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Article Summary: The work of the Omaha Visiting Nurses Association during the 1920s and 1930s reflects the shift in emphasis from immigrants and infant-maternal welfare work to more "efficient and scientific" relief work.

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Photographs / Images: Visiting nurse caring for an elderly woman; Harriet C Towne; VNA staff in 1921: Greta Paulsen, Adela O Tomes, Elfreida Seeck, Frances Golda, Gilberta Durland, Marie Anderson, Eva May, Inez Willard, Ethel Johnson, Dora Petersen, Florence McCabe, Leeta A Holdrege, Susie May Wykert, Ernestine Larsen, Mildred Huntington, Helen Rainey, Laura Litton, Lillian Jaske, Ann Quinlan, Edith Conry; Visiting nurse with Omaha family; VNA baby clinic; VNA facility at Twenty-fourth and Lake streets, Omaha, 1924; Visiting nurse assisting rural family; the Hattie B Munroe Home for Crippled Children, Omaha, 1926

THE OMAHA VISITING NURSES ASSOCIATION DURING THE 1920s AND 1930s

By Mary Lyons-Barrett

A review of the social welfare movement of the 1920s and 1930s reveals a shift in emphasis between the two decades. Programs emphasizing "scientific" solutions to social welfare problems in the 1920s were replaced in the 1930s by others focusing on relief

for those impoverished by the Depression. This trend was mirrored by the work of the Omaha Visiting Nurses Association. At the beginning of the 1920s the VNA was an autonomous private charity concerned mostly with immigrants and infant/maternal health

problems. By the end of the 1930s the VNA had become a quasi-public social

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service agency, whose efforts were devoted to emergency relief and economic recovery.

1920s during the Nationwide Americans became fascinated with the application of science to social problems. This interest even extended to financing private charities, with the Community Chest increasingly seen as the most efficient method of fundraising. A focus on immigrant health reflected their growing numbers in this country until the passage of the Immigration Restriction Act in 1924. The flood of immigrants meant increased caseloads for social welfare workers, including visiting nurses. The decade also saw the peaking of interest in maternal and infant health care with congressional passage of the 1921 Sheppard-Towner Act, which provided federal grants-in-aid to states to support rural nursing.

Fewer Americans remained concerned about these issues into the 1930s, as new problems faced social welfare workers, public health nurses, politicians, and even private citizens. With rising unemployment and the consequent drop in personal income, private and public funding for health care dwindled. The emphasis on providing the necessities — food, clothing, and shelter — meant that many of the specialized health programs of the 1920s were neglected in favor of emergency relief activities. Due to the devastating psychological impact of prolonged unemployment on individuals and their families, mental health would be one of the new programs to emerge in the 1930s.

The work of the Omaha VNA during these two decades reflects in a microcosm the shift in emphasis from immigrants and infant-maternal welfare work to relief work. The Omaha VNA was founded by Anna Millard, daughter of Ezra Millard, who had helped establish the U.S. Bank and the Omaha National Bank and who served as mayor from 1869 to 1884. Anna Millard had received special training at Johns Hopkins University and had

traveled to Europe, where her observance of slum life in Paris and London had affected her deeply. After taking obstetrical training at Columbia University, she returned to Omaha during the Panic of 1893 and made her parents' home her base of operations.² From there she took food and clothing to the poor on her nursing visits. In 1896 she asked Harriet C. Towne, vice-president of the Omaha Women's Club and wife of Omaha's first health inspector, Dr. Solon R. Towne, to call a meeting to discuss the establishment of a visiting nurses' service.³

The idea for a visiting nurses' association was not new. In 1886 VNAs patterned after Florence Nightingale's system of district nursing were created in New York, Boston, Philadelphia, and Chicago to care for the growing number of unemployed, uprooted, and sick in these rapidly industrialized cities.



Some of the associations offered their service gratis, some for a small charge, and others used a sliding fee scale. In 1893 visiting nurses Lillian Wald and Mary Brewster combined visiting nursing with social settlement work and operated a neighborhood nursing service from their house on Henry Street in New York, but few cities followed this model.⁴

Millard's goal of establishing district nursing was gradually realized over the next two decades, as "friendly visitors" were replaced by professionally trained nurses, who made health care and preventive medicine their primary concerns. In the early 1900s the Omaha VNA inaugurated its summer open-air baby camp to show mothers how to dress babies and to promote good health and hygiene habits. The baby camps and other infant welfare work may have helped lower Omaha's infant mortality rate, which nevertheless remained high throughout World War I.6

The first decade of the 1900s also saw the beginning of industrial nursing in Omaha with the VNA signing contracts with both John Hancock and Metropolitan Life insurance companies. Some of these contracts gave up to six months of free nursing to covered employees.

