the homes and hearts of many North Carolinians. In the years between 1933 and 1940, hundreds of thousands of citizens were examined and treated for almost every conceivable condition. Tens of thousands acquired new privies. Immunizations against many communicable diseases became more accessible. The public was educated on many important health topics. The number of public health nurses employed though government programs rose from 65 in 1933 to 297 in 1940. The number of counties participating in public health work climbed from 47 in 1934 to 81 by 1940. In 1934, 1,822,961 citizens had access to at least some public health services. By 1940 that number had nearly doubled to 3,132,192 (Fox, 1942). Due to the New Deal programs, North Carolinians were experiencing better health, housing, nutrition, and overall generally a better quality of life.

In addition to these tangible changes, the expectations of many citizens regarding their government also changed. In marked contrast to presumptions about the role of government prior to the New Deal, many now wanted a commitment from their local, state, and national representatives to use the machinery of government to provide for the well-being of the citizens. Not only did people support an expanded role for government at all levels, they also expected more from themselves and their neighbors.

Before the early years of this century, disease was frequently viewed as a tragic occurrence over which one had little control. Thanks in part to the health education of the New Deal nurses, the linkages between sanitation, nutrition, lifestyle choices, housing, access to care, and the onset of disease, became known. With this increasing awareness, people began to understand they could, to a certain extent, influence their own health as well as the health of their community. In 1934, Nancy Ruth Reeves, the editor of *The Skyland Post* in West Jefferson, NC, wrote,

TABLE 3. *North Carolina Emergency Relief Administration and North Carolina Civil Works Administration Projects by County*

County	Dollars	Description of services	Funding source
Alexander	335.60	Home nursing service	FERA
Beaufort	70.00	Nursing, countywide	FERA
Bertie	432.00	Nurse for county health officer	FERA
Bladen	163.70	Nurses for relief families	FERA
Buncombe	141.20	Nursing project, countywide	CWA
	408.00	Nurses, county home (poorhouse)	FERA
	108.00	Public health nursing, Asheville	CWA
	139.84	Helper and incidentals in nursing schools, Asheville	
		85.30 ERA funds; 54.54 NCERA funds	
	1,045.25	Relief nurses, Asheville	FERA
Cabarrus	2,403.90	Nurses and stenographer, County Health Dept., Concord	
		216.00 CWA funds; 2178 FERA funds	
	1,605.00	Nurses, County Preventorium	
		1,777.70 FERA; 427.30 local ERA	
Caldwell	86.40	Nursing care, countywide	FERA
Carteret	249.38	Relief nursing, countywide	FERA
Caswell	63.45	Nurses in school	CWA
Catawba	634.80	Nursing and janitorial services countywide	CWA
Chowan	37.35	Nursing, countywide	FERA
Craven	264.50	Nursing for clinic, countywide	FERA
Cumberland	139.20	Nursing and janitress, convalescent home	CWA
	534.15	Nurses for convalescent home	FERA
Duplin	2,227.85	Nursing Duplin's Needy	FERA
Durham	766.80	Practical Nursing, countywide	FERA
	111.50	Nurses	FERA
Edgecombe	343.13	Professional nurses, Tarboro	FERA
	756.00	Nurses for city school, Rocky Mount, 27.00 CWA, 729.00 FERA	
Forsyth	363.25	General nursing, countywide	FERA
	24.00	Nursing school (overdraft), countywide	FERA
Gaston	28.80	Visiting nurse in schools, Lowell	CWA
Granville	418.18	Nursing, countywide, 54.00 CWA; 364.18 FERA	
	902.00	Public health campaign, countywide	
		900.00 NCERA, 2.00 FERA	
Guilford	316.00	Nursing relief countywide	
		216.00 FERA; 100.00 NCERA	
	938.80	Nursing and first aid, Greensboro	FERA
	4,209.60	Nursing and first aid work	
Haywood	48.00	(2) additional nurses for county hospital	CWA
	164.40	Nursing, countywide	FERA
Henderson	81.90	Home school nursing, countywide	CWA
Hyde	54.00	Trained nurses for schools	CWA
	195.19	Nursing, countywide	FERA
Iredell	860.85	Nurses Statesville schools	FERA
	1615.40	Home nursing service, countywide	FERA
	205.20	Nurses Mooresville School	FERA
	783.90	Nurses county schools, countywide	FERA
Johnston	313.00	Home nursing, countywide	FERA
Lee	591.87	Bedside nursing, rural section	FERA
Meckllenberg	535.30	Public health nurses	FERA
Mitchell	21.60	Nurses to examine children of relief families, countywide	CWA
New Hanover	1,388.40	Nurses in public schools Wilmington, 330.00 CWA; 1058.40	FERA
	2332.21	Nurses in indigent homes, county	
		129.60 CWA, 2203.21 FERA	
	1570.95	Trained nurses, 108.00 CWA, 1492.95 FERA	

