RED TAPE FRATERNITIES: STATE-BUILDING IN THE AGE OF ASSOCIATIONALISM, 1870-1935

by

KATHLEEN ANN NEHLS

(Under the Direction of Paul S. Sutter)

ABSTRACT

Red Tape Fraternities examines how the modern administrative state was less a product of Washington politicians than a new technocratic system of federal–state relations shaped by decentralized networks of mid-level professionals and bureaucratic managers. Based on a system of grants-in-aid, this fundamentally new form of state building both expanded democratic allocations of power and created new forms of exclusion. One of the distinctions between grants-in-aid and earlier federal aid or regulatory programs was how the cost-sharing mandate facilitated the emergence of a new class of autonomous, bureaucratic managers. They operated at the periphery, rather than the centers of power and force us to rethink where power was centered.

The defining feature of this new class of managers was their mobility. Rather than working out of offices, they spent much of their time traveling to oversee new state agencies and programs. They conducted a vigorous cross-agency correspondence with other state and non-state actors. Meetings between stakeholders occurred in agency-neutral locations—national parks, hunting preserves, fishing cabins, and golf courses—places also associated with new forms of male leisure activities. Amidst these all-male venues, lines between work and leisure
blurred to create new centers of male political power where managers engaged in the informal negotiations that shaped modern state policies. Using these powerful, networked policy coalitions, they tempered the forces of national politics as they bent federal programs to local needs.

The homosocial nature of these gatherings have important implications for assessing questions of gender and state power, because intentional or not, they effectively excluded women from key policymaking centers of the modern state. Nowhere did the re-centering of state power play out more powerfully than in the contest between public health officials and maternalist reformers and force us to reevaluate how successful women reformers were. I argue that although women were making progress in gaining access to the stationary bureaucracies of Washington, D.C., the mobile bureaucratic managers that comprised the emerging red-tape fraternities used alternative workspaces to reconstruct, for women, the gendered disadvantages of an earlier era.

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1870-1935

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For Jim
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Chapter 1: Introduction: The View from the Grasstops

Governor Jan Brewer, who famously wagged her finger in the face of President Barack Obama over Arizona’s controversial immigration law, grabbed headlines a second time when, despite her vocal opposition to the administration’s Affordable Care Act (ACA), she announced the expansion of the state’s Medicaid program. The governor did this to obtain an additional 1.6 billion dollars in matching federal funds. The financing for the ACA is predicated on a cost-sharing formula, and eventually the federal government will expect the states to contribute ten percent to the cost of the program. Brewer’s announcement came soon after the Supreme Court decision in National Federation of Independent Business et al v. Sebelius, in which the court upheld the constitutionality of the ACA. The case centered around two issues: first, could Congress compel the states to expand Medicaid or lose their existing Medicaid funding, and, second, could Congress force Americans to obtain health insurance or face a tax penalty. The court’s response was mixed. Justice Roberts, writing for the majority, held that the government could not compel the states to expand Medicaid, but upheld the individual mandate “as within Congress’s power to lay and collect taxes.”

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1 After writing about a group of people who defied easy description for a couple of years, I had the happy chance to hear Elizabeth Tandy Shermer present a paper about a group of actors she referred to as the “grasstops.” I would like to thank her for bringing the term to my attention. Rexford Tugwell and E.C. Banefield first employed this term in a review of Philip Selznick’s book TVA and the Grass Roots. The term denotes local stakeholders with the ability to influence large grassroots constituencies who had a vested interest in, and who benefited from, the expanding state. While, this term is also a bit problematic, it best describes the historical actors on whom I focus in this dissertation. R.G. Tugwell and E.C. Banefield, review of TVA and the Grass Roots, A Study in the Sociology of Formal Organization, by Philip Selznik, Social Service Review 10, 1(Winter, 1950): 51.

her sudden about face, she stated that Arizona simply could not afford to leave the federal dollars on the table.³

After the Court’s decision, Brewer and a host of Republican governors vowed they would oppose the Medicaid expansion, thereby blunting the impact of the law. Less attention, however, has focused on how a substantial number of non-expansion states are currently exploring variations on a strikingly similar theme: expand Medicaid, but use the money to subsidize private insurance schemes. More importantly, these alternative plans are a state-level response from networks comprised of state officials and non-state actors at the grasstops, who, apart from the seats of legislative power in Washington, are working to reformulate the federal program in ways that neither the Obama administration nor Congress had anticipated when they enacted the ACA. Whatever the eventual fate of the program, it has already illuminated an aspect of American statecraft that has seldom captured the attention of so many Americans—the ability of state actors and their allies to alter how federal policies actually play out at the state level. Nor is the ACA an exceptional example of the administrative capacity—that is the power to shape federal policies—that state-level actors possess. Congress often passes acts that provide state-level politicians, or more often bureaucrats, with similar opportunities.

The conflicts that have emerged in the case of the ACA certainly have their roots in a form of federal aid to the states first embodied in the Smith-Lever Act, which established the Cooperative Extension Service in 1914. Smith-Lever relied on an innovative cost sharing model known as a grant-in-aid that became the template for other federal aid programs to follow. Under this formula the federal government contributed fifty percent of the funding towards the creation of the extension service and the states were expected to provide the other fifty percent. While the percentages of federal subsidies and the amount of state contributions have varied

within a broad range of grant-in-aid programs, it remains the underlying model for federal aid programs today. More than that, it was central to the development of American public health policy and to the rise of the modern administrative state. The political dynamics at the heart of the ACA and its implementation, in other words, are rooted in a century-long history of administrative state-building premised on grants-in-aid.

This dissertation analyzes three important policy categories of early twentieth-century state-building—science and agricultural development, medical professionalization, and women’s reform—in which one sees how politics and social processes shaped the modern administrative state. In all three of these cases, state-level bureaucrats used federal aid programs to reshape federal policy at the grassroots. These grassroots bureaucrats were local stakeholders with the ability to influence large grassroots constituencies who had a vested interest in, and who benefited from, the expanding state. They occupied positions of political power, community influence, or expertise at the grassroots, and they possessed the ability to affect local policy and shape public opinion. The rise of the modern state cannot be understood apart from two important developments: its central feature, the grant in aid, whose constitutional basis and cost-sharing mandate distinguished it from earlier forms of federal aid to the states; and how its cost-sharing structure, facilitated the emergence of a new class of highly mobile, autonomous state-level managers who were critical actors in both creating and defining the boundaries of the modern state.

My analysis has two parts. The first focuses on the construction of a model for the modern state based on grants-in-aid, explains how this model was distinct from earlier state forms, and traces how subsequent constitutional challenges to grants-in-aid provided further

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legitimacy to this form of state-building. I examine the clash of late nineteenth and early twentieth century ideas about the limits of federal authority and how these tensions played out in a forty-year battle between the United States Department of Agriculture (USDA) and agricultural colleges, as well as among factions within the USDA itself. The outcome of this contest was a new template for federal and state relations embodied in the Smith-Lever Act, in which “bureaucratic entrepreneurs” and the networks they constructed mattered greatly in determining policy outcomes. As such, Smith-Lever was far more than just agricultural legislation, it was also a paradigm shift in American statecraft.

The Smith-Lever Act was the first in a series of similarly funded and structured federal aid acts that Congress passed between 1914 and 1921. These acts created programs that funded educational and social initiatives, scientific research, vocational training, and road construction. Federal subsidies to the states were not new in the 1910s and early 1920s, but scholarly assessments and discussions of grant-in-aid legislation frequently conflate this form of federal

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5 My analysis is informed by recent debates in American political development that examine the role bureaucratic actors played in shaping the modern state. See Theda Skocpol, “Bringing the State Back In: Strategies of Analysis in Current Research,” in Bringing the State Back In: Peter B. Evans, Dietrich Rueschemeyer, Theda Skocpol, eds. (Cambridge: Cambridge University Press, 1985); Theda Skocpol, Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States (Cambridge, MA: Harvard University Press, 1992); Skocpol and co-author Kenneth Finegold contrasted the relative success of the Agricultural Adjustment Act (AAA) with the problems encountered by National Industrial Recovery Act (NIRA) during the New Deal. These authors argued that even though the government granted both the AAA and the NIRA similar broad powers, the Department of Agriculture had developed “a greater capacity to intervene” as a result of long-standing relationships built “in tandem with local administration.” While I largely concur with the authors’ assessment, they tend to conflate an administratively weak pre-1914 USDA with the much stronger post-Smith-Lever agency. See Theda Skocpol and Ken Finegold, “State Capacity and Economic Intervention in the Early New Deal,” Political Science Quarterly, Vol. 97, 2(Summer, 1982), 261; these ideas were later expanded in Skocpol and Finegold, State and Party in America’s New Deal (Madison, WI: University of Wisconsin Press, 1995); Stephen Skowronek, Building a New American State: The Expansion of National Administrative Capacities, 187-1920 (Cambridge, UK: Cambridge University Press, 1982).

6 The term “bureaucratic entrepreneurs” to characterize state actors with the power to innovate within federal agencies originated in Daniel P. Carpenter’s study of bureaucratic autonomy and has since appeared in subsequent studies that examine how key state actors develop the capacity to shape policy from within the state itself. See Daniel P. Carpenter, Forging of Bureaucratic Autonomy: Reputations, Networks, and Policy Innovation in executive agencies, 1862-1928 (Princeton: Princeton University Press, 2001); For additional studies that employ this concept see: Brian Balogh, “Scientific Forestry and the Roots of the Modern American State: Gifford Pinchot’s Path to Progressive Reform, Environmental History, 7, 2(Apr., 2002); C. Joseph Genetin-Pilawa, Crooked Paths to Allotment: The Fight over Federal Indian Policy after the Civil War (Chapel Hill: University of North Carolina Press, 2012).
aid with earlier subsidy programs such as the Morrill Land Grant Act (1862), which established the land-grant colleges, and the Hatch Act (1887), which provided for experiment stations at land-grant institutions in ways that mask the extent to which Smith-Lever marked a significant shift in American state-building. Similarly, scholars often do not distinguish between grants-in-aid or subsidy legislation as a catalyst for state expansion and regulatory acts such as civil service reform or food and drug legislation, which also expanded state bureaucracies. In part, this is because the categories that historians use to mark the period between the 1870s and the 1930s have tended to segregate studies of the rise of the modern state in a way that overshadows important continuities in state formation. Attention to these continuities offers greater understanding of the tensions between different groups of reformers and provides a fresh approach to historicizing some of the critical social and economic reforms of the Progressive Era and the New Deal.

While grants-in-aid shared a number of similarities to earlier federal aid programs, they contained three critical differences. First, rather than relying on the government’s right to regulate commerce or dispose of public lands, which had served as the justification of earlier federal aid legislation, the constitutional basis for the grant-in-aid programs rested on a broad interpretation of the general welfare clause. Moreover, Smith-Lever’s appropriations were paid directly out of the federal treasury, rather than through the sale of public lands, which historically had been the source of financing federal aid to the states. This was an important shift because it

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8 Political scientist Daniel Carpenter has an excellent discussion differentiating between regulatory bureaucracy and what he called the American policy state. See Carpenter, *The Forging of Bureaucratic Autonomy*, 8-11.
10 U.S. Constitution, Article 1, Clause 8. The text reads: “The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the
reflected American’s changing ideas about the federal role in a modern industrialized nation. In part, Americans’ demands for lower tariffs and changing public land policies had already forced Congress to look for new ways to finance federal aid programs, when, in 1913, the required number of states ratified the Sixteenth Amendment, which established the federal income tax. The Sixteenth Amendment, however did more than just expand the power to tax, but its basis in the general welfare clause increased the power to spend. Although the general welfare clause had been invoked in federal aid legislation during the early years of the republic, it was the consensus among people like Alexander Hamilton and Supreme Court Justice Joseph Story that such legislation must also serve a broad national purpose. In passing Smith-Lever, legislators employed a far more abstract sense of the term general welfare, and its uses, than had any of their nineteenth-century counterparts. Smith-Lever, then, opened the public purse in a way that, at least in theory, made it possible to fund anything lawmakers construed as contributing to the general welfare of the nation.

Second, Smith-Lever had a mandatory cost-sharing component that required participating states to match federal funds dollar for dollar. Prior to Smith-Lever, states received outright grants and contributed what money they could. If any oversight existed, it was in the hands of state and local politicians.11 Not surprisingly, the lack of state accountability often meant that the states did not always use the money as Congress intended. By the late nineteenth century, this

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early system of federal aid was rife with abuse, and while some agencies took measures to correct the problem, even then, there was little enforcement of these provisions. Under Smith-Lever, Congress authorized an expanded system of oversight and accountability to monitor the states’ expenditure of federal monies and to ensure that states contributed their share. More significantly, the new structure expanded federal power in ways that historians have not fully recognized. The new formula required mutual agreement between the Secretary of Agriculture and the agricultural colleges in developing spending plans, where before the USDA chief had no input. Rather than simply acting in an oversight capacity, the Secretary of Agriculture became an active participant in planning the broad outlines of agricultural aid programs. The ability to direct even the broad outlines of aid programs had been a goal of USDA managers since the 1870s and had been resisted by the agricultural colleges for as long.\footnote{Joseph Cannon Bailey, \textit{Seaman A. Knapp: Schoolmaster of American Agriculture} (New York, Columbia University Press, 1945), 97.}

The cost-sharing structure of Smith-Lever was also a major departure from the administration of earlier federal aid programs and dramatically expanded the capacity of federal managers at both the state and local levels. Under Smith-Lever’s new cost-sharing structure, its administrators functioned in coordination with, \textit{but apart from}, the agricultural college administration; this subtle but critical distinction deserves further attention. Though state-level administrators were housed in the agricultural colleges and worked at the state-level, Smith-Lever put in place a set of bureaucrats whose loyalties were to the USDA rather than the college administration. This distinction, though subtle, represented an important, but often overlooked, change in the calculus of federal policy-making. Agricultural colleges were no longer the sole arbiters of agricultural policy. Moreover, the need to match federal funds meant that cash-strapped legislatures looked to counties and non-state actors to meet their financial
responsibilities. This provided new and multiple points of access to federal policymaking at the state level. Grasstop politicians, commercial interests, professional organizations, trade associations, and individuals who had money to spend or influence to peddle, now had the power to shape federal programs in a way that had not previously existed. No longer did state legislators or party politicians provide the only direct access to national policymakers or policymaking. Moreover, the exponential growth in the number of bureaucrats that accompanied each grant-in-aid program represented an increase in the number of Americans whose livelihoods now depended on maintaining and expanding the agencies they represented. Grants-in-aid, in other words, were a formula for rapid and explosive state expansion.

The third and least understood distinction between grants-in-aid and earlier federal aid programs was how the cost-sharing structure facilitated the emergence of a new class of highly mobile, autonomous state-level managers who became central actors in both creating and defining the boundaries of the modern administrative state. Whether they were employed by a federal agency, state government, or a non-state agency, this new class of field managers traveled constantly and functioned in a liminal space between federal administrators in Washington and local and state interests. Historians have not really appreciated their role in modern state formation. Each successive grant-in-aid created new tensions for both federal and state bureaucrats, and the success of a single grant-in-aid program often depended upon the skills of key middle-mangers to navigate competing interests. From such tensions emerged coalitions that I call red-tape fraternities. The members of these networks were deeply invested in the new agencies of the modern state, and they created new centers of power politics at the periphery that functioned apart from both Congress and purely local political interests. Comprised of coalitions of leading state-level and local bureaucrats, state and local politicians, as well as representatives
of professional organizations and philanthropic interests, red-tape fraternities developed the capacity, at the grassroots, not only to drive federal policy but to shape the boundaries and the limits of the modern state. They operated at the periphery rather than at the centers of power, but they also force us to rethink where power was centered.

Proponents of a state-centered or institutionalist perspective have argued that changes in governance were more than simply a re-ordering of government that merely reflected changes in American society.\(^{13}\) This notion of state autonomy was articulated most clearly in Theda Skocpol’s classic essay, “Bringing the State Back In.” She argued that states developed “capacities” to “formulate and pursue goals that are not simply reflective of the demands of social groups.”\(^{14}\) But state-centered studies have also drawn sharp criticism for ignoring how social groups also developed capacities to act politically and shape legislative policies. Elizabeth Sanders, Matthew Connelly, Lisabeth Cohen, and Linda Gordon are just a few of the scholars whose studies suggest that Institutionalists have ignored the capacities of social groups.\(^{15}\) Moreover, scholars such as Cathleen Cahill, Jess Gilbert, Carolyn Howell, Thomas Krainz, and Donald Pisani have all contributed studies that suggest that autonomous state capacity in policy development has been exaggerated.\(^{16}\) My analysis falls somewhere in between these positions.


\(^{14}\) Skocpol, “Bringing the State Back In,” 9.


and it is informed primarily by a group of scholars who have taken a “middle-way” that suggests state-building was a far more complex and negotiated set of processes between states, societies, and individual actors.  

Where scholars have argued for a middle way, however, they have tended to focus primarily on top administrators and bureau chiefs. While they have recognized that mid-level managers served an important role in expanding the administrative capacity of federal bureaucrats, they have not explored how these state-managers were also powerful political actors in their own right. We still know very little about them because few of them ever held the kinds of positions that have warranted historians’ attention. People at the grassroots understood them as representatives of new and sometimes intrusive distant institutions. Top policymakers viewed them as either conduits of local information or as representatives of local state interests. While mid-level managers were indeed critical to the success of bureau chiefs, we know little about how these grasstop actors, in serving the aims of top administrators, also served their own local interests. Nor do we have a sense of the extent to which local actors influenced the policies bureaucratic entrepreneurs and agency chiefs articulated. The importance of these grasstop actors, and the state-building they achieved, cannot be understated. Their ability to affect policy was rooted in a model developed outside of the centers normally associated with what constitutes the state and state-building. Therefore, I am using a more expansive understanding of the term state to also include those actors who functioned primarily at the state and local levels of


government, but who develop capacity to shape policy at the level of the state writ large. This dissertation recenters the history of bureaucratic state-building on these actors.

The rapid expansion of federal grant-in-aid programs between 1914-1921 provided new actors access to federal policymaking where they had not previously existed. State legislatures now faced annual demands for matching state funds from multiple grant-in-aid programs and they were often unable to meet these demands. This problem was particularly true in the West, where limited tax bases constrained their ability to take advantage of the matching fund programs. The inability of state and local governments to fund their portions of the grant-in-aid programs created a situation where money from outside groups remained an essential part of the state-building process. This provided non-governmental actors a significant and influential role in formulating state policies and, by extension, federal policy. Non-state actors did not function alone but cultivated relationships with grassstop actors charged with state-level oversight of grant-in-aid programs. These middle managers working at the state-level and within the architecture of the modern state developed powerful, networked policy coalitions that tempered the forces of national politics as they bent federal programs to local needs.

The mid-level managers that comprised these bureaucratic fraternities differed from other members of the bureaucratic workforce in terms of both the mobility and relative autonomy they enjoyed as automobiles reshaped American culture. They exploited both mobility and leisure culture while employing changing definitions of middle-class masculinity to construct homosocial policy networks that served as new centers of American power politics. Whether state or non-state actors, they spent significant portions of their working life on the road as they implemented the programs of new bureaucratic agencies that bound them together. They conducted their business through a vigorous cross-agency correspondence, but when they met
face to face they used agency-neutral locations such as national parks, hunting preserves, and golf courses as alternative workspaces. These out-of-office locations also accommodated the multi-agency nature of state business and provided agency-neutral rendezvous points where no one agency or organization dominated the others. Amidst these all-male or homosocial venues, lines between work and leisure blurred to create new centers of political power where bureaucratic actors engaged in the informal negotiations that later defined and bounded the limits of the modern state.

Where these gatherings took place was indicative of broader social shifts in American culture that extended the workplace to sites of leisure and recalibrated gender relations and power politics in the early twentieth century. The cultural emphasis on sport, competition, and muscular manhood was ubiquitous in the early twentieth century and became an integral part of corporate culture.\textsuperscript{19} The feminization of office work in the late nineteenth century, coupled with the evolution from an artisanal to industrial workforce, lowered both the pay and prestige of what had been respectable positions for white, middle-class men.\textsuperscript{20} As the number of women increased in public and private bureaucratic institutions, activities associated with manly forms of leisure replaced work as a source of male status and identity, and they provided a means of rebuilding men’s sense of fraternity.\textsuperscript{21}


These male-only venues had other important consequences. Whether intentional or not, they effectively excluded women from key policymaking centers of the modern state. Women’s homosocial organizations also flourished during this period, but when historians have written these stories, they have only looked at what the women were doing. The assumption has been that women were taking on more powerful policy roles; but were they? The second part of my analysis examines this assumption by looking more closely at what the men were doing while women were making history.22 I argue that while women were making progress in gaining access to the stationary bureaucracies of Washington, D.C., the mobile bureaucratic managers that comprised the emerging red-tape fraternities used alternative workspaces to reconstruct, for women, the gendered disadvantages of an earlier era.