The Omaha Daily Bee in the summer of 1915 inaugurated the "Bee Milk and Ice Fund." The newspaper carried stories about poor babies and children needing milk and ice and published the names of donors. The VNA would then deliver milk and ice to client families.9 The same year South Omaha and its large immigrant population were annexed by the city of Omaha. A slightly higher infant mortality rate of 1916 (compared with 1915) was attributed by the Omaha Health Commissioner to the annexation of the large foreign population.10 The health problems of immigrants were accentuated by crowded living conditions, their often depressed finances, and the language barriers, which prevented a proper dissemination of health care information. World War I and the con-



VNA staff in 1921: Greta Paulsen (front row left), Adela O. Tomes, Elfreida Seeck, Frances Golda, Gilberta Durland, Marie Anderson, Eva May; Inez Willard (middle row left), Ethel Johnson, Dora Petersen, Florence McCabe, Leeta A. Holdrege, Susie Mae Wykert, Ernestine Larsen; Mildred Huntington (back left), Helen Rainey, Laura Litton, Lillian Jaske, Ann Quinlan, Edith Conry. From the Bostwick-Frohardt Collection owned by KMTV and on permanent loan to Western Heritage Museum, Omaha.

tainment of the Spanish influenza of 1918 occupied the energies of many individual VNA nurses and board members, but infant welfare programs and other work with immigrants resumed after the war and continued well into the 1920s.

There were 35,381 foreign-born persons living in Omaha in 1920 — 18.5 percent of the population. After 1924 the city witnessed a gradual decline in the number of foreign-born residents due partly to congressional passage of the restrictive National Origins Act in that year.

The influx of newcomers to the United States had often produced fear and distrust on the part of some Americans, but gradually an awareness of the problems of immigrants also emerged. In 1921 VNA Superintendent Florence McCabe issued a call for "100 percent Americanism," saying that the visiting nurse often had to help the immigrant with employment, dress,

food, and daily problems. The visiting nurse became an "Apostle of Americanization work in concrete form," according to McCabe.12 Visiting nurses were cited in Omaha newspapers as an effective agent of Americanization during the Red Scare of 1919-20.13 In 1923-24 the VNA helped twenty-five different ethnic groups. Frieda Heatherington, a retired nurse who had worked with the VNA as a student nurse in 1925. recalled that none of the nurses she knew at that time were bilingual. She said that a person "just spoke plainly," although a nurse sometimes called upon an older child or neighbor to interpret or to relay the doctor's instructions.14 Minnie Schaefer, who worked as a substitute nurse for the VNA from 1929 through 1932, thought that some Czech nurses were assigned to the Bohemian section of South Omaha in the early 1930s. Schaefer also said visiting nurses often encouraged

immigrants to apply for citizenship and referred them to the Council of Americanization for citizenship papers.¹⁵

Overcrowding, another social ill, was described by the VNA as being particularly bad among the "foreign and colored population." The 1923 annual report declared:

Some of the foreigners are thrifty and manage to get hold of a small one story house under contract to buy. They dig a cellar, put on another story and make payments from the rent they get from this additional space. Existing high rents have made conditions grave for hundreds in the city. 16

The association also decried the lack of low-rent housing for laboring men and their families. One family of seven was forced to live in a house with frozen gas and water pipes and one small stove. Another house was made out of old boxes, with slitted oil cans used for sheeting.¹⁷ Immigrants especially suffered during the packinghouse strike of 1922 and were assisted by the VNA.

In numerous cases the mother was



Visiting nurse with Omaha family, 1924. (NSHS-D517-21-111)

the only link between the VNA and the immigrant family. The VNA board reported in 1924 that progress had been made through visiting nurses teaching in the home. Part of the progress also may have stemmed from the Little Mothers classes that the VNA sponsored for young Italian girls at the Christ Child Center and for young black girls at the North Omaha baby station at the Colored YWCA, Twenty-second and Grace streets. 18

In 1928 the VNA expanded its work in South Omaha with the transfer of the Christ Child Center to the Mexican settlement in South Omaha around Twenty-fourth and N streets. Some Mexicans had come to Omaha shortly after the 1910 revolution in Mexico, but the majority had come during and after World War I to settle around the packing plants where they found work. Omaha University sociologist T. Earl Sullenger noted that the visiting nurses were highly respected in Omaha's Mex-

ican colony in the early 1920s.²⁰ Throughout the decade, the press carried a number of stories about the VNA helping Italian, Bohemian, Mexican, and Polish families.²¹

Infant and maternal health, the other main focus of VNA work in the 1920s, was actually a continuation of the association's work before World War I. The second wave of interest came from ofcongressional passage the Sheppard-Towner Act, also known as the Federal Maternity and Infancy Act of 1921.22 This program of federal grants-in-aid to states to reduce infant and maternal mortality was designed originally in 1918 for rural areas, but by the time the bill passed, urban areas had been included. Public health centers, prenatal clinics and hygiene and child welfare divisions were established in all but two states under the act.23 Women trained in the scientific care of children taught expectant mothers personal hygiene, as well as

how to maintain and improve the health of their children. 24

The Nebraska legislature passed a bill on April 4, 1923, accepting the provisions of the Sheppard-Towner Act.25 The act operated through the Nebraska Child Hygiene Bureau and provided funds for a VNA nurse, Harriet Brennenstall, to attend sick and poor mothers in all of Douglas County.26 From September 1, 1923, through March 1924 a total of 745 patients were cared for by Miss Brennenstall — 489 in Omaha and 256 in outlying Douglas County. Governor Charles Bryan instructed Superintendent McCabe that in accordance with the action taken by the state legislature not to appropriate funds for rural nursing for fiscal 1925, support for special (rural) nursing under the Sheppard-Towner Act would be cut off on July 1, 1925. Henceforth, Miss Brennenstall would only be able to work within the Omaha city limits. Attempts were then made to secure additional funding from women's clubs and organizations but without success.²⁷