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TABLE 3. *Continued*

County	Dollars	Description of services	Funding source
Onslow	66.00	Relief nursing	FERA
Pamlico	2,169.95	Practical nursing, countywide	FERA
Perquimans	210.20	Nurses for relief families	FERA
Person	12.80	Practical nursing, countywide	FERA
Randolph	1,622.90	Nursing school and home, countywide; 1,487.90 FERA, 135.00 NCERA	
Richmond	180.00	Nursing	FERA
Robeson	1,465.95	Nursing, Lumberton	FERA
	237.15	Nursing for county relief clients	FERA
Scotland	238.00	Nursing, countywide	FERA
	134.67	Nursing school helpers, Laurinburg	FERA
Stokes	1,610.10	Nursing, countywide	FERA
Surry	937.25	Nursing, countywide	FERA
Swain	229.60	Nursing in relief houses, countywide	FERA
Tyrrell	759.15	Nurses for county, countywide	FERA
Wake	159.00	Nursing, relief families	FERA
	426.00	Home nursing, Raleigh	CWA
	8,005.45	Nursing, relief families, Raleigh	FERA
Warren	210.15	Practical nursing, Macon 201.15 FERA, 9.00 CWA	
Wayne	190.80	Bedside nursing, Goldsboro, Fremont and Mt. Olive	CWA
	1327.80	Visiting nurses 108 CWA, 1219.80 FERA	
	1504.00	Nurses, city schools, Goldsboro 54.00 CWA, 1450 local govmt CWA	
	1451.16	Nursing relief families	FERA
Wilkes	137,73	Practical nurses, county	FERA
Wilson	802.75	Emergency nursing, countywide 699.75 FERA, 103.00 NCERA	
Yancy	16.03	Nursing relief clients, Jack's Creek Township	FERA

FERA, Federal Emergency Relief Administration; Civil Works Progress; CWA, North Carolina Emergency Relief Administration, NCERA, (Kirk, Cutler & Morse, 1936).

Each year when a State nurse is stationed in the county to visit homes and examine school children according to health standards, we have a cause to be appalled with the figures which call our attention to the fact that such a big number of the children have teeth uncared for, decaying tonsils, weak eyes, etc. This year the nurse here tells us that hundreds of children are born each year without the benefit of a doctor or a competent midwife and that many are left without a wife and a mother because of this thing which could be avoided and which is purely a case of death from neglect (Reeves, 1934).

As these New Deal nurses quietly did their work, citizens began to understand that everyone had a stake in better sanitation and nutrition and the prevention and treatment of disease. As people experienced personal and community improvements through public health and other New Deal programs, they voted for Roosevelt and his supporters again, and again, and again.

As the years went by, this support for government inclusion in health care activities contributed to many improvements: the construction of government supported hospitals in the 1940s; immunizations against childhood diseases for school children in the 1950s; cleaner water and air, and workplace safety and health legislation in the 1970s; and programs for the homeless and those with AIDS in the 1980s and 1990s.

The New Deal nurses worked on the front line to bring the hopes and dreams of social reform to the average citizen. If their work had not been needed, and well-performed, taxpayers would not have supported the expansion of these programs over the next half century. Nurses, physicians, and allied health professionals currently involved in community health owe a debt to these unsung heroines of the 1930s.

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