Nowhere did the re-centering of state power play out more powerfully between men’s and women’s homosocial groups than in the decade-long battle between public health officials and the Children’s Bureau over the Sheppard-Towner Act. The act provided grants-in-aid to the states in an effort to address the nation’s high maternal and infant mortality rates, which, at the time, was one of the highest among the industrialized nations.23 Scholars of women’s history have written extensively about this flagship maternalist reform and explained how working through state bureaus of child hygiene, many of which were established for the first time under the new act, the Children’s Bureau, the agency that administered the act, enlisted the aid of

22 This sentence turns around a question well-known to scholars of women’s history that Gerda Lerner once posed: “What were the women doing while the men were doing what the textbooks tell us was important?” See Gerda Lerner, Living with History: Making Social Change (Chapel Hill: University of North Carolina Press, 2003), 106.

middle-class women’s groups in a variety of baby-saving campaigns.\textsuperscript{24} Historian Anne Firor Scott has noted that a “gulf” often existed between what top administrators thought women at the grassroots were doing and what actually transpired.\textsuperscript{25} She has pointed out the need to “see the


Most historians have cited conservative protests over the perceived feminist agenda of Sheppard-Towner proponents as the reason for its repeal. Others have pointed to strong opposition from the medical profession as cause for the measure’s ultimate demise, therefore historians interested in early twentieth-century medical professionalization have also contributed a number of works to the literature which include significant discussions of Sheppard-Towner and examines the medicalization of childbirth and the campaign to eliminate and regulate midwifery see Charlotte Borst, \textit{Catching Babies: The Professionalization of Childbirth, 1870-1920} (Cambridge, Mass.: Harvard University Press, 1995); Gertrude Fraser, \textit{African American Midwifery in the South: Dialogues of Birth, Race and Memory} (Cambridge, Mass.: Harvard University Press, 1998); Joseph G. Meckel, \textit{Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929}; Debra Susie, \textit{In The Way of Our Grandmothers: A Cultural View of Twentieth-Century Midwifery in Florida} (Athens, Georgia: University of Georgia Press, 1988).


\textsuperscript{25} Following Elsa Barkley Brown’s critique of telling white, middle-class women’s history as \textit{all} women’s history, scholars have paid greater attention to how women’s experiences varied across racial, ethnic, and class lines. Kim Neilsen also examined women on the political right consistently opposed the Sheppard-Towner Act, but little attention has been paid to the divides that existed among state directors and the Children’s Bureau administrators and among state directors and local lay women’s organizations. See: Elsa Barkley Brown, \textit{“Womanist Consciousness: Maggie Lena Walker and the Independent Order of St. Luke,” Signs}, 14, 3(Spring, 1989): 610-633; Kim E. Nielsen, \textit{Un-American Womanhood: Antiradicalism, Antifeminism and the First Red Scare} (Columbus, Ohio: The Ohio State University Press, 2001).
reality behind summary annual reports and the view-from-the-top.”

Nowhere was this truer than with the Children’s Bureau.

In many ways, the sources historians have used have over-determined the history of the Sheppard-Towner Act. It has been told largely as “women’s history,” a rendition that reflects the perspective of a small group of women connected to the urban settlement house movement and the sources they left behind. But in relying on these elite sources, we have missed how this act was part of a broader narrative about the American state. Moreover, in treating this particular group of women as the center of all women’s welfare activism, scholars have tended to lionize both the power of the Children’s Bureau as an institution and the power of its supporters all out of proportion to their actual political influence. This overestimation has been especially true for how the act played out in the southern and western states where a scarcity of medical personnel and infrastructure demanded a more creative use of resources than in the urban core. When looked at from outside maternalist sources, the history of Sheppard-Towner takes on a very different trajectory with a new set of actors at the center—most of them male.

One of the signal differences between the vast network of women’s organizations and the red-tape fraternities was where they located the political center of the Sheppard-Towner Act. Theda Skocpol attributed the success of the Progressive Era women’s movement to the broad coalition of women’s organizations that functioned at multiple levels “paralleling the local-state-national structure of U.S. federalism.” She posited that Progressive women reformers developed the capacity to construct a maternalist state apart from existing institutions because they had created these multi-governmental-level networks. But Skocpol and others have puzzled over the question of why, given the vast network of women’s organizations that supported

27 See Skocpol, *Protecting Soldiers and Mothers*.  

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women’s reforms, their efforts to construct a “maternalist state” apparently failed. Recent scholarship in social network theory suggests that the mere existence of even a large network, even at multiple levels of government, offers only minimal explanatory usefulness when gauging network effectiveness or capacity. We also need to examine the strengths of the relationships between actors in a given network and the strength of the relationships between networks of critical stakeholders. Only then, can we get a sense of a network’s capacity to effect change or shape policy.

The foundational ideas of social network analysis suggest why connections alone have minimal explanatory usefulness when gauging network effectiveness or capacity. A good example of the problems encountered in judging a collective only on the strength of its membership numbers can be observed in current social media. Such networks are built on connections to a central actor in a single network. The central individual in a large social network may include thousands of “friends” or nodes in their network. What is not clear from the raw numbers, however, is the quality and strength of the relationships between the central actor and the other individuals that comprise the network. Connections between the central actor and other members of that network can range from close family to individuals who might be no more than a passing acquaintance, or they may be complete strangers with whom the central actor and another member in that network share a mutual acquaintance. Alone, the existence of a large number of members in a central actor’s network says little about the network’s capacity to act collectively or the quality of the relationships between the central individual and the other members. Nor does it tell us what kinds of relationships exist between the individuals that make up the central actor’s network. Equally important is the strength of ties among the various actors
in a given network and the strength of ties between the central actor’s network and other networks.

This method of analyzing network relationships offers a number of insights useful for thinking about the differences between Progressive Era men’s and women’s homosocial networks. Simply asserting that women’s organizations shared common goals elides a number of aspects crucial to understanding a network’s capacity to actually shape policy, including frequency of contact between national, state, and local actors; the strength of relationships between actors; and the direction of these connections. Were these relationships largely unidirectional, top down relationships, or were they reciprocal, sharing equally the ability to shape policy—these considerations must be included in any evaluation of a network’s effectiveness and capacity. Another critical element to consider for evaluating a network’s capacity was how the central individual’s network was positioned among other networks that also held the power to shape policy.\textsuperscript{28}

The Children’s Bureau’s power was concentrated in its top administrators; it had a comparatively weak field force—the state child hygiene directors—and they were subordinate employees of state health departments. As such their state directors often had divided loyalties. Abbott and her colleagues traveled only occasionally to any given location, and they stayed out of local politics. They offered little material support to their state directors’ facing political troubles and treated them as interchangeable pawns, rather than as critical grassroots colleagues. Therefore, the relationships between the women most closely associated with the Children’s Bureau at the state level and the Bureau’s top administrators was often at best, a casual business relationship. Moreover, the ties between top women reformers and the rank and file of women’s

\textsuperscript{28} Prell, \textit{Social Network Analysis}, 20.
organizations were akin to the connections between members of an imagined community of like-minded women, but one group rarely, if at all, crossed paths with the other.

The weak ties between top Children’s Bureau administrators and their supporters at the various levels of organization suggest that, despite their large numbers, they did not possess a significant degree of administrative capacity. The Children’s Bureau’s administrators’ interactions with women’s groups were weak, top-down, unidirectional, and infrequent. Their relationship with state hygiene directors, though stronger and multi-directional, was limited to infrequent personal contact and correspondence. More critically, the networks that women built had relatively weak ties to the networks of other critical stakeholders such as state health commissioners, the Public Health Service and the International Health Board (IHB). As a result of these weaknesses, the Children’s Bureau had little control over how state health commissioners and the IHB used the Sheppard-Towner Act funds in the southern and western states.

In contrast, both the Public Health Service’s field force and the IHB’s regional directors, one in the South and one in the West, had a managerial presence at the state level and with the state health commissioners who controlled the federal funds. Public Health Service officials and the IHB directors appeared regularly in the places where they initiated work and, between personal visits, kept in close contact through regular correspondence with both state actors at the grasststops and their institutional superiors. This level of constancy and responsiveness provided IHB managers with credibility, respect, and recognition among grasstop actors across a wide territory. At the same time, IHB managers developed the important business relationships, and, in some cases close friendships, that provided them with the social and political capital they needed to affect local and regional policies. As a result, though connected to strong stakeholders
at the national level, these mid-level bureaucrats became powerful political actors in their own right, and functioned at the center of grasstop professional coalitions.

What follows is the story of a modern administrative state that was less a product of Washington politicians than a modern technological system shaped over time by networks of mid-level technocratic professionals and bureaucratic managers rooted in a set of social relationships that created greater democratic allocations of power for some and new forms of exclusion for others. The political processes that produced the grant-in-aid structure of this new state system is the focus of chapter one and is anchored in the state-building activities of Seaman A. Knapp. The relationships that Knapp cultivated with both grasstop actors and national administrators throughout his career with the USDA provided him the social and political capital to realize his long-time goal, if posthumously, of federal support for the business of agriculture. In the process, using social relations cultivated at both the grasstops and the national level, he created a template that became the model for a new kind of state.

What was new about the modern state, as institutionalized in the Smith-Lever Act in 1914, is the focus of the second chapter. I trace the evolution and expansion of grant in aid legislation between 1914 and 1921 and then examine the 1922 Supreme Court Case, *Massachusetts v. Mellon*, which called into question the constitutional legitimacy of grants-in-aid. On its face, the case targeted the Sheppard-Towner Act, which historians have characterized as a “women’s reform,” yet, it was a grant-in-aid tied to a host of other similar legislation. As such, the case had the attention of other stakeholders and a number of states who also benefitted from this new form of federal largess. They understood that if the Supreme Court overturned the Sheppard-Towner Act, it would impact not only the women’s reform at the center of the case, but all grant-in-aid programs. This chapter argues that the Sheppard-Towner Act was far more
than just an achievement of 1920s maternalism. Rather, it was the center of a contested legal battle over the legitimacy of a fundamentally new form of state building.

Chapter three looks at how the modern state produced the critical policy coalitions I call red-tape fraternities. Focusing on state-level public health officials, I explain how the grant-in-aid structure empowered new groups of mid-level managers, and how they worked within the new state architecture to become political actors in their own right. This class of bureaucratic managers exploited mobility and leisure culture while employing changing definitions of middle-class masculinity to construct homosocial policy networks that served as new centers of American power politics. In short, they force us to reassess how successful the advances women made during the Progressive Era were.

The fourth chapter places the Sheppard-Towner Act at the center of a new narrative that foregrounds not the Children’s Bureau, but the Rockefeller International Health Board and the state health officials who managed the Sheppard-Towner program in the American West. State health commissioners and the Rockefeller International Health Board essentially appropriated the federal Sheppard-Towner funds intended for maternity and infancy work for the IHB’s larger project—creating a local-level public health infrastructure, especially in the West. While the Sheppard-Towner Act was a crucial component of state health programs in the West, it was the federal dollars needed to build comprehensive public health programs rather than a concern for maternal health that became so important to the dynamics of state building in the region. When Congress repealed the measure in 1929, the loss of federal dollars crippled state health programs on the periphery, especially in the West. It was the demands of western health officials to replace the federal maternity funds, and not a gendered attack on women reformers, that became the catalyst for the Hoover administration’s health policies.
Chapters five and six tell a tale of two Hoovers, but they also suggest, that by the 1920s even someone of Hoover’s stature, despite being politically and socially well connected, could no longer ignore the cost-sharing nature of the modern state. Chapter five examines Hoover’s role in child health reform in the early 1920s. As president of the American Child Health Association he acquired two of the nation’s largest child health organizations and transformed them into a technocratic clearinghouse for health information in an attempt to rationalize what he believed was an inefficient and chaotic child health movement. Confronted with the limits of private philanthropy, Hoover quietly moved on to other reforms, never really achieving his technocratic vision to reform the child health movement. Chapter Six offers a fresh account of the stand-off between women reformers and the Hoover administration at the 1930 White House Conference on Children and the subsequent battle to transfer maternity and infancy work to the Public Health Service. I examine in depth Hoover’s relationship with the Public Health Service, the role that the International Health Board, state public health professionals, and the Rockefeller Foundation, played in re-shaping Hoover’s failed public health policies and those he pursued as President.
Chapter 2: Overcoming the Constitutional Scruple

Were the opportunity ours again, we would lay the nation’s purse under heavier tribute

—Seaman A. Knapp, 1894

Shortly after Congress passed the Smith-Lever Act, which in 1914 established the Federal Extension Service, a Rockefeller General Education Board (GEB) report about the new law noted triumphantly, “success has dissipated the constitutional scruple that for the past ten years has restricted governmental activities in this direction to plague-infested [boll-weevil] states.” The “scruple” alluded to a strict construction of the U.S. Constitution that had denied federal aid to the states outside of narrowly defined constitutional limits and constrained USDA efforts to mitigate the devastation the boll weevil visited on the South’s cotton producers. Acting under the commerce clause, the United States Department of Agriculture (USDA) agents and entomologists could only use congressional appropriations to fight the insect once it posed a clear interstate threat, and then only on government lands where there was already damage. The USDA could not spend public funds to combat the weevil on private lands in affected areas or use such funds to educate farmers in yet unaffected areas in advance of the destructive pest. Unfortunately for southern cotton farmers, the insect failed to be as discriminating as the

2 The General Education Board, 25.
prevailing interpretation of the law. No respecter of geo-political boundaries, the weevil, crossed from Mexico into Texas and advanced across the cotton South in the early twentieth century wreaking havoc equally on USDA experiment sites and private farms. The unwelcome immigrant portended disaster for both the southern landowners and the sharecroppers dependent on the fluffy white bolls, but historians have long understood that the weevil’s arrival also fueled the curiosities, imaginations, and political agendas of a host of actors who, in different ways and for an assortment of reasons, capitalized on the tiny insect’s appearance.

No name is more immediately associated with southern farmers’ contest against the unwelcome pest than Seaman Asahel Knapp. Historians remember this father of the agricultural extension service primarily for establishing farm demonstration work in the South that developed out of the USDA’s battle to mitigate Boll Weevil damage. These narratives have focused on Knapp’s efforts to promote crop diversification and alter the soil exhausting practices of cotton production with the goal of increasing production, farm incomes, and standards of rural living. While scholars have written a great deal about Knapp as educator and as the motive force in the establishment of agricultural extension work, to focus only on his southern farm demonstration work obscures his more historically consequential role as a principle architect of the modern American administrative state.

As a foundation for my broader study, this chapter explores the politics of Seaman Knapp’s state-building activities between 1882 and his death in 1911. It examines why his particular vision of federal aid prevailed over the multiple schemes of federal-state cooperation promulgated by the agricultural colleges, scientists, and other prominent USDA bureaucrats. After two failed attempts to get legislation that embodied his ideas through Congress, he turned

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instead to popularizing his ideas at the grassroots. After building relationships with important local actors in connection with his entrepreneurial pursuits and then landing a position with the USDA, he worked to achieve his goals from within the existing state architecture. Knapp used his position within the USDA and, later, forged a partnership with the GEB to produce a legacy in American statecraft that reverberated far beyond the rural southern farms where he carried on his demonstration work.

The cost-sharing element of Knapp’s demonstration program is key to understanding his success, because it required negotiations with both local farmers and top-level USDA administration. Knapp was a culture broker of sorts, equally at home with local people at the grassroots and the federal administrators at the USDA. He understood the concerns of farmers, state officials, and the institutional priorities of the agricultural bureaucracy. Using his position at the center of the network he constructed, Knapp popularized his long-term vision of federally supported agricultural research that, at least in theory, would benefit the nation’s farmers in immediate and practical ways. Ultimately, he succeeded in revolutionizing federal and state relations. Although he did not live to see it, in 1914 Congress institutionalized Knapp’s model of state and federal cooperation in the Smith-Lever Act. While not obvious immediately to those who passed the law or those who would benefit from it, he had succeeded in creating a template for the modern administrative state.

Long before the boll weevil crossed the Rio Grande, Knapp had articulated a vision for an expansive government bureaucracy that would support, in practical ways, farmers and their products in a competitive global economy. His plan was revolutionary—arguably a generation ahead of its time—in that it called for a fundamental change in the relationship between the

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federal government and the states. He envisioned a federal bureau of impartial and disinterested experts who would serve as watchdogs of industry and who would look not to their own selfish concerns but to the public good.⁶

One of the frustrations Knapp encountered in his battle with the persistent weevil was that the money Congress allocated could only be used where infestations occurred. This restriction limited the locations where he could conduct his popular farm demonstrations.⁷ The legal constraint made it impossible to institute preventive measures in advance of the insect’s march across the South. In 1906 all of that would change when David Franklin Houston, then president of Texas Agricultural College, introduced Knapp to Wallace Buttrick of the Rockefeller Foundation’s General Education Board (GEB).⁸ Buttrick, with access to the deep pockets of the Rockefeller Foundation, was looking for the kind of practical gospel of “scientific agriculture” Knapp preached. The GEB’s partnership with the Knapp, however, did not start something new; rather, it facilitated the expansion of a program already in place, but limited by federal funding guidelines. His demonstration work had pre-dated his association with the GEB by more than twenty years, but the partnership between the GEB and the USDA brought Knapp’s program high visibility and created broad public appeal at the grassroots for the work he and his agents were doing.⁹ For Knapp—and ultimately for the GEB—farm demonstrations

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⁶ Knapp, Mississippi State address.
⁷ Remarks of Wallace Buttrick, Dr. Seaman A. Knapp, 8; Cline, “The Life and Work of Seaman A. Knapp,” 66.
⁸ J.A. Evans, Recollections of Extension History (Athens: University of Georgia Extension Service, 1938), 12; Burton J. Hendrick The Life and Letters of Walter Hines Page (New York: Doubleday, Page and Company, 1922), 95. Hendrick’s account of places Page at the center of a number of critical events of which he may have been part, but perhaps in a less central role that his biographer contends. For example, Hendrick makes no mention of David Houston’s crucial role in this meeting, although most other accounts mention the future secretary.
were more than a means to increasing farm profitability; they were part of a long-term vision for

When Congress chartered the General Education Board in 1902, giving official
government recognition and sanction to the philanthropy’s work, its mission was “the promotion
of education within the United States of America, without distinction of race, sex, or creed.”\footnote{The General Education Board, 4.}
The GEB provided support to private institutions of higher learning, but like a number of other
philanthropic efforts during this period, they focused significant energies on developing a public
school infrastructure in the post-Civil War South. However, the trustees worried that their
contributions might be “a positive disservice” in that their gifts might encourage pauperism,
fueling local dependency on outside sources rather than encouraging initiative. Knapp’s way of
doing things appealed to them because, in response to such fears of dependency, he had always
insisted on local financial contributions anywhere he held a demonstration. Buttrick shared the
USDA agent’s insistence on community self-help. Both Knapp and Buttrick insisted that
government had a legitimate, but limited, role to play in building a healthy, educated, self-
sufficient citizenry. They envisioned a cooperative program with financial support from local
commercial and political interests that was shaped according to local needs and conventions.\footnote{The General Education Board, 14.}

Out of these joint efforts, Knapp and the GEB developed a workable model of cooperation
between public and private interests that involved cost-sharing between the federal government,
private organizations, and local interests. This cost-sharing scheme also gained traction in the
Rockefeller Foundation’s southern public health work between 1909 and 1914, and eventually
became the template for the new national model of federal and state cooperation embodied in the Smith-Lever Act.

Knapp’s life offers conflicting portrayals of a man with a dynamic, flamboyant, and larger than life personality. Knapp’s earliest biographer characterized him as “a man who could run a Methodist revival or a stock breeders’ meeting with equal success had already run, during thirteen years in Iowa, a school for the blind, a fine-stock business, a farm journal, a bank, a church, three farms, and had somehow found time enough to help set up a Y.M.C.A., a local Grange, a state breeder’s association, a breeders record book, and in off moments to encourage an academy, and a cannery.” Indeed, Knapp possessed many gifts. He was exactly the kind of man that the historian Thomas P. Hughes has referred to as an inventor-entrepreneur “who preside[d] over a process which extend[ed] from the inventive idea through development to the time when the invented system is ready to be used.” Knapp, like Thomas Edison, was a creator of systems. Although biographers have often characterized him as a salt-of-the-earth simple farmer, Knapp actually possessed a private classical (liberal arts) education—he was no country bumpkin. He was a highly-educated businessman, editor, and salesman of his brand of scientific agriculture with a financial stake in pedigreed hogs and mechanized rice production. And he was an astute politician.