The VNA's 1923 annual report noted that the maternity service was expensive and had not paid for itself, but it was continued. The service provided for visits during pregnancy and a postpartum call but no visits at the time of delivery.28 Omaha as a whole witnessed a slight rise in infant mortality for children under two years of age in 1923, compared with the previous year. But of the 1,511 infants under two years of age registered at the VNA's baby stations in 1923, only seven died.29 McCabe explained that nurses at the stations weighed and measured the babies, while doctors provided free examinations. The nurses followed the cases to the homes, where they supervised the feedings.30 Because of cuts in the community chest budget, the association was forced to discontinue its maternity service in July of 1926.

The Omaha VNA's maternal and infant welfare work in the 1920s typifies the American interest in the child, especially in the areas of child rearing and children's mental hygiene. The 1920s witnessed a phenomenal growth of both medical and popular literature about childhood and child rearing.31 The VNA's infant and maternal welfare work also emphasized another concept characteristic of the 1920s - that scientific principles could be applied to all facets of life, including child care. An example is the VNA's endorsement in 1923 of breast-feeding, a practice that was being advocated only by the most "modern" physicians of that era.32 The following year the VNA described its purpose in terms of rendering "scientific nursing care."33 The elaborated on the term "scientific nursing care" in 1925, saying that a true test of a city's prosperity was its "scientific care of dependents, the sick, the orphans, the unemployed, the widows and families in which the breadwinner is incapacitated, by accident or illness."34

The impact of science on Americans

in the 1920s was inescapable, from the debate over evolution in the Scopes monkey trial to the debate over breastfeeding in popular literature. Gladys Selew, at the Nebraska State Nurses Association convention, said "No person who does not have a knowledge of physical and mental hygiene should be allowed to care for a child, even for part of a day."35 The word "science" appeared frequently in the Bee's headlines during National Baby Week in 1928: "Old Bogies of Maternity are Disproved by Science," "[St. James] Orphanage Offers Lesson in Scientific Nurseries," and "Science Reigns Supreme in Modern Nursery."36 Superintendent McCabe denounced "old-fashioned" the idea that every child must have measles. Two years later, she complimented the "flapper mother" for exercising and going outdoors. McCabe said that the "flapper mother" was more educated and more "logical" and thus better trained to deal with the problems of motherhood.37

Science had even captured the field of social work. "Reform" may have been the clarion call of the Progressive era, but "adjustment" was the byword of counseling and casework in the 1920s. The professionalization and specialization of social work required objective and scientific attitudes toward both the problem and the client.³⁸

The VNA modified the "individual readjustment" theory somewhat in its annual report for 1927, emphasizing the aspect of preventive medicine: "If we could control the physical and mental health we would at the same time be controlling the major portion of dependency."39 Dr. Herman Jahr, child specialist and secretary of the Douglas County Medical Society, said that many deformities and even "emotional disturbances" were preventable and correctable, especially in their early stages.40 These statements reflect the gradual shift that took place in all areas of social work during and after World War I, "from amelioration to cure and

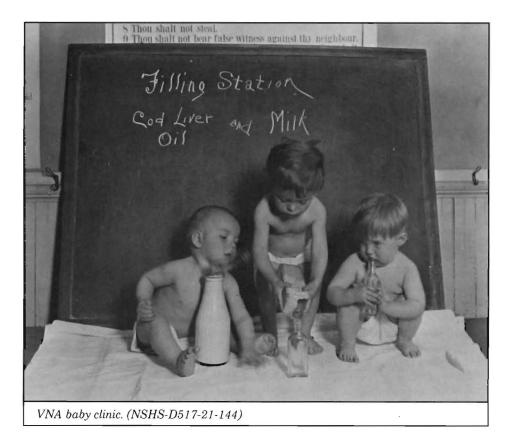
from cure to prevention."41

The consolidation and coordination of casework, health, recreation, education, reform, and other welfare activities were other trends of the postwar era. The ultimate in this bureaucratization, or "shift from cause to function," was the community chest whereby "an anonymous public supported an anonymous machinery to serve anonymous clients."42 The Omaha VNA entered the community chest as a full member in 1923 and accordingly dispensed with its annual fundraiser. The VNA's reasons for entering the community chest can be traced to the difficulties the association had in generating income.

With expenses exceeding income in 1921 (the VNA employed twenty-two registered nurses at salaries ranging from \$110 to \$125 a month), the VNA considered asking the public to support a city charter amendment to finance free nursing through an annual bond issue of \$15,000 to \$25,000.43 The Omaha Chamber of Commerce publicly objected to the proposed methods, arguing that the bond would establish a dangerous precedent and was not sound financial policy. The VNA's officers were persuaded to issue a letter repudiating the bond issue before the November elections. In turn the chamber tried to help devise some feasible method of raising funds.44 The bond was soundly defeated - as expected.

With the VNA again netting \$6,000 less than it had expended for 1922, the board voted in March of 1923 to become a charter member of the community chest. The VNA was still allowed to draw income from its endowment fund and could collect fees directly from patients or through insurance companies. The following year the VNA received \$37,379 from the community chest, a sum larger than it would have received from the city council had the bond issue been approved. The source of the sum of the su

Although the VNA's fund-raising activities were becoming better coordinated by the early 1920s, the major



concerns remained economy and efficiency. This partly reflected a national trend away from specialization and toward generalization in public health nursing duties.47 In Omaha the change was economically motivated since the VNA had only three autos available. McCabe explained that each nurse would be given a smaller area and would be responsible for the welfare of the family she visited. This method would prevent duplication of visits. Nurses were to be responsible for all types of health care in their districts, with the exception of births and orthopedics.⁴⁸ Under this form of generalized nursing, there remained nurse supervisors who specialized in tuberculosis, obstetrics, venereal disease, orthopedics, or other areas. These supervisors trained nurses and sometimes accompanied them on calls. Local groups such as the Rotary Club and the Halo Club

donated autos to the VNA in the 1920s and 1930s, and the city granted street-car passes to the nurses in the 1930s. But the nurses' heavy caseloads, 300 to 400 cases each, prevented the VNA from spreading its resources outside the city limits until the late 1920s.⁴⁹

The work of the VNA in the 1920s has been discussed mostly in terms of immigrants, infants, "scientific care," and finances. While these areas may be especially characteristic of the decade, they probably do not represent the bulk of the VNA's work. Tuberculosis cases still consumed much of the VNA's time, especially after World War I. While the peak number of cases occurred during and immediately after the war, there was a small increase in the incidence, or at least the rate of detection, of tuberculosis in 1926. In that year, TB nurse Edith Conry had 729 patients under her supervision, and her department made a total of 4,935 visits.⁵⁰ Partly as a tuberculosis prevention measure, the VNA and the Elks Club co-sponsored a "Kiddie Camp" for undernourished children at a site near Nashville, Nebraska.⁵¹ Operating from the 1920s into the 1950s, the camp stressed fresh air, sunshine, and exercise.⁵²

Orthopedics was another pioneer area for the Omaha VNA. In 1919 a group of Omaha doctors organized themselves into the Society for Relief of the Disabled. The VNA offered the use of its office to the society and sent VNA nurse Greta Paulsen to Harvard for training in orthopedic work. In 1922 the society, with the cooperation of the VNA, sponsored a summer camp for twenty-four physically handicapped children. At the close of the camp, John A. Munroe, retired Union Pacific traffic vice-president, announced to the society that he was making a gift of his home and grounds at 2824 N. Sixtysixth Avenue, to be used as a convalescent home for children. Visiting nurse Paulsen was assigned to the Hattie B. Munroe Home as its first director, though the position did not require her full-time presence at the home.53 The society gave Paulsen the use of an automobile so she could visit the homes of crippled children and help arrange clinic visits for them.⁵⁴ In 1929 and again in 1933 the Crippled Children's Committee of the Rotary Club donated cars to the VNA for use in its expanded orthopedic work.55

The VNA also participated in national Negro Health Week in March of 1929. Demonstrations of corrective gymnastics and first aid, lectures on nutrition, and the "Health Crusade" against TB were the subjects of the week-long education program conducted at the Society Settlement's [Colored] Cultural Center, 3925 R Street, and at the South Omaha VNA substation. 56

During the 1920s the Omaha VNA was involved in rural nursing through the Sheppard-Towner Act, witnessed the rise of "scientific nursing care," participated in the consolidation of



VNA facility at Twenty-fourth and Lake streets, Omaha, 1924. (NSHS-D517-21-156)

fund-raising activities under the community chest, promoted the acculturation of most of Omaha's ethnic groups, and experienced the shift from specialized to generalized nursing. While some economists issued rosy business forecasts in 1929 and took heart in the decline in charity calls of some welfare agencies, an economic disaster was to strike Wall Street that fall.