16 Hughes, Networks of Power, 19.
17 In the nineteenth century a classical education was synonymous with a liberal arts education, which included scientific disciplines and was not a curriculum limited to the study of Greek and Latin. See: Stanley M. Guralnick, “Sources of misconception on the Role of Science in the Nineteenth-Century American College,” Isis 65, 3(Sept., 1974), 358.
As an entrepreneur, Knapp did not simply sell a commodity; he sold a system and, more critically, he built relationships with people. He educated his customers, provided support after the sale, created new markets, and formed trade and lobbying associations where none had existed. He was a master propagandist when it came to eliciting political support or funding projects that also served his current personal agenda. Key to his success and popularity was his ability to accomplish his goals without appearing condescending or patronizing to local farmers. When necessary, he was able to shed his promoter persona and become just another farmer offering helpful suggestions drawn from hands-on experiences. Both during the years he lived and worked in Iowa, and in his later work in the South, he used the journals he edited and his farm demonstrations as an advertisement to encourage farmers to purchase the blooded stock, or the rice, or the land he was peddling.

Nonetheless, he was first and foremost a businessman, and, despite his call for an expanded federal role in agriculture, Knapp’s interests in demonstration work remained linked to his entrepreneurial concerns. What he proposed was not, however, the sort of instrumentalist corporate liberalism that some have argued developed among the titans of American capitalism during the 1910s and 1920s. On the contrary, Knapp’s power lay in the relationships he formed at the grassroots—first in Iowa and later across the South. He articulated a genuinely progressive vision of state-building but in terms that had popular appeal. He pushed for a form of government intervention designed to benefit the common man in a way that was equal to existing

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government support for industrial capitalism. His designs for a federal agricultural bureaucracy never moved far from his roots as farmer-entrepreneur; his was a utilitarian proposal that reflected his belief that government could, and should, serve as an instrument of commerce for the greater good.

Knapp believed that practical instruction delivered face to face using successful farmers to guide and educate their benighted brethren was the key to improving the lot of farmers. His aims were twofold: he wanted to improve farmers’ bottom lines and teach them to live off the land. In many respects, Knapp’s ideas remained rooted in Victorian sensibilities and steeped in a nineteenth-century ideology of self-help. One biographer called this “the live-at-home aspect of his program . . . a practice he always urged on his fellow farmers as a matter of elementary safety and low cost of living.” Knapp also possessed an abiding faith that the average farmer could improve his standard of living and achieve a Jeffersonian agrarian competence through systematic application of good farming techniques. He had little use for scientific investigations that brought no practical results. Only grudgingly did he allow that such efforts had some bearing on successful agriculture, and even then, only if they could be put to immediate practical use for farmers. Indeed, his antipathy towards the uses of pure science manifested itself in the contentious relationships he had with agricultural scientists throughout his tenure as a special agent of the USDA. While he acknowledged that science had its place and believed government support of science a legitimate use of public funds, the focus of his state-building efforts

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21 Bailey, Seaman A. Knapp, 55; Cline, “The Life and Work of Seaman A. Knapp, 81; Lord, Agrarian Revival, 72; Bailey’s use of the term “live at home” refers to farm reformer’s advocacy of diversified farming as a means to self-sufficiency that gained particular purchase in the 1920s, but reflected Knapp’s consistent efforts to wean farmers off of monoculture production. For a discussion of the twentieth-century reform efforts see Adrienne Petty’s chapter on self-sufficiency in Standing their Ground: Small Farmers in North Carolina Since the Civil War (New York: Oxford University Press, 2013), 75-98.
consistently centered on the practical education of farmers as a means of improving the business of farming and agrarian self-sufficiency.

These competing visions of science were readily apparent after Knapp authored his first piece of national legislation in 1882, which called for federally funded agricultural experiment stations. While serving as president of Iowa State Agricultural College, Knapp sought funding from the state legislature to conduct agricultural experiments for “progressive Iowa farmers.”

Knapp initially wanted money for an experiment station from the Iowa legislature. He envisioned a series of demonstration farms where experiments would be of a practical nature and provide information of immediate use to farmers. He asked the state legislature for $15,000, but the amount of support he was able to secure was a paltry $750. In his search for funding, he turned next to the federal government. His legislation located the proposed stations at the land-grant institutions where there was an existing infrastructure, thus avoiding needless expenditure on new physical plants. Because stations would be spread throughout the country, experiments could be tailored to local soils, climate, and other regional environmental factors. Attention to local conditions was important. However, in Knapp’s plan, the USDA, not the colleges, would coordinate the work at the various stations so as to avoid overlap of resources. Congressman Cyrus. C. Carpenter introduced Knapp’s initial proposal on May 8, 1882. The measure called for experiment stations to be located at the land-grant colleges and designed to carry out a

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23 Marcus, *Agricultural Science and the Quest for Legitimacy*, 174-177.
24 Roger Williams’ work on Atherton and the latter’s claim to have been the motive force and author of the Hatch Act are not borne out by close scrutiny of the historical record. Knapp’s desire to make the stations satellites of the USDA fell apart in 1885, after which, he took the job in Louisiana. See: Roger L. Williams, *The Origins of Federal Support for Higher Education: George W. Atherton and the Land-Grant College Movement* (University Park: Pennsylvania State University Press, 1991), 87-122.
research agenda framed by the USDA. The research would produce information that would be of practical benefit to farmers. In the 1882 legislation, the U.S. Commissioner of Agriculture would have the power to appoint a station superintendent who would work under the immediate supervision of the college president. The superintendent’s salary would be paid out of the USDA budget. Under Knapp’s plan, the federal agency would for all practical purposes simply colonize the land-grant institutions.

The original proposal received a mixed reception from various agricultural interests. Although few disputed that such funding was needed and welcome, what form it would take and, more critically, who would be in charge of the stations was less clear. Two other groups, the land-grant college presidents and the agricultural scientists at those institutions, registered immediate and vocal opposition to Knapp’s proposal. As such, the proposed legislation created an immediate source of friction between him and college administrators who held decidedly different points of view on the question of federal oversight. Their opposition to federal control of the proposed stations was threefold. First, they disagreed on the intended purpose of the land-grant colleges. Were they schools for teaching agriculture or were they intended to be liberal arts colleges accessible to the children of the middling classes excluded from elite private universities? A second point of contention was over the definition and purposes of agricultural science. Should the scientific research at the land-grant colleges focus only on that type of work designed to provide immediate practical use to farmers or should scientists be allowed to pursue science for its own sake regardless of whether or not it produced practical results? One scholar has suggested that the bill’s author, Justin Morrill, had been intentionally ambiguous on this

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26 Williams, Origins of Federal Support for Higher Education, 94.
point in an effort to make the original land-grant college legislation palatable enough to rally the necessary votes to pass the measure. Third, four major interest groups competed for control of experiment stations and station funds: the land-grant college presidents; state politicians; assorted farm interest groups, including the Grange, agricultural journal editors, and agricultural societies; and finally, the USDA Commissioner (later Secretary) of Agriculture.

Each faction had different ideas about what, if any, role the federal government should have in promoting agriculture and agricultural science. If they believed such activity was a legitimate national concern, then they differed on the questions of who would control and who would be the beneficiaries of federal aid. The college presidents viewed federal aid for agricultural research as an extension of the Morrill Act, which established the land grant institutions in 1862. They insisted they should control the federal funds and the nature of the research agenda. As far as the college administrators were concerned, the proposed stations should be just another department in the college, and the scientists assigned to them should have teaching responsibilities. Agricultural scientists disagreed with the college presidents. Although the scientists believed that federal support for their research was a legitimate state interest, they were opposed to college administrators dictating their projects and wanted to be free to pursue their own agenda and to do so without teaching responsibilities. Some scientists thought the stations should “aim to advance agricultural science in general, but without regard to obtaining immediately useful results.” While Knapp certainly believed research was a legitimate use of the public purse, he wanted the stations to conduct experiments that would be of immediate and practical use for farmers. Moreover, he wanted the USDA involved precisely to limit the control

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28 Marcus, *Agricultural Science and the Quest for Legitimacy*, 129.
that college administrators and scientists could wield over the stations.\textsuperscript{30} In Knapp’s proposal, the USDA would serve as both a source of oversight for federal funds and as a central clearinghouse for authoritative and cutting edge information. Knapp’s 1882 bill ultimately failed, but it ignited a turf war between those who, like Knapp, advocated research designed to produce practical results, and the scientific purists, those who advocated scientific research for its own sake.\textsuperscript{31}

Knapp, not be deterred, found a new sponsor, Adoniram J. Holmes, who presented a modified version of the original bill the following year that attempted to appease the opposition of the college presidents. The 1883 Holmes bill, H.R. 447, proposed a cooperative administrative architecture. The new legislation was essentially identical to the first proposal except that now the colleges would administer the stations’ activities while the USDA would continue to direct the research agenda in consultation with the college president.\textsuperscript{32} The second bill also asked for a federal appropriation of fifteen thousand dollars annually and required the assent of the states. Aided by Commissioner of Agriculture Loring, Knapp swung into full salesmanship mode in an effort to get the second bill through Congress. Apparently he used some less than above board tactics—deception and omission—to claim that the bill had received the endorsement of the land-grant colleges. In reality it was a “one-man show.”\textsuperscript{33} Holmes introduced the bill, and it was referred to committee. No record of the actual committee hearing exists, and there is little indication that Knapp ever attended one. Despite Knapp’s dogged

\textsuperscript{30} Williams, \textit{The Origins of Federal Support for Higher Education}, 97; Marcus, \textit{Agricultural Science and the Quest for Legitimacy}, 172.

\textsuperscript{31} Marcus, \textit{Agricultural Science and the Quest for Legitimacy}, 161. Although beyond the scope of this discussion, the difference between what Marcus called the systematizers and the agricultural scientists reflected a broader question over the original intent and purpose of the land-grant universities. Were they intended to be simply agricultural colleges or publicly-funded institutions of higher learning whose goals included a broad-base liberal education? On the ambiguity in the meaning and purpose of the 1862 Morrill Act see Marcus, \textit{Agricultural Science and the Quest for Legitimacy}, 129.

\textsuperscript{32} Williams, \textit{The Origins of Federal Support for Higher Education}, 95.

\textsuperscript{33} Marcus, \textit{Agricultural Science and the Quest for Legitimacy}, 181.
campaign-like tactics to rally support for his version of the bill, there was little interest even from farm groups who were more concerned in pressing for cabinet-level status for the Commissioner of Agriculture. However, the agricultural scientists and college presidents, those constituencies who held the broader and more general view of land-grant college mission, “moved quickly to oppose the [Knapp] measure,” and when the 1883 bill finally made its way out of committee, it bore little resemblance to the original measure Knapp had submitted.

Although Knapp initially authored the original bill calling for federal support of agricultural experiment stations to Knapp, the final proposal was shepherded through Congress by George Atherton. Atherton claimed complete responsibility for the revisions, and his views were the polar opposite of Knapp’s. Atherton asserted his authorship of the legislation in a letter, in which he wrote, “all the distinctive provisions of the act as finally passed were my own, and nothing of the original bill was retained except a few general provisions.” Atherton’s revised measure, now called the Cullen bill, received wider congressional support and maintained a distinct separation between the USDA and the college administration. Competing visions of practical versus pure science also remained. In the Knapp bill, the experiment stations were effectively branches of the USDA; Atherton’s revised bill subordinated the stations to the college.

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35 Marcus, *Agricultural Science and the Quest for Legitimacy*, 183.
36 Bailey, *Seaman A. Knapp*, 96; Baker, Gladys L., Wayne D. Rasmussen, Vivian Wiser et. al. *Century of Service: The first 100 years of the United States Department of Agriculture* (Washington, DC: Centennial Committee U.S. Department of Agriculture, 1963), 24-25; Laurie Winn Carlson, *William J. Spillman and the Birth of Agricultural Economics* (Columbia: University of Missouri Press, 2005), 36; Cline, “The Life and Work of Seaman A. Knapp,” 27; Lord, *The Agrarian Revival*, 58; Marcus, *Agricultural Science and the Quest for Legitimacy*, chapter six “Not Caught Knapping” provides a substantial account of Knapp’s legislative efforts to establish USDA experimentation of a practical nature; Ross, 139-140; The most comprehensive account of the Hatch Act is found in Williams, *The Origins of Federal Support for Higher Education*, 99. Williams’ work was immensely useful in writing the portion of this chapter on the Hatch Act. He argues that George Atherton was the prime mover in achieving federal funding of agricultural stations, but in several places his argument ignores the contributions of other interested parties and Williams’ championing of Atherton’ role in shaping the bill is at times a bit overdrawn—even after Rogers acknowledges there are problems in reconciling Atherton’s claims and accomplishments with the broader historic record.
administration and placed oversight of the research agenda under the direction of the college presidents. The USDA would have no input or oversight about how the money was spent, and the agency would function as no more than a central clearing house for state experiment stations. The USDA’s only role would be to compile study results from the various stations for redistribution to the states; it would have no impact or control of the research agenda and provide no federal oversight.\footnote{38}

Not only did Atherton’s revised bill strip the USDA’s control, but the language in the committee report went to great lengths to emphasize that creating the experiment stations was simply a logical extension of the 1862 Morrill Act, and no more. It stated, “The bill proposes to utilize the buildings, laboratories, farms, libraries, and apparatus belonging to the institutions which Congress has \textit{already established}, and thus \textit{to supplement}, for a specific end, the appliances \textit{already created} for general ends.”\footnote{39} In three places, in a single sentence, the committee report used language to emphasize that the proposed funding for the experiment stations was only an extension of an existing condition and not a new form of federal spending. The similarities between the Morrill Act and the Atherton legislation were further underscored in the next paragraph as well, which asserted, “It should be observed also that \textit{this bill is not open to the objection of entering upon any new or untried field of Congressional legislation}, it only proposes to give a practical direction to agencies which Congress has already created.”\footnote{40} The committee punctuated these assurances of continuity by pointing to the achievements and benefits accrued since Congress first passed the Morrill Act in 1862, which created and endowed

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  \item \textsuperscript{38} Marcus, \textit{Agricultural Science and the Quest for Legitimacy}, 195.
  \item \textsuperscript{39} Italics mine. United States Congress. House. \textit{Agricultural Experiment Stations, Report to accompany bill H.R. 2933, 49\textsuperscript{th} Cong., 1\textsuperscript{st} Sess., H. Rpt 848, Serial 2437, March 3. 1886, 8.}
  \item \textsuperscript{40} Italics mine \textit{Agricultural Experiment Stations}, H. Rpt. 848, 8.
\end{itemize}
the land-grant institutions. This attempt to make the Hatch Act seem no more than a natural extension of the Morrill would again be underscored in 1914 when Congress debated the Smith-Lever Act. Historians treat the Morrill Act, the Hatch Act, and the Smith-Lever Act as a natural trinity of agricultural legislation, but, as chapter three will demonstrate, Smith-Lever was a completely different sort of act, one that fundamentally changed the relationship between the federal government and the states. Knapp lost his second battle with the agricultural colleges; there would be no federal support for practical research. Ever the consummate politician, Knapp assessed diplomatically the Atherton revisions this way: “I think they have made some mistakes and I think they have made some improvements.” He elsewhere referred to the measure as a “grand bill” and “excellent work.” Despite strong endorsements by nearly all interested parties, another four years would pass before the Hatch Act became law in January 1887.

Knapp’s first forays into national agricultural politics, then, were failures. The final bill did not provide the kind of strong federal involvement for which he had worked, nor did it include much in the way of practical aid for farmer-entrepreneurs. While the measure provided a financial boost to the agricultural colleges, its effects were of little consequence to local farmers, and, as he feared, much of the money the act generated went into the general development of land-grant college undergraduate programs. The colleges did initiate farmer’s institutes that were intended to provide information to local farmers, but more often than not the esoteric and specialized nature of the subject matter and field experiments failed to address day-to-day farm concerns in any meaningful way. Moreover, even if farmers wanted to attend the institutes, they were usually held at government stations located too far from their homes to make

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41 Agricultural Experiment Stations, H. Rpt. 848, 8.
43 Ross, Democracy’s College, 141.
44 McConnell, The Decline of Agrarian Democracy, 22.
attendance practical. The bill’s biggest problem was its lack of accountability to insure that the funds were spent as intended.

Knapp had already moved on to a new venture in Louisiana by the time the Hatch Act became law. He would continue to press his case for federal farm support, but this time he focused on popularizing his program at the grassroots. Knapp used his entrepreneurial skills and applied his ideas about demonstration farms to southern rice culture. In 1885, the Watkins land development group had appealed to Knapp’s entrepreneurial spirit and lured him south to Louisiana. They were a British-owned company located in Kansas that was engaged in draining marshes in order “to set up an agricultural paradise.”\footnote{Pete Daniel, \textit{Breaking the Land: The Transformation of Cotton, Tobacco, and Rice Cultures since 1880} (Urbana: University of Illinois Press, 1986), 41; Helms, “Just Lookin for a Home,” 166.} Knapp believed the move offered him the opportunity to “get in on the ground floor of an ambitious scheme of land development” and offered the chance of obtaining real wealth.\footnote{Bailey, \textit{Seaman A. Knapp}, 115.} Watkins tasked Knapp with the job of populating the region with emigrant farmers and assessing the suitability of the new land for its productive possibilities.

In the same way that Knapp had earlier used articles in farm journals to convince Iowa farmers of the need to purchase his blooded hogs, Knapp now turned his attention to convincing farmers throughout the Midwest of the virtue and promise of rice cultivation on Louisiana prairies and reclaimed marshland. Relying on his earlier methods, he set up a number of demonstration plots along the train routes and filled the train’s cars with prospective buyers so that they could see for themselves the agricultural promise of the Louisiana prairie and bottom lands. This sort of “symbiotic relationship between farmers and railroads” had been successful in Kansas, South Carolina, and other locations where white settlement followed Indian
dispossession in the late nineteenth century. Knapp succeeded in creating a mini-land boom, and the Midwestern immigrants he attracted transformed age-old rice production methods. The northern émigrés adapted their familiar wheat-growing machinery to rice cultivation and harvest, a process that since biblical times had been done largely by hand and “cut with a reap hook or cradle, pounded out with a flail, winnowed in the breeze and milled with a pestle and mortar.”

Critical to Knapp’s success were the relationships he formed with those he enticed south and with whom he established himself as an expert and mentor.

Knapp’s interest in developing mechanized rice culture in the South extended beyond simple land development. After severing his partnership with Watkins in 1889, he enjoyed personal success as a real estate developer-entrepreneur. In addition to founding two towns, Knapp “operated twelve large rice farms; purchased timber land; ran sawmills; and entered sugar production on a large scale.” Sugar losses prevented him from obtaining the wealth he once dreamed of, but overall, he enjoyed more than moderate success. As he had done in Iowa, Knapp provided his own promotional propaganda and published a trade magazine called *Rice Journal.* He also conducted experiments, created demand for his product, and lobbied Congress for protective tariffs. In short, while Knapp may have been genuinely passionate about bettering the condition of farmers and making farming more profitable, as others have argued,

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50 Bailey, *Seaman A. Knapp*, 132; Cline, 37.
his scientific experimentation, demonstrations, journalistic propaganda, and politicking also served and were always tied in some way to his entrepreneurial interests.\(^{52}\)

Knapp continued to articulate his vision for an expansive government bureaucracy to audiences throughout the South into the 1890s. In an 1894 commencement address he gave at Mississippi Agricultural and Mechanical College, he called specifically for the creation of a “national department of industry” that would consist of three divisions devoted respectively to agriculture, manufacturing and labor, and arbitration.\(^{53}\) It had been less than ten years since Congress passed the Hatch Act, but already Knapp argued that the appropriations he thought sufficient at the time now seemed like “primitive estimates,” and he noted that, “were the opportunity ours again we would lay the nation’s purse under heavier tribute.”\(^{54}\) In his oration, he articulated his understanding of agricultural science and argued, “By a proper application of science we can bring the working forces of nature to cooperation in production, making the crop uniform in quality, successive in seasons and abundant beyond conception. Soils may be deepened, aerated and fertilized; excessive moisture removed; protracted drouth obviated and luxuriant harvests annually gathered.”\(^{55}\)

Moreover, Knapp had an acute ability to frame his state-building gospel in rhetoric that made sense in the moment. He employed biblical language and emphasized a set of agricultural practices that he insisted were traditional methods of replenishing marginal soils. In reality they were likely foreign concepts to southern landowners who, before the Civil War, simply moved


\(^{53}\) Bailey, Seaman A. Knapp, 124-132; Dr. S. A. Knapp, “Let Us Enlarge the Domain of Industrial Knowledge.” An address delivered by Dr. S.A. Knapp of Lake Charles, L.A. at the Mississippi Agricultural and Mechanical College, Commencement Day, June 20\(^{th}\) 1894, (Starkville, Miss. E. L. Reid, Printer), 21 (Hereafter cited as Knapp, Mississippi State Address).

\(^{54}\) Knapp, Mississippi State Address 24.