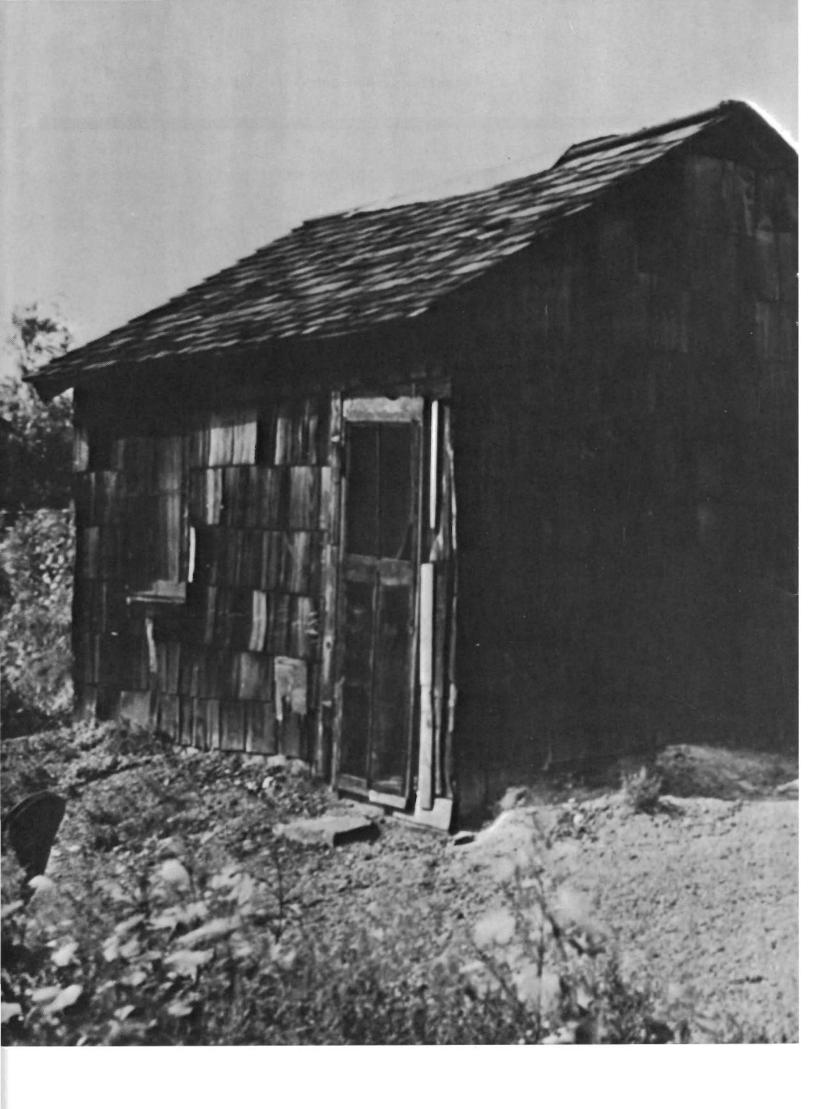
Despite the seeming prosperity of the 1920s, the financial concerns of the VNA were well-founded. In Omaha the community chest had problems in raising funds as early as 1924, and there was a high rate of unemployment for unskilled workers, especially after

1927. While Nebraska enjoyed relatively good crops and appeared outwardly prosperous during the 1920s, the state's agriculturally based economy was seriously depressed due to the low prices farmers were receiving for their crops, and because a great deal of capital was leaving the state. The crash of 1929, followed by drought and deep depression in the early 1930s, brought the economy closer to complete collapse than had the panics of the early 1870s and early 1890s.57

Statistics for Omaha compiled by the chamber of commerce showed 1926 and 1927 to be slump years for the local economy. In 1928 and 1929 the economy improved slightly but began

slipping downward in 1930.58 Unemployment was the main reason for the twenty-one percent increase in the demand for the VNA's services in 1924.59 The following year the community chest drive failed to reach its goal, and the "20,000 Club," a group of prominent Omahans who were to make up the chest deficit, also failed. In 1927 the chest sustained a seven-and-onehalf percent cut, and the city also cut its budget by some \$70,000 because of the drop in personal income. After reading the economic signs, the chest reluctantly projected a four-and-one-half percent cut into its 1928 budget.60

In Omaha the depression began with a downturn in the local economy in





1930, but the worst year of the depression for local businesses would be 1933, followed by 1937 as a recession year. In the spring of 1930 Omaha social service agencies reported weekly averages of twelve transient families applying for work or aid.⁶¹

Just as hunger marches and riots erupted in a number of cities during the bitter winter months of 1931, a group of unemployed Omahans marched to city hall to present Mayor Richard Metcalfe with eight demands for relief that winter.⁶² The mayor supported a moderate employment program that consisted of modernization and the repair of Omaha houses and commercial buildings. Metcalfe admitted that unemployment did exist but believed that it did not present as serious a problem as some had imagined. The city was seeking to remedy the situation expeditiously, and Omaha bankers had already pledged their support to President Hoover's plan to loosen credit and assist banks in precarious positions.63 In the beginning of 1932 Metcalfe set aside \$6,500 from the health department budget for use by the VNA for contagion work, while reducing some city departmental budgets. However, Metcalfe was unable to keep his promise to the VNA because of rapidly deteriorating economic conditions. As of January 1932, one out of every twelve Omaha families was dependent either upon the community chest or upon the county.64 In August Metcalfe could not include the VNA in the health department budget but noted that Street Commissioner Dean Noyes had pledged to give the VNA \$3,000 from his department's funds.65

That summer VNA Assistant Director Leeta Holdrege described for a reporter the effects of the Depression on Omaha. She said that visiting nurses had found three or four families, sometimes as many as eighteen individuals, living in small shacks or flats of three rooms. Many young couples with one or two children were separating, with husband and wife returning to their respec-

tive parents. Coal and oil stoves were being recovered from junk piles as gas and electricity were shut off. Malnutrition was found, not only in children, but in expectant mothers and in fathers who were denying themselves food for the sake of their children. To alleviate the situation, visiting nurses arranged with the county for food allotments, recommended individuals for public and civil works projects, directed clients to dispensaries, sent milk to families, persuaded clients to attend the social settlement for recreation, and induced mothers to take their preschool children to the VNA child hygiene clinics.66 The food allocations mentioned usually consisted of bacon, some rice, potatoes, and a loaf or two of bread.

A flu epidemic struck Omaha during the winter of 1932-33. During the outbreak, the United States Public Health Service surveyed medical and surgical care and treatment of indigents in Douglas County. The survey was begun on December 7 and was terminated on December 16, 1932. The USPHS said that VNA activities appeared to be "efficiently administered."67 USPHS criticized the city and county for their low rates of vaccination of school age children; criticized the city's dental service; described maternal mortality as "abnormally high"; and aimed its sharpest criticism at the city health department and county physician service. The USPHS said that their activities were inadequate, poorly organized, and were administered by officials serving on a part-time basis.68 The criticism of part-time health officials would be repeated again in 1936, 1938, and 1941.

As the year 1932 came to a close, an anxious nation waited to see what antidote the newly elected president would have for its economic ills. In Omaha 11,000 unemployed persons registered for federal relief work during the first months of the New Deal. The Blue Eagle, the symbol of the National Industrial Recovery Administration, began making its appearance on area

storefronts, in advertisements, and even in the *Omaha World-Herald's* masthead.⁶⁹ The effect of these economic nostrums was to lift the spirits of many Omahans who had given up hope.

In the world of real medicine, physicians' hopes were justifiably raised in 1933 with the perfection of a safe toxoid for immunization against diptheria. City Health Commissioner Alvin S. Pinto had launched a health and educational campaign entitled "No Diptheria in Omaha by 1930." Metropolitan Life Insurance Company had even made a movie of the diptheria immunization demonstration conducted at Technical High School, but ironically, there were eleven deaths from diptheria in 1930, only five fewer deaths than there had been in 1928.⁷⁰

Speaking in October 1933 in support of the chest's campaign, VNA Director McCabe noted that the VNA's work in tuberculosis cases had increased twenty percent over the same period in 1932. She said that many young boys and girls could be saved from TB if their resistance was built up through proper food and fresh air. But it was in the field of behavior, she said, that the "depression had reaped its most devastating harvest." McCabe described a family of nine who were suffering the effects of malnutrition and were receiving the minimum of relief. They were pale and thin and had poor posture. The expectant mother did not drink milk to avoid depriving the rest of the family of this nourishment. Through the visiting nurse, the unemployed father became involved in the social settlement, the boy in the Boy Scouts, the younger children went to preschool clinics, and the mother attended a prenatal clinic.71 Although the story was written to boost the community chest campaign, it likewise underscored the cooperation between chest agencies in the 1930s and the fact that the VNA was no longer solely a health service but was also a social service agency.

The VNA's distribution of milk from

the Bee (later the World-Herald) Milk Fund, helped supplement the diet of many families during the Depression. Assistant Director Leeta Holdrege recalled that the association had fifty or more calls every day during the 1930s. "Many of the fathers and mothers were begging for milk for their undernourished children," she said. "We had to make some of the toughest decisions we have made in this office. There simply was not enough milk to go around."72 Beatrice Adams, a nurse in the Omaha Health Department in the 1930s, substantiated Holdrege's recollections. Adams told of parents who almost welcomed their children being taken in for medical treatment, because they knew the children would good meals. Sometimes receive parents would not pick up their children for a day or two, and in the meantime the children would be sent to the juvenile home, while nurses tried to contact the parents. Many two-yearolds were still "on the bottle" as their parents could not afford to feed them solid food. The only nourishment they received was the milk from the milk fund.73

In January of 1934 the VNA added ten Civil Works Service (CWS) nurses to its staff. The nurses were to work at the VNA's prenatal clinic and acquaint young mothers with local prenatal care facilities in an effort to lower Omaha's maternal mortality rate. The Civil Works Service was a branch of the Federal Civil Works Administration. which provided employment for dentists, nurses, musicians, teachers, and other unemployed professionals. Both the CWA and its successor, the Federal Emergency Relief Administration (FERA), worked with the U.S. Public Health Service on projects involving medical care, hygiene, sanitation, nutrition, and in the coordination of nursing programs.74 The National Organization for Public Health Nursing and the American Nursing Association worked closely with the CWS on nursing projects, and both made a number of recommendations in the areas of



The Hattie B. Munroe Home for Crippled Children, Omaha, 1926. (NSHS-D517-21-212)

public health and visiting nurses. The VNA was involved in the CWA-funded tuberculin skin testing project for Omaha high schools. The sixteen-week program was conducted in cooperation with the Nebraska Tuberculosis Society and other health educational associations. Elizabeth Lubisher, a former VNA nurse and a special nurse with the Nebraska TB Association, was in charge of thirty nurses, including visiting nurses, who directed the Nebraska TB Association's clinics. The pilot project was so impressive in its scope and results that the program was repeated in Omaha during 1940. The idea was also picked up by other Nebraska communities.75