\(^{55}\) Knapp, Mississippi State Address, 4.
their fields when the cotton production robbed the land of its fertility. While Knapp was keenly aware of the use of chemical and mineral fertilizers, he also understood that these were beyond the means of poor southern farmers.56 Good husbandry, he told his audience, relied on more efficient use of available resources, the wastes of farm and forest. If followed, he promised, these practices would usher in “the millennium of agriculture.”57 He laid before his congregants a science that was not a grand departure from time-honored soil-building practices but a method or system “to discover how these [wastes] can be profitably used.”58 Such practices, Knapp asserted would give farmers dominion over nature “to mould (sic) the soil to his profit and seasons to his plans.”59 Although he articulated a relationship between human and non-human nature that demanded cooperation, it was not out of respect or mutual dependence, but because doing so was good business and would produce a profitable abundance.60

Knapp also tied his state-building vision to global capitalist trade networks. He outlined for his audiences the need for, and the importance of, expanded markets. Knapp was an astute observer not only of domestic but international events, and he was keenly aware of the interconnectedness of the modern global marketplace. He used this knowledge to strengthen his case for government support at the grasstops. He explained how striking coal miners in Great Britain shut down the cotton factories of London, depressing cotton prices “on every plantation in Mississippi.”61 He was a staunch supporter of U.S. involvement in cutting through the Panamanian isthmus. He pointed out that wheat exports fell after the Suez Canal and railways

57 Knapp, Mississippi State Address, 5.
58 Knapp, Mississippi State Address, 5; See also Marcus,172.
59 Knapp, Mississippi State Address.
60 Marcus, Agricultural Science and the Quest for Legitimacy, 172.
61 Knapp, Mississippi State Address, 6.
made it possible to ship wheat from British India to London. In an earlier time the wheat would have spoiled before the ship could round the southern tip of Africa. Argentina, he noted, was another looming threat to the wheat farmer with her “large areas of cheap and fertile prairie lands,” cheap labor, and easy access to ports. \(^{62}\) At times his foresight was chillingly accurate. In making his case to his Mississippi audience for U.S. engagement in global markets, he submitted, “Modern wars are largely battles of the exchequer.” \(^{63}\) Economic dominance and informal empire would be the future determinants of national power. Knapp was doing more than simply delivering an address—he was preaching a new secular, imperialist religion and seeking to convert, enlighten, and bring salvation to rural America. He outlined for his congregation a vision for making the South into an agriculturalist’s promised land. Drawing on the familiar vocabulary of late nineteenth-century theology, he exhorted his rural congregants to exert dominion over the earth, and, in so doing, he charted for them a new course for an imperial American foreign policy sure to usher in the agricultural millennium. Central to that vision was federal support for the business of agriculture.

Anxious to promote the mechanization of southern rice culture, Knapp’s state-building activities took on a global character, but this time he did not go to Congress, but sought federal assistance from within the bureaucratic apparatus of the USDA. He appealed instead to his longtime friend and associate “Tama-Jim” Wilson, now the Secretary of Agriculture. The importance of Knapp’s relationship to Wilson cannot be overstated. The Secretary was not only critical to Knapp’s immediate rice interests, but for the remainder of his life would provide him with the necessary funding, social connections, and political clout he needed to further his long-time state-building goals. Knapp was already employed as a federal statistical agent in Louisiana

\(^{62}\) Knapp, Mississippi State Address, 7-8.  
\(^{63}\) Knapp, Mississippi State Address, 20.
when he first appealed to Wilson. Insisting that he did not wish the Secretary to “feel under the least obligation,” he asked the secretary to appoint him to the position of special agent of the United States Department of Agriculture (USDA). Wilson readily agreed, and Knapp, in his mid-sixties at the time, embarked on a short career as an agent of American empire at a moment when “natural resources, national development, and political advancement reinforced each other.” Acting on behalf of the federal government Knapp visited both Russia and Japan in 1898 as a “plant explorer” for the office of Foreign Seed and Plant Introduction. His official assignments on those trips were related directly to his interest in mechanized rice culture and plant collection. He wanted to secure a variety of rice that could withstand the mechanized threshing process without damaging the individual heads. A secondary focus was to find plants that would do well on the cutover longleaf regions of the coastal plain, with the intent of restoring the market potential of the land. In Japan, he located kiushu rice, which was both well suited to Louisiana and had the ability to withstand mechanized harvesting and processing with fewer broken heads. Wilson, under separate cover, tasked Knapp with the additional responsibility of investigating both Japan and China as potential markets for U.S. butter exports. During his time as a “plant collector,” Knapp, again acting as an agent for the government, assessed market conditions in newly acquired imperial possessions as well.

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64 Seaman Knapp to James Wilson, July 23 1898, Folder 2, Box 5, James A. “Tama” Wilson papers, RS9/1/11, Special Collections Department, Iowa State University Library (hereafter James A. Wilson papers). See also Helms, “Just Lookin’ For a Home,” 166; Buttrick, Dr. Seaman A. Knapp, 7.
66 David Fairchild to Knapp, 29 July 1898 F9, Box 1: Correspondence 1892-1898, Seaman Asahel Knapp Papers, 1856-1931 and undated, Southwest Collection/Special Collections Library, Texas Tech University, Lubbock, Texas.
68 1 August 1898 letter Wilson to Knapp, F9, Box 1: Correspondence 1892-1898, Seaman Asahel Knapp Papers, 1856-1931 and undated, Southwest Collection/Special Collections Library, Texas Tech University, Lubbock, Texas
Following his trip to Asia, Wilson sent Knapp to evaluate “the agricultural resources and capabilities of Porto Rico recently acquired from Spain.”69 In his report to Congress, Knapp provided a geographic overview of Puerto Rico’s climate, topography, soils, and major agricultural products: coffee, tobacco, sugar cane. He visited the island in the wake of a hurricane that had wreaked destruction on an already decimated colonial economy. Knapp characterized the Puerto Rican economic system under Spanish rule as mercantilist, extractive, and exploitive. He painted a picture of the usurious relationship between Puerto Rican farmers and Spanish merchants that left both farmers and farm laborers in the grip of debt peonage and poverty not unlike that found in the post-Civil War South.70 He noted the “effect of landlordism” that resulted in the “complete destruction of all the timber within merchantable distance of any good road or market” and how consolidation of farms led to reductions in crop diversity, decreased productive capacity, and job loss. Owners’ overriding interests in extracting immediate profits also pushed aside any concerns about the impact their actions had on soil fertility or consequences for future production.71 Knapp’s report concluded that what Puerto Rico needed was an agricultural experiment station to be funded by the U.S. government in the same manner as stateside agricultural experiment stations, but without the kind of political complications he had encountered in the fight over the Hatch Act. His description of the problems on the island mirrored the kinds of environmental degradation in the U.S. South related to mono-cropping, soil infertility, clear-cutting of southern forests, and subsequent erosion. Debt peonage was another all too familiar scourge, as was the island’s lack of good roads which were needed to transport commodities to market.

69 Bailey, Seaman A. Knapp, 134.
70 United States House of Representatives, Agricultural Resources and Capabilities of Porto Rico 56th Cong., 2nd Sess., H. Rept. 171, 17.
Wilson was always supportive of Knapp’s ideas, even to the point that the relationship between Knapp and the secretary became the subject of some controversy when Wilson offered Knapp a position as director of the tropical Puerto Rican station. Although Knapp ultimately declined the offer, Wilson’s actions drew criticism from others who were also eyeing the plum assignment at the planned Puerto Rican station.\(^2\) Knapp also acted as government emissary on a second trip to several Asian countries, the Philippines, and Hawaii in the fall and winter of 1901-1902, but obtaining new plants was not his only goal; this time he was on an unofficial errand for President Theodore Roosevelt. The U.S. had recently annexed the islands, and working through Wilson, Roosevelt wanted Knapp to assess the political mood of the Hawaiian people.\(^3\)

Knapp’s overseas ventures allowed him to carve out a unique spot among the power brokers within the USDA. At his request, Wilson sent him to Japan as a special agent of the department and subsequently he travelled throughout Southeast Asia serving both his own entrepreneurial interests and those of the government. Both Taft, then governor of the Philippines, and Roosevelt knew of him. Through Wilson, Roosevelt had asked Knapp to gather intelligence. As a result of his travels, he gained significant social and political capital beyond that of even the USDA bureau chiefs who, at least on paper, were his superiors. Moreover, he enjoyed the confidence of grasstop politicians and businessmen. In short, by 1902, Knapp had built a political network that reached from the grasstop in Louisiana to the President of the United States. On his return, he asked Wilson to appoint him “Special Agent for the Promotion of Agriculture in the South.”\(^4\)

Once back in Louisiana, Knapp began a number of experimental demonstration farms focused on testing the new plant varieties under an array of different growing conditions. These

\(^2\) Folder 2, Box 5. James A. Wilson Papers.
\(^3\) Bailey, Seaman A. Knapp, 135.
\(^4\) Bailey, Seaman A. Knapp, 137; see also Helms, “Just Lookin’ For a Home,” 166.
experiments were part of the broader USDA focus on exploration and the acquisition of new cultivars for domestic use and discovery of potential markets around the globe, but particularly the pacific Islands, Russia and Asia.\textsuperscript{75} Among the new cultivars tested were the various types of rice Knapp brought back from Japan as well as others that he expected to do well on the tired southern soils and cut-over pine lands. Not surprisingly, and in keeping with Knapp’s history of engaging in projects close to his personal business concerns, it was not long before rice became the sole focus his experiments. This shift was not only a reflection of Knapp’s personal interests, but it also had to do with the limitations on his sources of his funding. The major impediment to carrying out the careful kind of experiments Knapp intended was money.\textsuperscript{76}

The USDA had no budget for the kind of demonstration work Knapp was interested in doing, and the money had to be diverted from existing agricultural programs. Beverly T. Galloway, head of the U.S.D.A’s Bureau of Plant Industry (BPI), cobbled together funds for Knapp from the budgets of two of his sub-agencies. Part of the money came from the budget of the bureau of agrostology headed by William J. Spillman.\textsuperscript{77} Another portion was shaved from the budget designated for foreign and domestic congressional seed work. Galloway had no authority to just hand over a blanket appropriation of money to cover the demonstration farm experiments. He had to connect the money diverted to Knapp’s projects in some reasonable way to the budget for which Congress originally appropriated the money. Therefore, one agency might cover the cost of seed, another agency the cost of a specific kind of demonstration, and so forth. Galloway modeled his use of agency funds on the protocols used in similar cooperative

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\textsuperscript{76} Bailey, \textit{Seaman A. Knapp}, 141.
\textsuperscript{77} Note: An agrostologist was the term used for someone who studied grasses. Bailey, \textit{Seaman A. Knapp}, 139; McConnell, \textit{The Decline of Agrarian Democracy}, 24.
\end{flushright}
programs with cattleman for “Grass and Forage” experiments in the West.\textsuperscript{78} In order to meet the needs of the widely scattered experiments, it was necessary to pull from the budgets of multiple bureaus.\textsuperscript{79} Galloway’s efforts to keep Knapp supplied with funding were cumbersome and eventually drew congressional fire.

Over time, Knapp’s continued dependence on the funds of multiple agencies became increasingly problematic for Galloway. He had intended to push for funding specifically for experimental demonstration farms in his next budget, when an alternative source of funds arrived unexpectedly in the form of “a little black bug” with a voracious appetite for the South’s number one money crop—cotton.\textsuperscript{80} The arrival of the boll weevil was serendipitous for Knapp, and the battle he waged against the insect lies at the center of Knapp hagiography and extension service mythos. Knapp understood that the insect was here to stay and that eradication was unlikely.\textsuperscript{81} Therefore, the program he developed focused not on eradication but on figuring out how to grow a crop in spite of the weevil.\textsuperscript{82} It provided him with a means to achieve bigger ends, and ultimately his work with the unwanted cotton pest turned his farm demonstration method into a “permanent and integral feature of our agricultural education system.”\textsuperscript{83} Although a number of historians have built arguments around the ways in which the boll weevil served as an indirect means to an end, including gaining federal support for agriculture, they only briefly touch on the question of federal and state relations. These studies have not really examined the basis for these questions or examined the constitutional constraints and economic disparities that made this indirect form of state-building necessary.

\begin{footnotes}{\textsuperscript{78}} Bailey, Seaman A. Knapp, 139. \\
\textsuperscript{79} Bailey, Seaman A. Knapp, 141. \\
\textsuperscript{80} Bailey, Seaman A. Knapp, 161; Helms, “Just Lookin’ For a Home,” 1. \\
\textsuperscript{81} Cline “The Life and Work of Seaman A. Knapp,” 63; Laurie Winn Carlson, William J. Spillman and the Birth of Agricultural Economics (Columbia, Missouri: University of Missouri Press, 2005), 56. \\
\textsuperscript{82} Knapp to James Wilson, March 10, 1904, Folder 2, Box 5, James A. Wilson papers. \\
\textsuperscript{83} Bailey, Seaman A. Knapp, 142; McConnell, The Decline of Agrarian Democracy, 24; Geisen, Boll Weevil Blues, 59.
Knapp played well in the South. He was a man larger than life and one that southern landowners and commercial concerns could applaud. For example he often ignored the same kind of environmental degradation in southern states that he had been critical of in his report on conditions in Puerto Rico. To remain in the good graces of grasstop politicians and planters, he focused instead on increased production and mechanization. Like other progressives who arrived in southern states, he learned to frame his work according to local economic and social conventions in much the same way the antebellum evangelicals quickly learned to frame their theological arguments in ways that did not offend southern planters.\(^8^4\) His ability to mediate between the corporate and bureaucratic culture of the federal institution and the handshaking, backslapping state and local powerbrokers would become a signal characteristic of the fraternal bureaucratic power coalitions that are central to my story. This was particularly critical in the post-bellum South where cotton was big business and southern bankers and merchants viewed proposals like Knapp’s insistence on crop diversification as a threat to the social and economic order.\(^8^5\) He found a way to appeal to them. Once engaged in the cotton agriculture and the boll weevil work, where mechanization was still decades away, he placed little emphasis—at least for a time—on his early goals of crop diversification and reforestation of pine lands.\(^8^6\) Knapp quickly learned to capitalize, in every sense of the word, on the southern love affair with cotton, but not everyone was happy about his sudden interest in its production or his efforts to minimize the damage of the pest that threatened this southern staple crop.


\(^8^6\) Cline, “The Life and Work of Seaman A. Knapp,” 60.
According to the USDA’s best estimates, the boll weevil arrived in Texas around 1892.\textsuperscript{87} Initially the insect received little federal attention because there was minimal concern that it would spread beyond Lone Star state borders—until 1901. As the trail of infestation approached Louisiana, Texas officials requested money from Congress. Without waiting for the additional federal aid, Leland O. Howard, head of the USDA’s Division of Entomology (DOE) used money from his agency’s general fund and appointed David Walter Hunter as field agent to lead efforts to combat the pest.\textsuperscript{88} When the Division of Entomology (DOE) planned their experiment sites, they strategically located them on the farms of local elites and paid careful attention to spread their experiment sites among a wide number of congressional districts to ensure future federal funding. In other words, where the DOE conducted their testing had less to do with the location and intensity of boll weevil infestations than with the proximity of the state’s most powerful agricultural interests.\textsuperscript{89} The boll-weevil was just one of a number of insect outbreaks that pulled entomologists and the USDA into this kind of work. The inability of insects to respect state lines would be an important part of the federalization of USDA work.

Using the government’s power to regulate interstate commerce as justification for the appropriations, Congress allocated ten, twenty, and thirty thousand dollars per year between 1901 and 1903 respectively for boll-weevil eradication work.\textsuperscript{90} In 1904, when Congress appropriated $250,000 dollars for boll weevil eradication, it also placed administration of the funds under direction of Galloway’s Bureau of Plant Industry (BPI). Knapp’s demonstration projects received a larger portion of the money allocated to the boll weevil work than the other


\textsuperscript{88} Helms, “Just Lookin’ For a Home,” 31.

\textsuperscript{89} Helms, “Just Lookin’ For a Home,” 110.

\textsuperscript{90} For amount of money allocated see Helms, “Just Lookin’ For a Home,” 44-45; For discussion of the constitutional basis for allocation see Helms, “Just Lookin’ For a Home,” 49.
bureau programs.\textsuperscript{91} The entomologists were indignant. They believed that the boll weevil work should have come under the supervision of the Bureau of Entomology, not the Bureau of Plant Industry, but the BPI’s Galloway apparently wielded more power.\textsuperscript{92} Any power that Galloway held had more to do with Knapp and Wilson’s relationship than the BPI chief’s standing within the USDA.\textsuperscript{93} Knapp, on the other hand, finally had some real money to work with and threw his energies into organizing demonstration projects. Although he may have learned to tread lightly around southern political and commercial interests, he proved to be unconcerned with offending the sensibilities of scientists within the USDA—especially Hunter and Howard. It was not long before Knapp and Hunter developed an intense rivalry.

Many of the methods Knapp advocated in his boll weevil campaign the entomologists had already tried and dismissed.\textsuperscript{94} His cavalier handling of the boll weevil problem, and his off-the-cuff but headline grabbing comments to the press outraged Howard and Hunter and resulted in overt tensions between them. Howard especially took exception to, and was quick to correct, the perception that the work to eradicate the boll weevil originated with Knapp.\textsuperscript{95} Hunter viewed Knapp as a usurper, an opportunist, and a loose cannon. When Howard complained about Knapp’s lack of cooperation and less than orthodox methods, Galloway responded in kind with a few choice words of his own about Hunter’s approach to the problem.\textsuperscript{96} Nonetheless, Galloway did make an attempt, although ultimately futile, to reign Knapp in a bit.

\textsuperscript{91} Helms, “Just Lookin’ For a Home,” 50.
\textsuperscript{92} Helms, “Just Lookin’ For a Home,” 171.
\textsuperscript{93} A disgruntled Galloway left the USDA during the administration of Secretary David F. Houston who succeeded James Wilson. Galloway who had been assistant Secretary of Agriculture was passed over in favor of Houston who was closely allied to Wilson, Knapp, Bradford Knapp, and Wallace Buttrick of the Rockefeller General Education Board whose relationships to the others is discussed later in this chapter.
\textsuperscript{94} For further information of the mechanics of boll weevil eradication experiments see: Helms, Just Lookin’ For a Home; Geisen, “The South’s Greatest Enemy.”
\textsuperscript{95} L.O. Howard, “The Mexican Cotton Boll Weevil,” Science Vol. 18 465(Nov. 27, 1903), 693.
\textsuperscript{96} Helms, Just Lookin’ For a Home, 173.
When something that Knapp said antagonized the entomologists, especially when it turned up in the press, he blew it off as a misquote.\textsuperscript{97} Knapp took the position that the DOE’s work largely benefited industrial interests rather than those of the small farmer. Moreover, he let it be known throughout Texas that it was Galloway’s BPI, and not the entomologists, that had provided the most aid in the fight against the boll weevil.\textsuperscript{98} These tensions were not reflective of any animosity Knapp harbored towards the scientists, but instead were consistent with Knapp’s long-held notions about providing information in a form that made sense to the farmer in the field, rather than the specialist in the lab. Knapp was not about to let the scientists gain the upper hand again, and this time Knapp had powerful friends in Washington. The disagreements between Hunter and Knapp became so numerous that Hunter eventually referred to them as “the usual trouble with the Bureau of Plant Industry.”\textsuperscript{99} Scientists working in the bureau of entomology increasingly thought him as much a pest as the weevil. Howard and Hunter at the DOE simply could not compete with Knapp the propagandist. He continued to secure a lion’s share of the congressional boll weevil allocation.\textsuperscript{100}

Knapp wielded the power he did as a result of the relationships he had developed years before the demonstration work in the South ever began, exemplified in his relationship to Wilson. But Wilson’s relationship to Knapp was only part of the equation. Knapp functioned primarily at the grassroots, and it was there that he built strong collegial relationships with those who held the reins of state and local power—politicians, community leaders and commercial interests—and he got to know local farmers. Knapp put a familiar face on a new and distant federal bureaucracy, but he was more than just a familiar face—his demonstration work made

\textsuperscript{97} Helms, \textit{Just Lookin’ For a Home}, 179.
\textsuperscript{98} Helms, \textit{Just Lookin’ For a Home}, 176.
\textsuperscript{99} Quoted in Helms, “Just Lookin’ For a Home,” 181.
\textsuperscript{100} Helms, “Just Lookin’ For a Home,” 182.
federal aid visible and generated broad popular appeal at the state and county level. He was a culture broker able to move easily between the worlds of federal and state politics. Moreover, as a successful entrepreneur in his own right, his connections to the business community placed him at the intersection of public and private interests as well. Through these kinds of connections, Knapp met David F. Houston.\(^{101}\) As president of the agricultural and mechanical school at College Station, Texas, Houston had some powerful friends too. He sat on the both the Southern Education Board and the Rockefeller Foundation’s newly constituted General Education Board (GEB). Houston was the person who first introduced Knapp, and his work, to Wallace Buttrick.