Chicagoan Florence McCabe, VNA superintendent since 1918 and director since 1932, resigned in March 1934, declining to comment publicly on the

reason for her resignation. Leeta Holdrege, former assistant director, succeeded McCabe as VNA executive director. As the daughter of Burlington Railroad general manager George W. Holdrege, Leeta had been no stranger to the local society set. The travel and social engagements of the Holdreges had often been featured in The Excelsior, Omaha's society newspaper. Leeta attended an Omaha Episcopal school, Brownell Hall, for her primary school education. She then went to Milton Academy in Milton, Massachusetts, and took nurses' preparatory courses at Simmons College in Boston. During World War I, she joined the Red Cross and began studies at Children's Hospital in Boston during the Spanish flu epidemic in 1918. From Children's Hospital, she went to the Henry Street Settlement in New York City to get experience in public health nursing. In 1921 Holdrege returned to Omaha and joined the staff of the VNA as assistant director. To During her tenure as director Holdrege would serve on almost every Omaha social welfare committee at one time or another.

In 1936 Holdrege was invited to become a member of the Omaha Chamber of Commerce's Health Committee. The committee's purpose was to spread education, especially among area businessmen. The committee worked with the Federal Emergency Relief Administration (FERA) in another TB skin test survey and on a dental survey among school children. The chamber of commerce and the VNA seemed to have a good working relationship with FERA, though the same could not be said of the Douglas County Medical Society, which had entered into a "gentleman's agreement" with FERA in August 1934 to provide a low schedule of fees for relief clients.77 The gentleman's agreement was broken by the county medical society when their physician liaison was discharged and his work turned over to social workers, who were (in the society's opinion) setting policy and fees for doctors.78

Between November 15, 1935, and March 24, 1936, over 1,900 cases of scarlet fever were reported in Omaha, with the greatest incidence occurring in South Omaha. However, Public Health Director Millard Langfeld did not order a ban on public gatherings. Meanwhile, the VNA and its nine FERA nurses tried to contain the epidemic. Still, because of the fever, the VNA had to close in January and February of 1936 eight of its baby stations where babies were weighed, measured, and examined. 1900 cases of the stations where babies were weighed, measured, and examined. 1900 cases of scarles of the stations where babies were weighed, measured, and examined. 1900 cases of scarles of scarles of the scar

In 1935 insurance companies had paid for 12.5 percent of VNA patients' costs, while the federal government, primarily through FERA, paid for 86.5 percent of the VNA's patients.⁸² In addition to the FERA nurses, the WPA loaned an office clerk to the association, and in 1937, the VNA received

assistance from the National Youth Administration, which assigned young people to work at the VNA's baby stations.⁸³

The winter of 1935-36 was particularly difficult for the nurses, for in addition to the epidemic, the bitterly cold weather forced the VNA to assume more than its usual number of relief cases. Babies in need of flannel and families who opted for fuel instead of food or medicine helped drain the association's resources. In February FERA turned over the bulk of relief and work projects to state and county agencies, and as a result, the VNA lost the services of its nine FERA nurses.84 After ten consecutive days of subzero temperatures that month, Douglas County relief authorities decided to double the fuel budget and cut the food budget in half for the rest of February. One official explained: "They won't starve in a week, but some of them might freeze to death in one night."85 The cut, which affected some 10,000 families, proved once again that the bottom of the Depression had not been reached. Throughout that winter, Omahans in the eastern section of the city became accustomed to seeing houses that had been built from moving vans, houses that had only their foundations, and "squatters' houses," constructed from boards and tarpaper. One visiting nurse called on a family living in a Model-T Ford. The only trace of the family visible the next day were tire tracks in the mud.86

While relief work constituted the main activity of the VNA in the 1930s, the staff was still interested in cooperating in new programs. The effect of the Depression on health, especially in terms of poor living conditions and inadequate diet, was addressed by two programs the VNA helped create. In the summer of 1930, the Lions Club opened a health camp for underprivileged boys and girls. The club sponsored the camp as a TB prevention measure at an expense of over \$10,000. The VNA and the Nebraska TB Association recommended thirty-

one children for the eight-week program of health building and education. The other program was initiated by Marie Waite from the University of Chicago, who joined the VNA's staff as a nutritionist in 1931. Waite helped open a VNA preschool nutrition clinic for mothers and children in South Omaha's city hall. To educate the public on the importance of eating a balanced diet (even on a limited budget), the World-Herald published a series of economical diets. While criticizing a highly refined diet, Waite encouraged public funding of diets which included milk, breadstuffs, and potatoes.87

The VNA's work with black Omahans expanded during the 1930s, despite the temporary closing of the North Omaha VNA branch. In 1928 the VNA and other social agencies had begun a campaign to encourage black mothers to bring their babies to VNA baby stations. In cooperation with other health agencies, the Omaha Urban League also launched its own health education movement to disseminate information on personal hygiene and to develop an awareness of established health agencies.88 An outgrowth of this interest in health was Negro Health Week. UNO sociologist T. Earl Sullenger did his own research on health programs for the black community in 1930-31 and found that six of the social agencies he studied employed black professional workers, while the VNA did not. In his report he encouraged the VNA to hire a black nurse and suggested that a black nurse would encourage better attendance from black mothers at the VNA health clinics. He also felt that the black nurse would create a more cooperative attitude on the part of black groups by her social, religious, and fraternal organization contacts.89 In January of 1932 the VNA hired a black graduate nurse, Evelyn Evans, from Clearview, Oklahoma. Evans was assigned to the North Side, where there were 139 patients in an area less than eight blocks square. The responsibilities

assigned Miss Evans seemed to extend beyond her regular nursing work with the VNA. 90 However, since Sullenger's research was not published until 1933, his influence on the VNA would seem negligible, unless the VNA had advance knowledge of the contents of his report. In January of 1939 another black nurse, Lois Powell, joined the staff of the Omaha VNA.

During the 1930s the VNA became increasingly involved in a number of federal, state, and local projects and programs. While both public health agencies and unemployed nurses appreciated the financial assistance of the CWA and FERA, the fear of governmental control and coercion of private charities dampened any real enthusiasm for these federal agencies. Although the VNA served a relatively small percentage of Omahans in terms of medical care, a much larger percentage of Omahans were familiar with the VNA through the Bee (and later the World-Herald) milk funds. In 1934 the VNA made visits on only five percent of the city's population; but by 1938, that percentage had doubled, with the VNA caring for one out of every nine Omaha families.

In reviewing the work of the Omaha VNA during the 1920s and 1930s, several themes emerge. The VNA's work with immigrants and blacks, especially its "Little Mothers League," may seem paternalistic by modern standards, yet any racial or ethnic segregation of VNA nursing activities seemingly arose from geographic location rather than overt acts or VNA policy. The VNA's role in the Americanization movement of the 1920s was primarily one of aiding acculturation and improving health care of immigrants. In no way could it be compared to the aggressive tactics of Americanization workers that John Higham describes in Strangers in the Land.91 The VNA, in fact, worked closely with Mayor James C. Dahlman, who drew much of his support from the black and immigrant communities.

The thread that seems to run

through the 1920s is an emphasis on "science" or "efficiency." Historian David Noble has traced the "cult of efficiency" to the 1890s, and Robert Wiebe described the "search for order" as beginning in the late 1870s.92 The Omaha VNA, however, was not really involved in the development of a social welfare administration until the 1920s. Nationally the Scopes trial and the growth of "popular science" were responsible for the "modernist" assault on organized religion, especially the fundamentalist sects. For the Omaha VNA, the term "science" could be interpreted as "efficiency," "pragmatism," and perhaps "modernism."

The search for funding reflects the change in the **VNA** from autonomous private charity headed by society women to a quasi-public social service agency with society people serving only in an auxiliary capacity. Parties were sufficient to raise funds for the fledgling organization, while annual fundraisers met the association's needs through World War I. An unsuccessful attempt to obtain funds from the city was made early in the 1920s, but the real push for consolidation of fund-raising activities occurred after the VNA's entry into the community chest. The association's involvement in New Deal and federal wartime health programs completed the shift to quasi-public status.

Although it is impossible to separate historical trends into neatly delineated decades, congressional legislation is sometimes a guide. The Sheppard-Towner Act (1921) and restrictive immigration legislation such as the National Origins Act (1924) reflected two of the foci of the 1920s, while the legislation of the New Deal concerned emergency relief and later economic recovery and reform. Not discounting its other activities, the activities of the Omaha VNA during these two decades followed fairly well these national directions.

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St., Omaha, on November 25, 1980. ¹⁶VNA Annual Report, 1923, 9.

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¹⁸VNA Scrapbook, newspaper clipping, 1924.
 ¹⁹Bee, July 10, 1928.
 ²⁰T. Earl Sullenger, "The Mexican Population

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²¹The following are in the VNA Scrapbooks: Armour Oval, 1927 (on Polish family); World-Herald, October 12, 1928 (on Mexicans); Bee, 1922 (on foreign mother); newspaper clipping, November 9, 1930 (on Mexican family); newspaper clipping, 1923 (on Bohemian mother); and newspaper photo, 1924 (showing VNA's work with ethic groups)

with ethnic groups).

²²See U.S. Statutes at Large, vol. 42, part 1,
Sixty-seventh Congress, First Session, Chapter
125, 224-26, for text of Sheppard-Towner Act.

²³Clarke A. Chambers, Seedtime for Reform:

²³Clarke A. Chambers, Seedtime for Reform: American Social Services and Social Action, 1918-1933 (Minneapolis: University of Minnesota Press, 1963), 50.

²⁴Sheila M. Rothman, Woman's Proper Place: A History of Changing Ideals and Practices, 1870 to Present (New York: Basic Books, Inc., Publishers, 1978), 136-37.

²⁵Bee, April 4, 1923. See Laws of Nebraska 1923, Chapter 154, 375, for text of Nebraska's maternity and infancy law.

²⁶VNA Scrapbook, newspaper clippings, 1925.

27 Ibid.

²⁸VNA Annual Report, 1923, 7-8. ²⁹U.S. Department of Commerce, Bureau of the Census, Mortality Statistics, 1922, 517, Mortality Statistics, 1923, 366; see VNA Scrapbook, newspaper clippings, 1923, for report on work of baby stations.

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