What is frequently lost in discussions of the General Education Board and even the establishment of the extension service is that while education was an end in itself, for both Knapp and the GEB, it served also as the means to a larger end—the creation of local government infrastructure capable of supporting public education, public health, and associated municipal services in the South. The GEB’s primary interest was in developing public education in the rural South, but, almost immediately, it became apparent to the executive members of the GEB that the region lacked a tax base sufficient to support public schools.\(^{102}\) Frederick T. Gates, at the time director of the Rockefeller Foundation, sent Buttrick on a fact-finding mission through the South. GEB surveys showed that the average annual farm income in the region was barely fifteen percent of that in the Midwest.\(^ {103}\) Gates and Buttrick realized that before adequate funding for school support could be obtained from the local tax rolls, something needed to be done in this agriculturally dependent region to raise farm incomes.\(^ {104}\) Therefore, Gates charged Buttrick with finding an acceptable method of educating the region’s farmers in “the science of

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\(^{101}\) Carlson, *William J. Spillman*, 56;  
\(^{102}\) Cline, “The Life and Work of Seaman A. Knapp,” 68.  
\(^{104}\) True, *A History of Agricultural Extension Work in the United States 1785-1923*, 62; Evans, 11-12.
agriculture” in order to boost yields and raise farm incomes.\textsuperscript{105} Knapp’s combination of business acumen, entrepreneurial spirit, individualist ideology, and demonstration method struck an immediate chord with Buttrick. More importantly, Knapp’s early farm demonstration work in Texas was funded in a manner consistent with the GEB’s philosophy of planned obsolescence that served as the basis for its private-public cooperative efforts. As a matter of principle, the Rockefeller philanthropies only funded a portion of the work they underwrote—and only for a limited time. They expected government, businesses, or private interests (or some combination of the three) to match or raise the other half of the funds for any projects they sponsored.\textsuperscript{106} Knapp had proven he was capable of mustering the necessary funds from local commercial and community interests in order to match the GEB contribution.\textsuperscript{107}

Buttrick, intrigued with Knapp’s demonstration work, returned to New York, and after consulting with Gates, he set up a meeting with Knapp and Wilson to discuss the idea of a USDA-GEB partnership. Gates asked Knapp why he did not expand the demonstration work to other parts of the South. He explained to his potential benefactor that the nature of the congressional funding constrained him geographically. “Federal money,” he continued, “can not be used except to fight an interstate evil, like the boll weevil.”\textsuperscript{108} The appropriations designated for fighting the pest were rooted in the government’s right to regulate interstate commerce.\textsuperscript{109} At the meeting in Washington, the four men struck a deal to fund demonstration work in the areas not yet affected by the boll weevil and, therefore, not eligible for government subsidy.\textsuperscript{110} In their agreement they carefully constructed a wall between the government and the philanthropy. The

\textsuperscript{105} Cline, 68; Remarks of Wallace Buttrick, \textit{Dr. Seaman A. Knapp}, 8.
\textsuperscript{107} General Education Board, 48-50.
\textsuperscript{108} Remarks of Wallace Buttrick, \textit{Dr. Seaman A. Knapp}, 8; Evans, 11; \textit{General Education Board}, 25.
\textsuperscript{109} U.S. Constitution, Article I, Sec. 8 To regulate commerce with foreign nations, and among the several states, and with the Indian Tribes.
\textsuperscript{110} Evans, \textit{Recollections of Extension History}, 11.
GEB would provide money to pay the salary of Knapp and his demonstration agents. Knapp and the USDA would have complete discretion over the work, but would provide monthly reports of the expenditures to the GEB. At the same time, they would be considered employees of the USDA and receive a token government salary of one dollar a year and would only work in areas not already covered by congressional subsidy.\footnote{U.S Congress, Senate. \textit{Rockefeller Foundation}, 63\textsuperscript{rd} Cong., 2\textsuperscript{nd} Sess., 1914. S. Doc. 538, Serial 6595. See also Carlson, 62; Cline, 67; \textit{General Education Board}, 26-27; Roy V. Scott, \textit{The Reluctant Farmer}. Urbana: University of Illinois Press, 1970), 313.}

Several elements of the partnership suggest that these planners had more in mind than simply an arrangement for educating local farmers. First, the GEB, on principle, never intended to fund these programs indefinitely.\footnote{\textit{General Education Board}, 14, 24.} Moreover, the money was never given without the expectation that there would be contributions from the local community. Whether it was the USDA, local government, commercial interests, or private individuals, someone or some organization had to have matched the GEB contribution.\footnote{\textit{General Education Board}, 14, 24.} The ultimate goal for the GEB was to enable local governments to build a tax base large enough and successful enough to fund public municipal services and institutions—in this case schools.\footnote{\textit{General Education Board}, 21-22; Hendrick, 94-95.} From the beginning of this partnership, Knapp concurred with the GEB’s position, pointing out that outside funding would draw local support and ultimately the “teaching of agriculture and domestic arts would become an accepted feature of rural education.”\footnote{True, \textit{A History of Agricultural Extension Work in the United States 1785-1923}, 62.} Knapp appointed his first group of county agents paid out of the GEB’s funding and, at Buttrick’s insistence, employed two African American agents to work with black farmers.

Knapp’s partnership with the GEB added to the autonomy he already enjoyed. He also now had the funding to realize his long-held vision of spreading good farming practices through...
demonstration work and without the political squabbles he had encountered from the administrators at agricultural colleges about whom he had, at best, mixed feelings. Not long after cementing the arrangement with the GEB, Buttrick and Knapp were invited to the White House for lunch with President Roosevelt. Knapp had a chance to make his case for demonstration farms and federal aid to farmers separate from that which experiment stations provided.116 Following that lunch, Roosevelt requested a report in which Knapp was not overly critical, yet he outlined the colleges’ shortcomings. While Roosevelt had asked for a “recitation of the valuable accomplishments of these colleges as well as their defects,” Knapp suggested that, “it has been my aim to state their failures and omissions in a way not intended to give offence.” He argued for the colleges to serve as centers for studying the “needs of the country” and as centers of conservation with forestry and pisciculture departments.117 Knapp was just one of many voices calling for studies of country life. Nonetheless, when he had the ear of the president, he used the opportunity to delicately suggest that, in his view, not all the colleges had complied “with the spirit of the organic Act by which they were founded.”118 Given Knapp’s ambivalence about the agricultural colleges and their mission, the article and letter show a great deal of restraint.

After initiating the partnership with the GEB, Knapp moved his headquarters to Washington, D.C., where, working from his position within the USDA, he regularly appeared before the appropriations committee to push for increases in the boll weevil eradication program budget.119 Watching Knapp’s successes with a wary eye were some members of the American

116 Buttrick to Knapp, 1 March 1907, F 13 Correspondence, Box 1, Southwest Collection/Special Collections Library, Texas Tech University, Lubbock, Texas.
117 “Our colleges of Agriculture,” 27 March 1907, F 13 Correspondence, Box 1, Southwest Collection/Special Collections Library, Texas Tech University, Lubbock, Texas.
118 Knapp to Roosevelt undated letter that accompanied Article on “our colleges of Agriculture,” F 13 Correspondence, Box 1, Southwest Collection/Special Collections Library, Texas Tech University, Lubbock, Texas.
119 U.S. House Committee on Agriculture and Forestry hearing U.S. House, Hearings before the Committee on Agriculture on the Estimates of Appropriations for the Fiscal year Ending June 30, 1910, 60th Cong., 2nd sess., Dec. 14, 1908; Jan.7, 9, 1909: 147; U.S. Congress. Senate Hearing before the Committee on Agriculture
Association of Agricultural Colleges and Experiment Stations (AAACES). Although a number of accounts credit the colleges with support of the extension work, in reality, and with few exceptions, they initially opposed the idea. They strongly objected to any notion of USDA control or oversight of their work, as they had with the Hatch Act. Knapp’s vision of extension after 1906 surely did not include the agricultural colleges, which, after all, had commandeered his experiment station plan in the 1880s. He had no intention of making the same mistake again. And for their part, the colleges remained largely uninterested in the southern work. According to one of the original demonstration agents, “In spite of the world-wide popularity of Dr. Knapp’s work, the scientists in the Department and many of the Colleges never ‘warmed up’ to it. They thought it was too simple, not scientific enough.”

Knapp finally commanded the attention of the colleges, however, when he instituted demonstration work in the state of Vermont. This move again suggests that Knapp held a broader vision for demonstration work than one focused only on boll weevils, cotton farms, and perceptions of southern backwardness. Moreover, his sudden focus on the North finally forced the land-grant colleges and experiment stations to involve themselves in the call for additional federal support in an effort to prevent the migration of Knapp’s southern extension work to northern states. In 1909, fearing the loss any influence they might exercise in terms of shaping an agricultural extension bill, the colleges formulated their own vision for federally supported extension work. Just as with the Hatch Act, the land-grant colleges proposed a direct federal

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122 Scott, The Reluctant Farmer, 303
123 Evans, Recollections of Extension History, 14, 23.
124 Scott, The Reluctant Farmer, 313.
125 Bailey, Seaman A. Knapp, 262; Evans, Recollections of Extension History, 23.
appropriation and wanted no intervention from the USDA. The colleges were not alone. Beginning in 1910 there were a flurry of bills calling for federal funding of extension work, but most failed to make it out of the House. To further complicate matters a strong push for federally supported vocational education was gaining support in certain quarters outside of the colleges among groups like the Farmers Union and the Grange.

As the southern demonstration model spread, states throughout the North and West instituted nascent extension programs. From the beginning, the county extension work in the North was funded with a combination of public and private contributions but without the deep pockets of the Rockefeller Foundation. Instead, philanthropist Julius Rosenwald, imitating the Knapp-Rockefeller model, partnered with the Council of Grain Exchange and initiated a program to support the placement of local county agents. Rosenwald offered $1000 to the first one hundred counties to hire an extension agent. J.A. Evans, who worked with Knapp in the South, heard about Rosenwald’s offer and asked if the same deal could be obtained by southern counties, but he was told by the program administrator, “Oh you are doing a good job [in the South], but these fellows say they are going to do it different and better.” “These fellows” referred to the folks working at the new Office of Farm Management under the direction of Spillman, and the patronizing tone of the response to Evans was not unintentional. There was no love lost between Spillman and Knapp, and this is reflected in the accounts left by the men who worked for them.

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127 Scott, The Reluctant Farmer, 293.
128 Scott, The Reluctant Farmer, 293.
130 Evans, Recollections of Extension History, 22; Lord, 87; Scott, The Reluctant Farmer, 268.
131 Evans, Recollections of Extension History, 22.
Spillman and Knapp had been colleagues, in a loose sense of the word, since 1902 when they were appointed as special agents in Bureau of Plant Industry. Spillman was a brilliant scientist who had independently replicated Gregor Mendel’s genetic experiments.\textsuperscript{132} He was an agrostologist who used his genetics research to develop more productive varieties of wheat. His work had attracted the attention of Willet M. Hays, who was Wilson’s assistant secretary of Agriculture in 1901. Spillman’s appointment to Galloway’s Bureau of Plant Industry was the result of his connection with Hays.\textsuperscript{133} Initially there were two types of demonstration farms—one overseen by Knapp and the other by William J. Spillman. Most accounts of their early work focus on their different approaches to experimentation, philosophies, goals, and methods. Their professional relationship was competitive and tension filled and one in which Spillman repeatedly played second fiddle to Knapp. A contemporary of the two men generously observed, “They respected each other. But few sweet words were exchanged between [them].”\textsuperscript{134} Indeed, nearly all accounts concerning the development of extension work comment on the tensions between them and what was at best an intense professional rivalry. Wilson was tolerant of their divergent views and understood that when you put creative people together, you were liable to have strong disagreement. To the Secretary, they were two men with definite ideas of their own who simply needed their own sphere of influence.\textsuperscript{135}

A composite of accounts that describe their tumultuous relationship, almost without exception, provide a sense that Spillman was repeatedly kicking the wall in frustration over Knapp’s notoriety, fame, and success, while his own accomplishments received far less recognition. The critical difference between them was not related to method and form. It was

\textsuperscript{132} Carlson William J. Spillman, 20; Lord, The Agrarian Revival, 77.
\textsuperscript{133} Carlson, William J. Spillman, 20.
\textsuperscript{134} Lord, The Agrarian Revival, 62.
\textsuperscript{135} Lord, The Agrarian Revival, 81.
simply that Knapp, both older and wiser, had a far better understanding of the political realities in the region and used that knowledge to his advantage. Spillman’s interests, like Hunter’s and Howard’s, were narrowly focused on his scientific pursuits and he did little in the way of politicking. Too often, the young Spillman comes across as begging scraps from Knapp’s table or appears as a sniveling little boy stomping his foot, demanding to have what the other kid had. Like Hunter and Howard, Spillman found he had little power against Knapp’s popularity and the political support he enjoyed both locally and in Washington. When the old farmer started to draw the majority of federal funding for boll weevil work, Spillman also demanded to have his own bureau, funding, and prestige.136 Rather than a Bureau, however, Wilson put the disgruntled agrostologist in charge of a new department, the Office of Farm Management (OFM).137 The new office provided Spillman with the autonomy, if not the prestige, he sought. The new department’s mission was to “‘investigate and encourage the adoption of improved methods of farm management and farm practices.’”138 Still, it was just short time later that Knapp laid claim to the deep pockets of the GEB and to complete control of the direction of demonstration work in the South. You could almost hear Spillman hissing. It would not be long before his angst boiled over in a very public display of venom, but Knapp did not live to see it.

Knapp was seventy years of age when he began the southern demonstration work, and like the biblical Moses, he lived only long enough to glimpse the initial push for the “promised land” of federal support for agricultural extension. He died on April 1, 1911. He lived long enough, though, to know he was close to achieving his long-sought after goal. In his final years, Knapp knew that a number of competing proposals for a federal extension service were on the

137 Carlson, William J. Spillman, 50.
138 Quoted in Evans, Recollections of Extension History, 21 (italic in the original); Carlson, William J. Spillman, 50.
Following his death, Secretary Wilson passed the old man’s mantle to his son, Bradford Knapp, who had shared his father’s vision. The appointment of the younger Knapp was the result of backing from southern congressional leaders, but Wilson’s choice generated a bit of controversy. Spillman believed the position was rightfully his, having waited so long in the wings while the old gentleman-preacher had the attention of his rural congregants. He had been the counterpart to Knapp in the North and West and, therefore, it was not unreasonable to expect he would assume Knapp’s place at the helm of extension work. Bradford Knapp, however, had the backing of the sponsors of the Smith-Lever bill, which was based on the Knapp demonstration model, and it had stronger support in Congress than a similar measure, the Page bill, that was favored by the northern interests familiar with Spillman’s model. The Page bill was broader and more ambitious than the Smith-Lever bill and not focused only on farm extension, but also included an expansive proposal for vocational education.

A third version of farm legislation, that proffered by the AAACES—the Agricultural College association—like the earlier Hatch Act, demanded direct federal funding and no federal oversight or intervention. Political support for the southern position, however, solidified further when the election of 1912 returned Democratic majorities to both houses of Congress and a Democratic president to the White House with a reform agenda and liberal view of Congress’s legislative powers. For Spillman and the conservative backers of the northern extension programs, this was a significant loss, but it also demonstrates how little difference there was between the progressive wings of both the Democratic and Republican parties at this time. Progressives in both parties were calling for federal funding for extension work. The support for the Knapp demonstration method over the vision of the agricultural colleges was all but

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assured when David F. Houston, who had been responsible for the Knapp-Buttrick meeting in 1906, and who continued to sit on the Southern Education Board an adjunct of the GEB, assumed the post of Secretary of Agriculture under Woodrow Wilson.

Houston’s administration marked the end of the sixteen-year tenure of “Tama-Jim” Wilson, but the new Secretary of Agriculture was an enthusiastic supporter of the Smith-Lever bill and had been instrumental in gaining President Wilson’s support for the legislation.\footnote{Bailey, Seaman A. Knapp, 266; David F. Houston, Eight Years With Wilson’s Cabinet 1913-1920 with a Personal Estimate of the President (New York: Doubleday, Page & Company, 1926), 58.} Therefore, despite the long-time Secretary’s departure, Bradford Knapp and his father’s vision for extension continued to have strong support in the USDA and the White House. The younger Knapp, however, did not share the degree of antipathy his father had toward the colleges and he had begun to cooperate with a number of southern institutions.\footnote{True, A History of Agricultural Extension Work in the United States 1785-1923, 72; Carlson, William J. Spillman, 68.} Moreover, Houston, having been a college president, was able to broker a peace with the colleges. He arranged a meeting with the AAACES in an effort to assuage their concerns about government takeover of their schools and hammer out a compromise effort—one that fell along the lines of cooperation and cost sharing first worked out in Knapp-Rockefeller model. Having been a college president himself, he was not only a creditable representative of the USDA but also able to understand and empathize with their concerns. In reality, the colleges had little choice as there was simply too much power and grassroots support behind the popular southern bill. Nonetheless, college administrators viewed the legislation as a deal with devil. One college dean who recognized just how significantly the Smith-Lever Act was a departure from earlier federal aid to agriculture lamented:

The inevitable result of the department’s concerning itself intimately with local conditions is to attract the attention of unscrupulous politicians who will find...
therein a powerful means of advancing their own personal interests. Given the four or five thousand local agents scattered among the farmers of all the congressional districts and under the practical control of a department which depends for its very life upon annual appropriations by Congress, all operating under the interlocking scheme of the new Lever bill, and we should have constructed and at work the most gigantic political machine ever devised.143

As is often the case with new management of any kind, people fear and resist change, especially when their authority is threatened or their sphere of influence diminished. After taking the reins of the USDA, Houston made several changes that did not sit well with his existing personnel—especially Spillman. Indeed, the administrative changes Houston instituted resulted in Galloway’s resignation within the year and pushed the unhappy Spillman into a public attack against the Rockefeller Foundation and its association with the USDA. Houston was accused, and perhaps unfairly, of not being “rural-minded.”144 Moreover, the new secretary’s longtime relationship with the GEB, the Knapp supporters, and the host of southerners who suddenly wielded significant power in two branches of the federal government caused considerable concern to the men who had enjoyed the confidence—and the protection of Tama-Jim. Wilson was gone, and they were unsure of where they stood with the man who had replaced their long-time chief.

Wilson had only paid lip service to marketing concerns, favoring instead a focus on problems of production, but Houston immediately set out to improve agricultural markets.145 In April 1913, Houston announced the creation of the Rural Organization Service funded entirely with a donations from the GEB. The GEB’s involvement in this instance was exceptional in that initially they required no cost-sharing, but the program lasted only a year, ending in July 1914,

143 Dean Eugene Davenport quoted in McConnell, The Decline of Agrarian Democracy, 35.
145 Yearbook of Agriculture 1913, 25.
after which its functions were absorbed by another department.\footnote{Memo of Understanding, 6 June 1913, RG 16, Records of the Office of the Secretary of Agriculture, General Correspondence of the Secretary, 1906-1970, Box 103, Rural Organization; Clippings denouncing GEB involvement and memo explaining of what the Service would do; RG 16, Records of the Office of the Secretary of Agriculture, General Correspondence of the Secretary, 1906-1970, Box 173, Rural Organization Service.} The Rural Organization Service was an attempt to address the farm crisis at the point of consumption and find ways to facilitate direct farm to consumer marketing through better communication between farmers and consumers using standardization of farm products.\footnote{“Rural Organization Service,” RG 16, Records of the Office of the Secretary of Agriculture, General Correspondence of the Secretary, 1906-1970, Box 103, Rural Organization; T. N. Carver, “The Rural Organization Service,” Papers and Proceedings of the Twenty-sixth Annual Meeting of the American Economic Association (Princeton: American Economic Association, 1914), 101.} A second focus of the new organization was on the general improvement in the quality of rural life and revisited the ideals and goals of the 1909 Country Life Commission. Houston recruited his friend and Harvard economics professor T. N. Carver to direct the new program. Carver answered directly to Houston. What was problematic about this is that just a month earlier, Houston had charged Galloway with organizing and expanding the department’s marketing activities.\footnote{Baker, Rassmussen, Wiser, et al., Century of Service: The first 100 years of the United States Department of Agriculture (Washington, DC: Centennial Committee U.S. Department of Agriculture, 1963), 74.} After calling his department heads and bureaus together in order to form an investigative committee, Galloway named Spillman as chair. Spillman was also involved in cooperative marketing efforts outside of the department driven by a coalition of Ag colleges, railroad representatives, and farm organizations primarily from the West and Midwest.\footnote{Baker, Rassmussen, Wiser, et al., Century of Service, 75.} Despite the nearly identical efforts of Galloway and Spillman, Houston decided instead to go with the Rockefeller supported program. Carver, the director, answered only to Houston and not only did that have the result of eclipsing Galloway and Spillman’s program, but it left them out of the decision-making process altogether. Galloway, in response, resigned his position one year after Houston appointed him to the post. Spillman did not wait quite that long to react.
By all accounts, Spillman and Houston never got along. With the Smith-Lever bill pending, which favored the Knapp-Rockefeller model of demonstration work based on cost-sharing and planned obsolescence. Spillman went to the administration’s detractors in Congress, claiming later that “conditions in the Department had become so unbearable that I decided to take a hand in helping remedy them.” Initiating a political witch hunt, Spillman enlisted the ultra-conservative Iowa Senator William S. Kenyon to pass a resolution “calling upon Secretary Houston for information concerning the relation of the Rockefeller Foundation to the Department of Agriculture.” The implication was that the trusts had invaded and were controlling the USDA. Spillman, who according to several accounts, had just finished reading Ida Tarbell’s 1902 expose of Standard Oil, “must have known the tempest he would stir by an open attack on the use of ‘Standard Oil Money’” especially in the wake of the investigations into the Colorado Fuel and Iron tragedy at Ludlow that were ongoing. Kenyon according to one account even had to “tone down the draft of Spillman’s resolution, but during the floor debate on the Smith-Lever bill he did not seem to hold back.” Kenyon accused John D. Rockefeller of using his foundation to create an “invisible government . . . fast securing its clutches upon the very vitals of our public institutions,” and he alleged that the GEB dictated the appointment of

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150 Lord, The Agrarian Revival, 81.
152 Houston to the Vice President of the United States and President of the Senate, 14 April 1914, F Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970; “Says Oil King Hopes to Control Government,” F Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970; “Paid By Rockefeller Too?” New York Times, April 2, 1914, 6.
153 “Says Oil King Hopes to Control Government,” F Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.
154 Lord, The Agrarian Revival, 82; Carlson, 61-66; Carlson seems to express an uncritically conspiratorial view of GEB using language that implies a nefarious plot, noting the organization “funneled money,” “were heavily entrenched,” when by most accounts this was an open relationship and had been since the beginning.
155 Lord, The Agrarian Revival, 82.
demonstration agents.\textsuperscript{156} This was a completely false characterization and Spillman had to have known that. Just what pushed Spillman over the top is really hard to say. Was it Tarbell’s exposé or the investigations into the Ludlow tragedy? Why all of a sudden was Spillman concerned about a program that he was well aware of and had been in force for eight years? The partnership between USDA and the GEB was initiated four years after Tarbell’s scathing account was first published in 1902. Moreover, Spillman was certainly aware of that agreement, and he certainly had no problem taking Rosenwald’s money for his northern extension activities, even though others had suggested the Sears philanthropist’s money was as tainted as Rockefeller’s.\textsuperscript{157}

Existing accounts of this episode imply that Spillman was exposing some sort of conspiratorial plot, but there was no hidden agenda. No one had been hiding money. Nor was this something Spillman had just discovered. On the contrary, the GEB involvement in extension work had been broadcast in journals, speeches, annual government reports, and in debates and hearings on agricultural extension in Congress.\textsuperscript{158} According to the agreement drawn up in 1906 and vetted by USDA lawyers, the agency had had complete charge of the Rockefeller money and dictated how it was spent throughout the program. Even allowing for a certain amount of influence peddling, the cost sharing model used by both Knapp in the initial experiments and the GEB in both their extension and public health activities involved scores of local business interests and local government officials, without which they could not have succeeded. A conspiracy requires secrecy, but in this case there was not, nor had there been any,

\textsuperscript{156} “Says Oil King Hopes to Control Government,”; Houston to Galloway, 5 May 1914, both in F Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970; “Kenyon Reveal Dark Plot: Governments In It with Rockefeller Education Board,” \textit{New York Times}, 2 May 1914, 2.
\textsuperscript{157} Lord, \textit{The Agrarian Revival}, 87.
\textsuperscript{158} Houston to the Vice President of the United States and President of the Senate, 14 April 1914, F Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970; See also \textit{Congressional Record}, 62\textsuperscript{nd} Cong., 2\textsuperscript{nd} sess., 1912, 48 pt.11:11612, 11727.
secrecy. The farm demonstration program and the method by which it had been funded had been well publicized.

Instead, Spillman’s actions suggest a man who for years had harbored resentment, bitterness, and jealousy. Despite the autonomy he gained in the move to the Office of Farm Management where his attention should have focused on “gathering information concerning the principles of sound farm management . . . he set out to do in the North and West what Knapp did in the South.”¹⁵⁹ Spillman also failed to understand the level of resistance from the land-grant colleges to any USDA intervention. The colleges also viewed his proposals to place county agents paid by the USDA as a usurpation of the experiment station’s role.¹⁶⁰ By 1912 Spillman did have some support from within the colleges—notably that of Liberty Hyde Bailey at Cornell who realized that federal intervention now seemed necessary and all but inevitable. The AAACES, however, remained skeptical about any cooperation with the USDA.¹⁶¹ It was Houston who finally solicited and gained the college association’s support. Spillman’s actions in the spring 1914 make more sense as the efforts of a man opportunistically seeking to discredit Houston who preferred Knapp’s demonstration method. The Secretary had insisted the Smith-Lever bill contain a provision expressly designating that at least seventy-five percent of the Smith-Lever funding be used for demonstration work. The new Secretary’s long-time connections to the Rockefellers and Knapp, when coupled with the Ludlow investigations and the attention to these issues both in Congress and the press presented Spillman with a perfect target—the Rockefellers—at which to vent his long-time frustrations.

The notion that the Rockefellers’ funding of southern extension work was a nefarious instrumentalist plot or a secret government infiltration by the trusts, although a popular idea

¹⁵⁹ Scott, The Reluctant Farmer, 272.
¹⁶⁰ Scott, The Reluctant Farmer, 268.
¹⁶¹ Scott, The Reluctant Farmer, 272.
during this period, is simply not borne out by a careful examination of the historical record. Indeed state and local sources of money accounted for nearly half of the costs of the programs by 1914.\textsuperscript{162} To be sure, the tragedy at Ludlow and the corporate abuses of nineteenth-century industrial capitalism were real concerns of some in Congress. Indeed, one Senator suggested that “If the Rockefeller millions are as effective in killing the boll weevils as in killing women and children in Colorado they are pretty effective.”\textsuperscript{163} The lawmaker’s remarks referenced the recent tragic deaths of women and children which occurred during a gun battle between striking coal miners and state militia at the Rockefeller-owned Colorado Fuel and Iron. The women, in an effort to protect their children from the gunfire, hid in a bunker under a tent. In the course of the battle the tent over their head caught fire, and those in the bunker suffocated to death. Most of the senators recognized Spillman’s and Kenyon’s attacks as attempts to make political hay out of the tragedy. The lawmakers had little difficulty separating Standard Oil or Colorado Fuel and Iron from the work of the philanthropy and welcomed the Rockefeller Foundation’s contributions, “even if it were called ‘blood money or filthy money.’”\textsuperscript{164} As far back as 1912, in an exchange on the floor of the House, one representative, a Mr. Garrett, inquired as to the source of funds for the boll-weevil work. Asbury Lever, one of the sponsors of the extension legislation explained to him that part of the money was federal appropriation and part of the money came from John D. Rockefeller [Rockefeller Foundation]. Garrett responded, “Well, whatever the source may be. It is a good thing for which Mr. Rockefeller’s money is being spent.”\textsuperscript{165}

\textsuperscript{165} \textit{Congressional Record}, 62\textsuperscript{nd} Cong., 2\textsuperscript{nd} sess., 1912, 48 pt.11:11612.
Secretary Houston sent a strong response to Kenyon’s query about the relationship between the USDA and the GEB. In his letter the Secretary’s made it quite clear that all of the transactions between the USDA and the GEB were long-time matters of public record and no attempt to hide anything had ever occurred. All agents paid out of GEB funds were hired and paid “on the same basis and under the same direction and follow[ed] the same methods as that of agents paid wholly from Federal funds.” Houston punctuated his response by pointing out that should Congress decide to discontinue the association between the department and the GEB, it would either mean an end to the demonstration work in the South or the federal government could expect to pony-up about $250,000.00. Ultimately, Congress did just that, and President Wilson signed the Smith-Lever Act into law.

Nearly all accounts associate the end of the relationship between the Rockefeller Foundation and the USDA with the passage of the Smith-Lever Act, but that was not the case. The Rockefeller Foundation, through its various divisions, continued to partner with the USDA and other government agencies throughout the 1910s and 1920s—something we can see with particular clarity in the American West. Moreover, the General Education Board continued to directly provide money for the Rural Organization Service through July 1914, two months beyond the passage of the Smith-Lever Act, per their earlier agreement. There was no outcry to instantly end that program. Moreover, the end of the Rockefeller’s association with the Rural

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166 Houston to the Vice President of the United States and President of the Senate, 14 April 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970. See also, United States Senate, 63rd Cong., 2nd sess., 14 April 1914, Rockefeller Foundation: Letter from the Secretary of Agriculture transmitting a response to a Senate Resolution of April 1, 1914, Certain Information in Regard to the Relation of the General Education Board of the Rockefeller Foundation to the Work of the Department of Agriculture, S. Doc 538, Serial 6595.

167 Houston to Galloway, 5 May 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.

168 Houston to the Vice President of the United States and President of the Senate, 14 April 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.
Organization Service project had nothing to do with any federal prohibition but with a difference in how Carver wanted to fund the program.\textsuperscript{169} While it is true that the Foundation could no longer partner with a federal agency, there was nothing to stop it from providing aid to the states. The GEB instead shifted its focus to the state-level work after the Smith-Lever Act passed. Initially, this move drew further protests from its opponents, but they were soon put to rest. In a communication with Dr. A.C. True, who directed the Office of Experiment Stations, Secretary Houston acknowledged that GEB monies could be used in demonstration work requested by states as long as no part of the federally subsidized county agents salary or expenses were paid by the GEB. Houston believed that honored both the spirit and letter of the congressional prohibition against further cooperation with the GEB. To do otherwise would be “dictating to the states what work they should undertake and how the work they undertake should be supported.”\textsuperscript{170} This suggests that, in the end, the GEB, federal agencies, and the states, especially in South and the West, found a way around congressional objections and continued to engage in cooperative financial arrangements with the Rockefeller Foundation and other philanthropic organizations.

The controversial battle to pass the Smith-Lever Act was not the first time attacks against the Rockefeller money played a rhetorical role in securing government support for matters of public welfare. Indeed, in 1910, during the push to establish the United States Public Health Service, proponents repeatedly invoked the importance of philanthropy in public health and the role of the Rockefeller Foundation specifically. The kind of direct cooperation that the GEB had

\textsuperscript{169} Houston to the Vice President of the United States and President of the Senate, 14 April 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.

\textsuperscript{170} Houston to A.C. True, 10 October 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.
arranged was not used in southern public health efforts because, at the time, there existed no national health agency through which they could cooperate. The GEB focused their efforts at cooperation with state and local public health officials instead. Therefore, while there was not a similar outcry against Rockefeller involvement in local public health efforts, a number of witnesses appearing before Congress in hearings on creating a National Health Service argued that the public’s health should not be left to “captains of finance.” One witness argued that the U.S. government did “not depend upon private enterprise for the defense of our seacoasts . . . for the prevention of infectious diseases among our hogs and cattle. Why should we depend upon . . . the munificence of a Henry Phipps or a John D. Rockefeller for the extinction of tuberculosis or hookworm disease?” In short, invoking the Rockefeller name to disparage one’s opponent or their legislation had become something of a parlor game in the early twentieth-century congresses. It also seemed to end up producing new federal programs.

The resolution proscribing further involvement of the GEB in the USDA occurred when there was no longer any need for it, because the Smith-Lever Act and its cost-sharing element shifted enormous new power to shape federal policy to the states. Knapp’s ability to mediate between local and federal, and public and private, interests was a key to his success, and the long-term relationships he developed at each of these points were crucial in defining the eventual form of the Smith-Lever Act. While Knapp’s vision of federal support for agriculture was realized posthumously in the establishment of the federal extension service, the template for cost sharing, which was a signature feature of the southern agricultural programs, was really Knapp’s larger legacy. Cooperation with multiple state and non-state actors in the form of cost sharing became the basis for the grant-in-aid legislation that subsequently drove the rapid expansion of

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the modern American administrative state. As the next chapter will explain, the Smith-Lever Act, in a way that few observers at the time acknowledged, represented a fundamental shift in the relationship between the federal government and the states. This legislation marked a critical turning point, not only in the development of American agricultural policy, but also in the nature and in the structure of the modern American administrative state. Unlike the Morrill and Hatch Acts, the Smith-Lever Act was far more than just farm legislation. It represented a significant expansion of the federal taxing and spending power rooted in a highly controversial and broad interpretation of the general welfare clause of the Constitution.
Chapter 3 - Legitimating the Modern State: *Massachusetts v. Mellon*

An alien form of government not provided for nor recognized by the Constitution, but inconsistent with and contrary to its provisions.
—Original Bill of Complaint, *Massachusetts v. Mellon*

A small notice in the published proceedings of the 1922 convention of the land-grant colleges titled *Massachusetts Suit in Supreme Court* confidently asserted, “action has been taken to make sure that the interests of this organization will be safeguarded.”¹ This was a remarkable assertion, not because the organization sought to protect its interests, but because the Supreme Court case in question, *Massachusetts v. Mellon*, seemed an unlikely subject of attention for agricultural interests.² The *Mellon* case had nothing to do with the marketing and production of farm commodities, agricultural science, extension work, or any of the kinds of concerns you would expect to be of interest to such an association. Rather, the case centered on a post-suffrage “women’s” reform, the Sheppard-Towner Maternity and Infancy Act, which Congress had passed in 1921 in order to address the nation’s high maternal and infant mortality rates. The act provided aid to the states to fund educational programs that would improve the health of pregnant women and mothers of infant and pre-school children. Like the Smith-Lever Act, the Sheppard-Towner Act was a grant-in-aid program, and it was the shared legal basis of these two Acts that attracted the attention of the agricultural interests.

While scholars of women’s history have long seen the Sheppard-Towner Act as a critical achievement of the maternalist state, they have paid only cursory attention to how it was of a piece with other grant-in-aid legislation and, as such, represented a broader model for state-building. Understanding Mellon only as an attack on a so-called women’s reform has imposed a gendered exceptionalism that has segregated this critical piece of legislation from the pre-1920s grant-in-aid programs and has obscured how the grant-in-aid structure of the Act was central to how state-level bureaucrats used it to define the boundaries and limits of the American state. These continuities deserve further attention.

When Congress passed the Sheppard-Towner Act in 1921, women’s groups along with their allies had fought long and hard—for more than five years—to get the controversial bill through Congress. Grace Abbott, as head of the Department of Labor’s Children’s Bureau, administered the day to day affairs of the program, but federal oversight was officially the responsibility of a three-member board comprised of Abbott, who headed the Board, U.S. Surgeon General Hugh Cumming, and John H. Tigert, Commissioner of Education. Scholars of women’s history have provided a rich literature focused on the Sheppard-Towner Act. Their

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4 No single volume addresses the Sheppard-Towner Act. Throughout this dissertation I have relied most heavily on Robyn Muncy’s Creating a Female Dominion in American Reform, 1890-1935 (New York: Oxford University Press, 1991); Kriste Lindenmeyer’s A Right to Childhood: The U.S. Children’s Bureau and Child Welfare, 1912-1946 (Urbana: University of Illinois Press, 1997); Molly-Ladd Taylor’s Mother-work: Women Child Welfare, and the State, 1890–1930 (Urbana: University of Illinois Press, 1994); and Lynne Curry’s Modern Mothers in the Heartland: Gender, Health, and Progress in Illinois, 1900-1930 (Columbus, Ohio: The Ohio State University Press, 1999). I have found these four books to be the most comprehensive treatments of the subject and those most often cited by others scholars. The Sheppard-Towner Act is a significant focus of a number of other useful works in the broader historiography on maternalism and Women’s Progressive Era reform, see Lela Costin, Two Sisters for Social Justice: A Biography of Grace and Edith Abbott (Urbana: University of Illinois Press, 2003); Nancy Cott, The Grounding of Modern Feminism (New Haven, Connecticut: Yale University Press, 1987); Marilyn Holt, Linoleum, Better Babies & the Modern Farm Woman, 1890-1930 (Albuquerque: University of New Mexico Press, 1995); Jennifer Koslow, Cultivating Health: Los Angeles Women and Public Health Reform (New Brunswick:
narratives detail how, working through state bureaus of child hygiene, reformers enlisted the aid of local middle-class women’s groups in a variety of baby-saving campaigns that included mass mailings, county fair exhibits, health demonstrations, mother’s classes, and baby contests. The measure became the flagship reform of post-suffrage maternalists and the basis on which they hoped to build a comprehensive national welfare policy. The maternity and infancy measure was nearly stillborn, when less than six months after President Harding had signed it into law, the state of Massachusetts, and a private citizen of that state, Harriet Frothingham, both filed petitions in the United States Supreme Court challenging the constitutionality of the act. Because the issues and arguments in both cases were nearly identical, the Supreme Court joined the cases and adjudicated them at the same time. In the interest of simplicity, unless a distinction is critical, I will treat them as a single case. Historians who have written accounts of the court


Most historians have cited conservative protests over the perceived feminist agenda of Sheppard-Towner proponents as the reason for its repeal. Others have pointed to strong opposition from the medical profession as cause for the measure’s ultimate demise, therefore historians interested in early twentieth-century medical professionalization have also contributed a number of works to the literature which include significant discussions of Sheppard-Tower and examines the medicalization of childbirth and the campaign to eliminate and regulate midwifery see Charlotte Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge, Mass.: Harvard University Press, 1995); Gertrude Fraser, *African American Midwifery in the South: Dialogues of Birth, Race and Memory* (Cambridge, Mass.: Harvard University Press, 1998); Joseph G. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929*; Debra Susie, *In The Way of Our Grandmothers: A Cultural View of Twentieth-Century Midwifery in Florida* (Athens, Georgia: University of Georgia Press, 1988).

challenge have framed *Massachusetts v. Mellon* as an attack on women’s maternalist reform, and rightly so. Scholars have focused less attention, however, on the actual legal arguments, though they were far-reaching. As the notice in the land-grant college proceedings above suggested, the case had the attention of groups far removed from maternalist reformers. While the plaintiffs’ attorneys argued that the Sheppard-Towner Act violated the rights reserved to the states under the tenth amendment, a close reading of case documents makes it clear that they intended to challenge the legitimacy of all grants-in-aid and the approach to state building they represented.

Although Congress had structured the Sheppard-Towner Act on the same basis as earlier grant-in-aid programs, the maternity act’s association with the Children’s Bureau presented opponents of this approach to state-building an especially promising case with which to test the constitutionality of all grant-in-aid legislation. There was good reason for their optimism. Children’s Bureau legislation had not fared well before the Supreme Court. Twice, the nation’s highest court had overturned new laws administered by, or closely associated with, the Bureau. In *Bailey v. Drexel Furniture Co.* and *Hammer v. Dagenhart*, both of which addressed the issue of child labor, the Court had ruled against the Children’s Bureau and its allies, overturning newly enacted child labor reforms on constitutional grounds. The more recent of the two decisions had been handed down just a month before the first briefs were filed in the *Mellon* case. Given the Children’s Bureau’s poor track record before the Supreme Court, the plaintiffs in the *Mellon* case had every reason to hope that the high court might, once again, rule against the Children’s Bureau’s latest legislative achievement.

Unlike the two child-labor cases, however, the *Mellon* case called into question the template on which a whole series of federal aid legislation rested—grants-in-aid. While still fluid in terms of its boundaries and purpose, this federal-aid formula had, in less than a decade,
become for many ordinary Americans a legitimate form of federal assistance and for some powerful political interests a new state-building mechanism. The agricultural colleges, and their allies in the USDA, understood clearly that if the Supreme Court overturned the Sheppard-Towner Act, it would impact Smith-Lever and all other similarly funded programs including aid for federal roads, vocational education, science and medical research, and industrial rehabilitation. At stake, therefore, was nothing less than the future of federal grant-in-aid programs. This chapter seeks to understand the Sheppard-Towner Act as far more than just an achievement of 1920s maternalism, and place it instead at the center of a legal battle about the legitimacy of grants-in-aid legislation, the fundamentally new form of state building responsible for driving the rapid expansion of the American state between 1914-1935. Sheppard-Towner’s relationship to similarly structured programs is critical for understanding both the outcome of the case and the subsequent course of what historians have characterized as a “women’s” reform.

While the Sheppard-Towner Act triggered the Massachusetts lawsuits, the plaintiffs’ original complaint made it clear that, from its inception, this case aimed to undo this new approach to state building. In the original complaint, the plaintiffs referred to the grant-in-aid formula as an “alien form of government not provided for nor recognized by the Constitution, but inconsistent with and contrary to its provisions.” The Supreme Court, however, found no justiciable controversy and dismissed the cases. The justices held that the issues centered on political rather than judicial questions and should be settled legislatively. In dismissing the cases, they did not comment on the constitutional merits: whether Congress exceeded its authority and violated the police powers reserved to the states in using the general welfare clause

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5 Massachusetts v. Mellon, (compl. at 12)
as the basis for grant-in-aid legislation.\textsuperscript{6} With no definitive ruling the welfare clause continued to be the favorite argument of those protesting federal activism, especially when the debate focused on social welfare reform. After the Mellon ruling, most Americans, though not all, who had any interest in these questions chose to understand the Court’s decision as tacit approval of the grant-in-aid approach to state-building. What was less obvious at the time, and what subsequent chapters will show, was how this newly legitimated form of state-building would ultimately become a greater threat to the Children’s Bureau’s agenda than the court challenge itself. First, however, it is necessary to understand what was so fundamentally different about federal aid programs beginning with the Smith-Lever Act and why this court challenge was more than a victory for Progressive women’s reform, but a critical juncture in American political development.

The Smith-Lever Act was the first of the grants-in-aid that constituted the approach to state-building that Massachusetts was contesting in the Mellon case. Predicated on the Knapp-Rockefeller model of cost-sharing and planned obsolescence used in the southern agricultural programs, the Smith-Lever Act established the Federal Extension Service under the administration of the Department of Agriculture. The state-level administration for the new agency was housed in the land-grant colleges. In order to avoid duplication of work, USDA agents at the state level cooperated with college officials but comprised a completely separate administrative bureau. The federal aid the Smith-Lever Act provided was not intended as additional money for either the land-grant colleges or the experiment stations associated with the colleges. The program provided community demonstrations to rural farm families who did not,

\textsuperscript{6} U.S. Constitution, Article 1, Section 8, Clause 1, 18 which read respectively: “The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States.”
or could not, attend college. The effect of the Smith-Lever Act was to broaden and nationalize the Knapp-Rockefeller model of practical demonstrations but more historically critical, Smith-Lever removed the constitutional constraints that had limited the federal role in providing aid to the states.

Enacted in 1914 at a time when the country’s attention was focused on the looming threat of European war, few observers acknowledged the degree to which the Smith-Lever Act represented a fundamental transformation in the constitutional relationship between the federal government and the states. Much of the Smith-Lever act was predicated on earlier agricultural legislation: the Morrill Land Grant Act (1862), which provided for the land-grant universities, and the Hatch Act (1887), which set up experiment stations at land-grant institutions. The legal basis of the earlier legislation rested on the government’s power to control and dispose of public land. The appropriations for both acts and subsequent revisions came from sales of public lands. Apart from tariffs and excise taxes, land grants had long been the federal government’s method of financing western expansion, economic development in the form of internal improvements, and education. Initially, Congress provided aid to the states for both the colleges and the experiment stations, but no mechanism existed that ensured that the states used the money provided as the legislators had intended. While Americans in the early nineteenth century had been comfortable with federal appropriations for the purpose of constructing improvements such as roads and canals, they would not countenance federal attempts to oversee or construct them directly. Those powers remained the prerogative of the states. By 1890, this system of appropriation without oversight was so obviously rife with abuse that Congress passed the

Second Morrill Act (1890), which provided an annual subsidy for land-grant colleges, but also put in place some nominal provisions to ensure the money would be used as Congress had intended. The 1890 Morrill Act specified what the money could and could not be used for and gave the Secretary of Agriculture the power to withhold future appropriations if a state misappropriated the money. A similar bill, the Adams Act of 1906, pertaining to the agricultural experiment stations, provided an additional subsidy to be used specifically for “scientific researches,” also required USDA oversight. The constitutional basis, however, remained the same; money from the sale of public lands was given to the states to support both the schools and the experiment stations. Smith-Lever’s demonstration program combined and extended the educational features of both the Morrill Act and the experimental focus of the Hatch Act, although at a more practical level. Smith-Lever incorporated the expanded oversight of earlier agricultural aid legislation, but also required that states submit annual spending plans and reports to assure the federal government that the money would be used for the purpose Congress intended.

In many respects, then, Smith-Lever appeared to be just a broader extension of work the colleges were doing under the Morrill and Hatch Acts, but that was far from the reality. The Smith-Lever Act was fundamentally different from the nineteenth-century aid legislation in three important ways, the first of these differences was its constitutional basis. Constitutionally, Smith-Lever rested on a broad interpretation of the general welfare clause found in Article 1, Section 8, Clause 1 of the Constitution, which reads: “The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform

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throughout the United States.”

Unlike the earlier legislation, Smith-Lever’s appropriations were not dependent on the sale of public lands, but paid directly out of the general fund of the federal treasury and was intended to directly benefit farmers and farm families, not the agricultural colleges or experiment stations. Congress’s power to tax and to appropriate money was undisputed, but what Congress could spend the money on, and the interpretation of the phrase general welfare, had a long and contested history that dated back to the beginning of the republic. To understand the constitutional departure Smith-Lever represented first requires a brief overview of the history of the contested clause.

Controversy over the general welfare clause originated in debates over the First Bank of the United States and the heated debates over the federal government’s power to fund internal improvements such as roads and canals. At issue in these early exchanges over federal powers was whether or not the Constitution permitted federal support for these types of undertakings. Strict constructionists, foremost among them James Madison, insisted that the language was intended as a constraint on the taxing and spending power and its uses limited to the enumerated powers that followed in clauses two through eighteen. Alexander Hamilton, however, disagreed and argued that a broad reading of the words ‘general welfare’ was not only proper but necessary to the unity and growth of the young nation.

Throughout the early national period, the majority of administrations accepted Hamilton’s interpretation, as did Supreme Court Justice Joseph Story, who provided a lengthy legal exegesis of the text in his commentaries on the Constitution. Both James Monroe and Andrew Jackson followed Hamilton, but took a somewhat more constrained view of the exercise of the general welfare clause by insisting that publicly funded internal improvements, though

10 U.S. Constitution, Article 1, Clause 8.
permissible, had to have a demonstrated national benefit. The antebellum administrations of Pierce and Buchanan returned to a Madisonian understanding of the disputed clause and rejected proposals to use the sale of public lands to aid the indigent insane and to fund education, respectively; both administrations insisted that neither was essential to the nation’s welfare and, drawing on the rhetoric of the period, they argued such uses violated states’ rights. Buchanan also rejected an 1859 version of what later became the Homestead Act of 1862. Congress would pass both the education and homestead measures, funded through the sale of public lands, during the Lincoln administration. Lincoln, writes legal historian Theodore Sky, “favored efforts to expand the use of public lands to foster other general welfare goals.” Land sales continued to be the favored method of funding internal improvements and western expansion until the 1890s, when the rise of the modern conservation movement forced a reevaluation and eventual reversal of public lands policy.

Changes in public land policy, however, would also influence how Congress financed federal aid programs. Public land laws had been written with the goal of privatization in mind. By the end of the nineteenth century, conservationists, concerned about speculator exploitation of western resources under existing land policies, forced a reevaluation of land use and disposition. Congress gave the president the power to withdraw vast tracts of land from the public domain under the Forest Reserve Act of 1891 and 1897. Congress passed the Forest Reserve Act as a blueprint for managing forest resources, in order to ensure the nation would continue to have a reliable timber supply. Both President Theodore Roosevelt and head forester Gifford Pinchot called for an end to the practice of giving away public lands in favor of

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13 Sky, *To Provide for the General Welfare*, 264,
maintaining public ownership and management of public resources. Instead, they advocated limited lease permits. Western senators, however, objected strongly to the leasing schemes and launched a decade-long contest between corporate interests in western states and conservationists. What is critical, for the present discussion, is that the sale of public lands as a means of federal aid funding was no longer a viable option. Changing public land policies, increasing demands for tariff reform, and growing federal deficits meant Congress had to find some other means of funding existing government budgets, but also the ever-growing demands for federal aid from a spectrum of Progressive reformers.

The answer to the public land quandary came in the form of the sixteenth amendment to the Constitution, ratified in 1913, which imposed a tax on incomes above $4000. Direct taxes on income were not new, but had been used in times of national crisis and quickly repealed. Lincoln had first used the income tax as a means of financing the Union’s war efforts. Under pressure from corporate interests, however, Congress repealed the law in 1872. Congress then passed a second income tax as part of the Wilson-Gorman tariff reform as a means of offsetting tariff reductions in 1895, but opponents of the tax immediately challenged the law, and the Supreme Court overturned it on the grounds that as a direct tax, not apportioned among the states, it violated powers reserved to the states. Theodore Roosevelt again, in the interests of social and economic justice, called for an income tax in 1908 that would stand up to a Constitutional challenge. In 1909, Congress did just that and passed the sixteenth amendment to the constitution, which, if ratified, would allow for a permanent federal income tax. However,

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when legislators passed the amendment, they did not expect the states to ratify it. Moreover, no one voting for the amendment in 1909 imagined that a split over tariff policy would, in 1912, hand the amendment’s supporters not only the White House but also enough state houses to complete the ratification process.

The passage of the sixteenth amendment was undoubtedly a watershed event for the American state, but alone it was insufficient in fueling the rapid expansion of federal power that followed. In addition to the expanded power to tax, Congress relied on an equally expansive power to spend. Armed with this new revenue stream and using a broad Hamiltonian interpretation of the general welfare clause, Congress, with the support of an activist and reform-minded Wilson Administration, passed the Smith-Lever Act. To finance the measure, Congress appropriated money for the program directly from the federal treasury rather than from the sales of public lands, as in earlier federal aid programs. More importantly, in passing the act, legislators employed a far more abstract sense of the term general welfare than had any of their nineteenth-century counterparts. Smith-Lever, then, opened the public purse in a way that, at least in theory, made it possible to fund anything lawmakers construed as contributing to the general welfare of the nation. Historians have acknowledged the critical role Smith-Lever played in advancing American agricultural policy, but less attention has focused on how in broadening the application of the general welfare clause in this single instance, Congress expanded the basis for federal aid programs generally. Constitutionally, then, the Smith-Lever Act was fundamentally different from earlier aid legislation. As such, Smith-Lever was far more important as a state building mechanism than landmark agricultural policy.
A second fundamental difference between the Smith-Lever Act and earlier forms of federal aid was the cost-sharing requirement that Congress attached to it. The cost-sharing element was a distinctive feature of grant-in-aid legislation and had not been a condition of federal aid under the Morrill or Hatch Acts, but it had been a key feature of the southern agricultural demonstration programs. Following the pattern of local financial contributions established in the Knapp-Rockefeller model, in order to be eligible for federal aid under the Smith-Lever Act, Congress expected the states to contribute as well. The Smith-Lever appropriation contained two distinct parts. First, any state that accepted the conditions of the Smith-Lever Act received an outright grant of $10,000. However, the second portion of the grant required states to match the federal contribution dollar for dollar. This part of the grant was apportioned among the states based on a ratio of the rural population in the state to the rural population nationally. Congress intended that this formula would ensure an equitable distribution of the money among the nation’s rural populations. They defined rural as those towns with populations of 2,500 or less based on the decennial census. The Smith-Lever Act enjoyed significant funding increases each year. The initial appropriation for fiscal year 1914-15 included an outright grant of $10,000 to every state that accepted the terms of the Act and the additional appropriation of $480,000 apportioned based on rural population. States receiving the additional appropriation were expected to match the federal funds dollar for dollar. The outright grant remained the same, but the amount of the apportioned funds increased annually. By fiscal year 1922-23, the year of the constitutional challenge to the Sheppard-Towner Act, the Smith-Lever appropriation totaled $4,580,000.

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Smith-Lever contained a number of more subtle changes related to its cost-sharing requirement that also expanded the federal role beyond the nominal oversight called for in either the Second Morrill Act (1890) or the Adams Act (1906). The bill required mutual agreement between the Secretary of Agriculture and the colleges in developing spending plans. This drew the secretary of agriculture into the implementation process as an active participant, rather than simply as an overseer of federal spending. Beyond the requirement for state matching funds, another distinct difference under Smith-Lever was that the bill also dictated the amount of money that could be spent on specific activities in order to accommodate the Secretary of Agriculture’s mandate that the majority of the money be spent on farm demonstration work.²⁰ To that end, Congress also specified what states could spend on any given part of the program: states had to use fifty percent of the funds for county agents’ salaries, twenty percent had to be used for home economic demonstration work, and the remaining money covered the costs for agricultural specialists, boys and girls clubs, and extension publications.²¹ This kind of specificity had also been absent in earlier aid legislation. How states chose to implement the program beyond these guidelines was left up to the individual states. As such, this new federal aid program offered a model for state-building that was ideal for a federal system for two reasons: first, states were free to accept or reject the federal aid, and second, beyond the general federal requirements, states were free to implement the programs as local conditions and needs dictated. While the Smith-Lever Act centralized spending and oversight of USDA aid programs, paradoxically, by leaving in place the cost-sharing template established in the southern agricultural programs, Congress based the new act on a formula that shifted significant policy-making power to state actors.

²⁰ U.S. Statutes at Large 38, 372 (1909-1915).
Drawing on existing professional and social relationships state-level actors developed critical new cross-agency networks that became new centers of power politics at the state level.

The emergence of these bureaucratic networks was a third important distinction between Smith-Lever and earlier aid programs. The formation of these networks was a direct consequence of the cost-sharing element of grant-in-aid legislation. The social networks developed by bureaucratic managers shaped new centers of power politics after 1914. I am not the first to suggest the existence of such networked coalitions. Scholars working in the area of American Political Development have argued that the states can develop the capacity to act in their own right as the result of long-standing relationships built “in tandem with local administration.” Others, building on this idea, have underscored the critical importance of organizational reputation to the development of state capacity. Daniel Carpenter contrasted the experiences of “mezzo-level” bureaucrats within the Postal Service and Departments of Agriculture and Interior and the critical role they played in the “evolution of capacity and reputation across agencies and over time.” Brian Balogh’s study of Progressive Era Forestry attributed Gifford Pinchot’s success to his ability to harness a “social language,” in that case “the rhetoric of the market” and the personal fraternal network of bureaucrats he commanded. Comprised of coalitions of leading state and local bureaucrats, politicians, as well as representatives of professional, commercial, and philanthropic interests, these actors operated at

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the periphery rather than at the centers of power, and they developed new administrative capacities within nascent grassroots professional networks. Their claim to professional expertise and access to local knowledge distinguished them from other types of grassroots social reformers. Moreover, they were much more than simply conduits of local information for bureau chiefs and senior-level bureau administrators, as others have argued. These grasstop actors would become a political force in their own right with the capacity to drive federal policy at the local level from within new architecture of the bureaucratic state. Their ability to influence policy spanned entire regions and cut across national borders and meant that national policy-making was no longer confined only to politicians in either Washington or state legislatures.

Power in this new state apparatus tended to be relationally, rather than hierarchically, determined. That is, relationships between stakeholders at all levels of a program now mattered. The new state provided local and state-level bureaucrats a seat at the policy table in ways that had not been possible before. However, inclusion in a particular network was not the only determining factor driving the power to effect policy. Simply asserting, for example, that a given group of actors shared common goals ignores a number of aspects crucial to understanding a network’s capacity to shape policy including: frequency of contact between national, state, and local actors; the strength of relationships between actors; the direction of these connections. Were these relationships largely unidirectional top down relationships, or were they reciprocal, sharing equally the ability to shape policy? All of these factors must be included and weighted when evaluating a network’s effectiveness and capacity. Another critical element would be how these organizations were positioned among other actor-networks that also held the power to

\[26\] See Finegold and Skocpol, *State and Party in America’s New Deal*; Carpenter, *The Forging of Bureaucratic Autonomy*.  

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shape policy. The strength of relationships established between the central and peripheral actors in a particular policy-making network also mattered in terms of the power any individual stakeholder wielded. This relational aspect had been an important element in gaining popular support for the southern demonstration programs, and the strength of the relationships between stakeholders was an important factor in the eventual institutionalization of the Knapp-Rockefeller demonstration model over the designs the agricultural colleges or William Spillman championed. The importance of actor-network relationships was amplified in the Smith-Lever Act and subsequent grant-in-aid programs.

At the state-level, new policy-coalitions appeared in response to the challenges that states faced in securing the funds necessary to match the federal appropriations. Even with federal aid, the states, particularly in the peripheries of the South and West, found it difficult to match the federal funds. In order to come up with money to access the federal aid programs, state-level bureaucrats and politicians turned to non-state interests. This had occurred in the southern agricultural programs. Contributions first from local business and political interests and later those of the General Education Board had not only been a source of funding the demonstration programs of the pre-Smith-Lever era but became an important part of the calculus of state-building under the grant-in-aid system. The inability of states to match the federal funds gave these non-state actors, interest groups, trade associations, and reform leaders critical access to the state policymakers and the means of shaping local and eventually federal policy. The need for matching state funds also encouraged new cross-agency cost-sharing relationships between federal agencies when and where their interests intersected.

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No organization was more familiar with the new state structure than the Rockefeller Foundation. While scholars correctly point out that the final version of the Smith-Lever Act ended any further participation of the General Education Board in the farm demonstration programs, this proscription only applied to the federal portion of aid programs. It did not prevent further contributions at the state level, and, for that matter, did not prevent contributions to other USDA programs. As noted, in the previous chapter, the philanthropy continued to contribute to farm demonstration programs in at least two northern states, and for a time they remained the sole financial contributors to the USDA’s short-lived Rural Organization Service. The foundation continued to champion state-building activities based on the same cost-sharing basis, but in the field of public health. However, after the Smith-Lever controversy, the Foundation worked to keep a low profile in order to avoid further controversy, and after parting ways with the USDA Rural Organization Service, they avoided situations where they were the sole contributor to a particular program. That said, it is important to note that they made no attempt to hide Foundation activities and continued to publish a record of their work in their annual reports, professional journals, and occasionally in newspapers. As subsequent chapters will demonstrate, the Rockefeller Foundation was not only a force in developing the cost-sharing template on which grant-in-aid legislation was modeled, but they continued to play an important policy role in shaping the limits and boundaries of the American administrative state long after 1914. Though not party to the Mellon case, the International Health Board of the Rockefeller Foundation would later take a central, but as yet unacknowledged, role in the battle between the Public Health Service and the Children’s Bureau for the control of the maternity and infancy programs of the Sheppard-Towner Act.

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28 David F. Houston to A.C. True, 10 October 1914, Folder Demonstration Work April-December 1914, Box 133, RG16, Records of the Office of the Secretary of Agriculture, General Correspondence 1906-1970.
A series of these grants-in-aid measures appeared in quick succession in the 1910s and 1920s that made development of these bureaucratic networks possible. Aside from Smith-Lever, which established the federal extension service (1914), similar measures included the Federal Aid Road Act (1916), which provided federal aid for money to the states for construction of new roads; the Smith-Hughes Act (1917), which provided federal funding for vocational education; the Chamberlain-Kahn Act (1918), which addressed the problem of venereal disease; the Industrial Rehabilitation Act (1920), which provided retraining for those injured in industrial accidents; and the Sheppard-Towner Maternity and Infancy Act (1921), which promoted maternal and infant health. During congressional debates on the Sheppard-Towner legislation, two additional matching grant programs were also under consideration in Congress: the Towner-Sterling Act for Educational Reform, which would called for Congress to establish a national department of education, and the Kenyon Americanization Act, which would have established a program of education for illiterate Americans and naturalized immigrants. Together, these Acts formed elements of the expanding Progressive Era state, and, like Smith-Lever, they were rooted in the “general welfare clause” of the Constitution and were all qualitatively different from earlier federal aid legislation.

Not everyone was quick to embrace this new form of government largesse. In making the case for how radically different Smith-Lever was, one contemporary observer divided federal aid programs into three distinct types: those that made minimal demands on the states, those that returned royalties from public lands to the states, and those like Smith-Lever that significantly expanded federal power and oversight of aid programs. The Morrill Act (1862) and the Hatch Act (1887) were accompanied by only broad requirements. The second group of acts centered on the development of natural resources on federal lands—particularly in West where a vast

federal domain existed and from which the states drew no tax revenue. This type of federal aid rested largely on the regulatory powers of the federal government. Congress pass a series of acts in response to the early twentieth-century conservation movement designed to promote large-scale, rational management of national resources on public lands. These acts required Congress to revise existing laws governing the disposal of public lands. Initially, the goal of early federal land policy was to transfer public lands to private hands; conservationists like Gifford Pinchot and Theodore Roosevelt reversed this policy.\footnote{Samuel P. Hays, \textit{Conservation and the Gospel of Efficiency: The Progressive Conservation Movement 1890-1920} (Pittsburgh: University of Pittsburgh Press, 1959), 69.} These acts required the federal government to return a portion of the money they generated from natural resources to the states. Examples include the National Forest Act of 1906, where states received back a portion of timber sales on public lands within their borders, the Oil Leasing Act of 1920, and the Federal Water Power Act of 1920, which provided a percentage of receipts from power generated from dams constructed within a state.\footnote{Arneson, “Federal Aid to the states,” 14-15.} While these types of federal aid acts provided funding to states, they did little to dictate how such funding was spent.

The third group of acts were grants-in-aid, those like Smith-Lever that were based on the Knapp-Rockefeller template developed in the southern agricultural work. The shared characteristics of matching grants legislation included the establishment of federal oversight boards to supervise state spending plans, power granted to federal authorities to withhold monies if the states failed to meet certain standards of efficiency and economy, and a requirement that the states match federal funds.\footnote{Paul H. Douglas, “The Development of a System of Federal Grants-in-Aid I,” \textit{Political Science Quarterly}, Vol. 35, 2 (June, 1920), 258.} Such increased oversight made grants-in-aid fundamentally more intrusive than the earlier types of federal assistance because they required mutual
agreement between the oversight boards and the state actors who administered federal funds.\textsuperscript{33} Moreover, while the first two types of federal grants were constitutionally grounded in government’s express power to control and dispose of federal lands, the legal basis for the matching-grants legislation rested on the controversial welfare-clause found in section 8, Article I of the Constitution.\textsuperscript{34} The expansion of federal power under the Smith-Lever Act drew so little attention that one contemporary commented, “A study of the debates does not disclose any appreciation on the part of members of Congress of the fundamental changes in governmental policy which the act introduced.”\textsuperscript{35}

When Congress passed the Smith-Lever Act in 1914, its features reflected the evolution of agricultural aid policy since the Morrill Act. As a result of these similarities, the casual observer was unlikely to realize just how fundamental a change in federal and state relations had just occurred. A examination of the congressional hearings and floor debates leading up to the passage of the Smith-Lever Act show that legislators’ initial concerns had less to do with the with the constitutional questions that later became a central focus of grant-in-aid opponents, than whether or not to include provisions for vocational education for industrial workers and high school students and whether or not the land-grant universities or the Secretary of Agriculture would have oversight of the program. This was a familiar battle that had been waged since the late nineteenth century. In order to finally get the Smith-Lever Act through Congress, proponents of the measure separated the extension service legislation from any attempt to introduce vocational education.

\textsuperscript{33} Austin F. Macdonald in one of the earliest assessment of federal dates first federal oversight to the Weeks Act, but Adams Act also extended federal oversight. What differentiates Smith-Lever was not the level of oversight but its constitutional basis in the welfare clause. See Austin F. Macdonald, \textit{Federal Aid to the States: Report of the Committee on Federal Aid to the State of the National Municipal League} (New York; National Municipal League, 1931), 5; Arneson, “Federal Aid to the states,” 444-45.

\textsuperscript{34} US Constitution, Article 8, Section I. Accessed online, 30 October 2009 at http://www.law.cornell.edu/constitution/constitution.articlei.html.

The Smith-Lever Act set a precedent for future federal subsidy legislation, and, beginning in 1916, similar measures followed, and with each new piece of legislation, the degree of federal oversight increased, and requirements for obtaining and using the funds grew increasingly complex. The legislative history of the “Good Roads” bill is illustrative of the parameters Congress used in expanding federal aid to the states based on the Smith-Lever formula. Bicyclists, boosters, and government officials had championed the idea of a system of federally subsidized roads since the late nineteenth century. By 1912, strong congressional interest developed in securing money to improve the nation’s system of roads. Three groups were particularly interested in securing federal aid for roads: those connected to the automobile industry, military officials who wanted the government to build a system of interstate highways across the country, and farmers. In some places, farmers had initially resisted the “good roads” boosters, but by 1916 their reticence was surpassed by their desire for better roads from rural areas to market centers. Among these three groups, there existed two schools of thought regarding federal involvement. Automobilists and military planners wanted the government to build and maintain the roads. Farmers wanted the government to provide funding but let the states be responsible for their actual construction and maintenance of the roads.

Congressman Dorsey William Shackleford (Dem., MO) introduced the initial Good Roads bill in 1912. Under this bill, depending on the level of government usage of a particular road, local authorities received payments based on an A, B, or C rating system, ostensibly to cover the cost of road maintenance which had always been a state and local responsibility; “A” roads received $25 per year, per mile; B roads received $15 on the same basis and C roads received...

received $15 per year, per mile of road. However, the bill contained no requirement that the money be spent to actually maintain roads. Monies were not paid to the states but to the local civil authorities charged with construction or maintenance of a particular road. This feature made it impossible to monitor the expenditure of federal funds. Members of Congress feared that the lack of accountability increased the likelihood that local authorities might misuse the subsidies and, thus, made this bill objectionable. Although proponents of the measure successfully attached the provision to the 1912 post-roads appropriation the bill, it did not make it out of the conference committee.  

Shackleford reintroduced a similar measure in 1914, but the new legislation amended some of the more objectionable characteristics of his first proposal and included some of the characteristics of the Smith-Lever Act. For example, the 1914 bill called for matching funds from state legislatures. The new version of the bill expanded federal oversight and required the states to obtain the approval of their spending plans from the Secretary of Agriculture. The 1914 bill also reflected Smith-Lever’s apportionment scheme; the money based on a ratio of a state’s rural population and number of post roads in use in the state to the total population of the United States and total number of post roads in use according to the U.S. postmaster general. The second bill also specified that authorities must use the money for the maintenance of roads. Nonetheless, Congress rejected the second bill over concerns that states would be more likely to maintain existing roads rather than construct new ones in its place, the Senate substituted its own bill, but neither bill passed.  

Not to be deterred, Shackleford made a third attempt in 1916, this time amending the bill to specify the proportion of money states must spend on new construction as opposed to

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maintaining existing roads. After gaining House approval, the bill fell in the Senate to a similar measure backed by the National Association of Highway Engineers and sponsored by Senator Bankhead of Alabama. The upshot of all this is that when the so-called Good Roads bill passed, it had been sculpted with successive amendments until it was similar in structure and function to the Smith-Lever Act. The measure contained all of the features of the Smith-Lever legislation. First, it provided money to the states with the expectation that the individual legislatures would appropriate a like amount; second, the allotment was based on a ratio of post roads in a state to total roads in the U.S., to ensure that the money went where it was most needed; and third, the spending plans required the approval of the Secretary of Agriculture. In addition, the federal government set down a number of detailed stipulations regarding where the roads could be constructed, limited the total amount it provided to $5,000 per mile, and required that the states maintain the roads. The bill also required the states to form a state highway commission, if one did not already exist, in order to oversee the administration of the programs in the state. As with Smith-Lever, state-level highway commissions would create a new and powerful layer of bureaucracy, one where the actors were tied simultaneously to both local and federal interests.

Funding for road construction in western states was a bit different due to the high percentage of public lands from which states received no tax revenue. Where more than 5% of a state’s total land mass remained part of the public domain, Congress increased the amount paid for roads based on the percentage of public land in that state to make up for local real estate taxes.

lost. As noted above, the federal government was already returning a portion of the timber sales from national forests to the states, but because there were vast areas of public lands without forests, and where, without roads, hope for economic development would be unlikely, the Act provided an additional sum of $1,000,000 for a period of ten years as compensation for the monies public lands removed from local tax bases in the West. As a result, most western states stood to benefit disproportionately. For example, one source noted that Nevada and Utah stood to receive 87% and 75% of their road-building costs respectively from federal aid.

Legislators opposed to the grants-in-aid seized on these provisions and argued that subsidies were little more than means of redistributing of national wealth in a way that benefitted poor and irresponsible states at the expense of wealthier states. Such sectional arguments became a common complaint of grant-in-aid opponents.

Despite all the bombast and demagoguery that those opposed to the Good Roads bill employed to defeat the measure, Congress passed it during a period when public attention was focused on possible American involvement in the ongoing European war. As a result, most of the monies Congress initially allotted were never spent. Of the $75,000,000 allotted between 1917 and 1919, states received approval for only $3,128,000. The prospect of war also made it unnecessary to address the constitutionality of constructing roads specifically for the material benefit of select groups, and since the postal system was so clearly associated with the good roads legislation, it is likely that this was the reason that opponents raised few constitutional

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45 McDonald, *Federal Aid*, 101-102; Arneson, “Federal Aid to the states,” 448.

objections to the measure. Just as Smith-Lever’s similarities to earlier agricultural legislation had muted its opponents’ constitutional concerns, the Good Roads Act’s close connection to the maintenance of post roads also obscured the subtle, but significant, differences between grant-in-aid legislation and earlier federal aid. Moreover, the appeal of grants-in-aid to both congressional supporters and federal administrators was that each retained a measure of control over how the money was used. The grant-in-aid formula was a perfect combination of state expansion writ large while preserving the principal of federalism.

Both the Smith-Lever and the Good Roads Acts provided a basic framework for the modern administrative state. Subsequent grants-in-aid funded programs of a different character and evolved to include issues of social welfare including vocational education, venereal disease prevention, and civilian rehabilitation programs. Anti-statist opponents argued these acts went beyond the scope of constitutionally sanctioned federal activities. The din of war and the fear of censure for anti-government rhetoric muted their protestations. The war, therefore, bolstered the position of the acts’ supporters, who argued the nation needed a literate, healthy fighting force and used these assertions as justification for the new measures.

One of the important characteristics of the grant-in-aid programs as they evolved between 1917-1921 was that, with each subsequent aid program, federal requirements increased both in number and complexity. Each new program expanded the number of personnel at both the state and federal levels. This meant that with each new program greater numbers of people had a vested interest in maintaining and expanding the new agencies of the state. Along with personnel increases, subsequent legislation also increased both the scope of powers that federal and state actors wielded and the number of federal requirements with which the states had to comply to obtain federal funds. Beginning with the Smith-Hughes Vocational and Rehabilitation

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Act grants-in-aid programs involved personnel from more than a single agency in the oversight process. Subsequent acts, however, were not as easily conflated with earlier aid programs as had been the Smith-Lever and Good Roads Acts, and supporters justified them in terms of troop readiness and military necessity. As a result, these programs also faced little opposition until after World War I.

Congress enacted the Smith-Hughes Vocational Education Act in 1917, and it was the first of the so-called war measures. Like the Federal Aid for Roads Act, however, this legislation had a much earlier provenance. Its supporters viewed it as an urban counterpart to the farm demonstration program of the Smith-Lever Act, although a number of its provisions also benefited rural vocational education as well. Advocates of the measure had originally floated a number of bills that combined both industrial education and farm demonstration into a single massive education act, though without success. In 1914, the proponents of vocational education agreed to sacrifice their demands in order to get Smith-Lever through Congress and pursue separate legislation for vocational education. It took another three years to accomplish their goals. The purpose of the Smith-Hughes Act was to “fit for useful employment” high-school age kids who were over fourteen and not yet in college or adults who were either preparing to work or who already worked in agriculture and the trades. The legislation further required that instruction take place “under public supervision or control,” and states were expected to provide the physical plant. The money could not be used to construct buildings or purchase equipment.

Once Congress enacted Smith-Hughes, though, entry into the war eclipsed the type of vocational training that legislators had contemplated. Rather than preparing workers to enter the labor market, training focused primarily on preparing soldiers to go to war. They received

49 U.S. Statutes at Large 39 (1917): 934.
training in new radio technologies and in the mechanical trades that the government deemed essential to war-related production. During the war, then, Smith-Hughes served little of its original purpose to educate an urban industrial workforce. Also operating under the umbrella of Smith-Hughes was another war-related federal aid program, created by the Smith-Sears Act, which provided rehabilitative training for injured soldiers. After the war, Congress created the Veteran’s Bureau, and the re-training of injured soldiers under Smith-Sears became the responsibility of the new war department bureau. This type of shift in administration is important when evaluating the rhetoric of post-war retrenchment policies and the repeal of so-called “war measures,” because although Smith-Sears no longer existed as an Education Bureau-administered grant-in-aid program after the war, it continued to live on as a function of the new Veterans Bureau. In short, the function of Smith-Sears continued after the war, but shifted from the budget of the education department to the war department.

Just as the Good Roads Act had added a number of additional requirements for states receiving federal aid, increased government expectations also accompanied the Smith-Hughes Act. Structurally, the Smith-Hughes Act contained all the basic features of the earlier grant-in-aid acts; the submission of state spending plans to a federal oversight board, the requirement for matching state funds, the submission of an annual report, and restrictions on what states could and could not do with the money. But it also included some new features that further expanded the reach of both federal and state government. The Smith-Hughes Act was much more complex than either the Smith-Lever or Good Roads Acts and created not one but a combination of three separate subsidies. It required an oversight board comprised of three agencies rather than just one. The last and perhaps most important distinction between Smith-Hughes and the earlier

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grant-in-aid laws was that this law authorized the federal board to “conduct investigations and make researches into the various phases of vocational education and to publish its findings.”

This last feature introduced a level of federal power absent from both Smith-Lever and Good Roads legislation. These “studies, investigations, and reports” could be conducted in cooperation with other federal agencies where appropriate or with the various state boards. To support research efforts, the amount of money appropriated anticipated the additional personnel needs required to carry out the investigations and to publish the results.

Increasingly, government also had an interest in the health and well being of populations as a way of managing military and workforce needs. Congress enacted two additional matching grants acts, both justified as critical to the war effort: the Chamberlain-Kahn Act and the Civilian or Industrial Rehabilitation Act. They also reflected ideas already in play at the grassroots, and their origins and goals pre-dated the war. Although they followed the earliest legislation in form and character, with each new piece of legislation came not only increased federal demands on the states, but also extended the government’s presence in American lives in unprecedented ways. Moreover, these grants-in-aid concerned issues of social control and general welfare that during the eighteenth and most of the nineteenth century Americans had considered outside the legitimate purview of the federal government. Both Chamberlain-Kahn and the Civilian Rehabilitation act sought to apply programs first used for military purposes to the civilian population.

The Chamberlain-Kahn Act had it roots in the social purity and anti-vice movements of the early twentieth century and its connection to this particular reform impulse provides an important context for understanding this far-reaching grant-in-aid. Prior to WWI, men infected

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with venereal disease were prohibited from serving in the military, but the shortage of manpower in 1917 forced the army to abandon its exclusionary policy and adopt a new approach to the problem.\textsuperscript{53} If a recruit arrived infected, but early enough to be successfully treated, he would be allowed to serve, while men in advanced stages of a venereal disease were rejected. This was no humanitarian effort. The American Social Hygiene Association (ASHA), a moral purity watchdog group, called attention to the problem after observing that the troops who were stationed on the Mexican Border during the campaign to capture Pancho Villa engaged in drinking and prostitution. Dr. William F. Snow, president of ASHA, along with Jerome Greene, Secretary of the Rockefeller Foundation and Fletcher Brockman of the YMCA, pressed the issue with both Secretary of War Newton Baker and the Secretary of the Navy Josephus Daniels. Baker tapped the American Social Hygiene Association’s Raymond Fosdick to conduct an investigation of camps’ moral environments. Fosdick later served as president of the Rockefeller Foundation.

Fosdick’s report revealed that red-light districts popped up like mushrooms around the camps until they were “virtually encircled by brothels and saloons.”\textsuperscript{54} His solution was to educate the men about venereal disease and at the same time provide “wholesome” camp recreation and entertainment as alternatives to the less savory occupations with which the men had been filling their free time. Following up on these recommendations, Baker created the Commission on Training Camp Activities (CTCA) and appointed Fosdick to head the new war department division. The CTCA’s mission was to protect the purity of American troops awaiting transport, and its approach was threefold: education, entertainment, and enforcement. The CTCA subjected troops to lectures warning of the health consequences of immorality, tying avoidance

\textsuperscript{54} Brandt, \textit{No Magic Bullet}, 53.
of prostitutes and alcohol to national patriotism, and CTCA moralists urged that those who were already infected to seek available treatment options. Outside the camps and around military bases, the CTCA waged a vigorous anti-alcohol and anti-prostitution campaign. CTCA officers shut down the sex trade and saloons and rounded up prostitutes, holding them in detention facilities. The bureau also acted as a government clearinghouse for agencies that wished to provide recreational activities within the camps. Solving the problem, however, was going to require more than baseball leagues and abstinence sermons. Therefore, the CTCA pushed to extend its surveillance to the civilian population, where, they reasoned, lay the source of infection.

The Chamberlain-Kahn Act was the civilian counterpart to the military’s attempt to address the problem of venereal disease among U.S. soldiers through treatment, education, and enforcement. Although state-level anti-prostitution campaigns were the most visible component of the new law, it was further reaching in its expansion of federal power than previous grant-in-aid legislation because rather than using the normal legislative channels to pass this legislation, social purity reformers working within the administrative architecture of the federal government pushed an essentially “civilian” measure through Congress by burying it in an omnibus military appropriations bill. Proponents hashed out the particulars of the measure in a hearing before a sub-committee on military affairs. Their logic was that unless the federal government working through the states could impose a uniform policy to address the spread of venereal diseases among the nation’s civilian population, recruits would continue to show up infected, and those on leave would continue to contract the disease.\footnote{Senate Committee on Military Affairs, \textit{Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65th Cong., 2nd sess., (June 10, 1918), 72.} At the time, both military enforcement and health officials were limited to policing red-light districts immediately surrounding federal
installations and in nearby towns. They often did so at the request of state and local officials and with their full cooperation, but as one officer admitted to the committee, they worked without any Congressional authority except where there was a clear interstate threat. Public Health Service officials wanted specific powers to carry out their anti-prostitution and anti-vice campaign measures within the states. As the legal basis for their authority, Chamberlain-Kahn’s supporters pointed specifically to the previous grant-in-aid legislation, citing Smith-Lever, Good Roads, and Smith-Hughes. They argued that the grant-in-aid formula was an “established precedent” for federal and state cooperation.” Stakeholders having hashed out the details of this bill in hearings on military appropriations encountered no serious dissent, and Congress enacted the measure July 9, 1918 without any further debate. Using the cost-sharing basis of grant-in-aid legislation, the act essentially imposed the military program on the civilian population. Using bureaucratic fiat, Chamberlain-Kahn was essentially an end run around the traditional legislative process.

Chamberlain-Kahn created a new, six-member Interdepartmental Board of Social Hygiene to administer the act at the federal level. The board consisted of the Secretary of War; the Secretaries of the Navy, the Treasury (ex officio), the surgeons general of the Army, Navy, and Public Health Service or others designated by the Secretaries of War, Navy, and Treasury. The board had power both to construct the necessary administrative apparatus and to develop regulations governing the conditions under which states could apply for aid. Federal administrators would also define for the states the best measures necessary "to assist . . . in caring for civilian persons whose detention, isolation, quarantine, or commitment to institutions

56 Senate Committee on Military Affairs, Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65th Cong., 2nd sess., (June 10, 1918), 72.
57 Senate Committee on Military Affairs, Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65th Cong., 2nd sess., (June 10, 1918), 87.
may be found necessary” to protect the nation's soldiers and sailors.⁵⁸ This provision reflected
the federal reformers’ intent to impose a uniform policy on the states, but in so doing, they
expanded federal power far beyond previous measures where such details had been left to the
discretion of the states.

Chamberlain-Kahn was far-reaching in other ways as well. First, to facilitate official
cooperation between the federal and state health officers, the Act established a new Division of
Venereal Diseases within the Public Health Service. Its purpose was threefold: education,
treatment, and enforcement. The last of these aims, enforcement, marked a stark departure from
previous grant-in-aid legislation by allowing federal public health officials to exercise police
powers that Congress had previously limited to the nation’s borders. The act also added fifty-
nine positions to the federal administration and one hundred fifty-two new field positions.
Chamberlain-Kahn also provided outright federal grants for scientific research into the causes of
venereal disease and the search for cures to selected “universities, colleges, or other suitable
institutions or organizations.”⁵⁹ This expanded the potential number of non-state actors who
were invested in and who stood to benefit from this act, apart from those in the federal agencies
already named. In addition to developing preventive programs and improved medical
treatments, it also extended the military’s fascination with the uses of social science and included
funding for sociological and psychological studies. Federal funding in earlier grant-in-aid
programs had been limited to research into plant and animal biology, but Chamberlain-Kahn
provided federal funding for clinical research focused on human disease, a form of research that
had previously been the domain of private philanthropy. During World War I, individual health

States for the fiscal year ending 1919, H. Doc. 436, 238.
became a matter of national security when nearly one in three recruits was declared unfit for service due to venereal and nutritional diseases. Epidemics threatened both troop levels and the health workers needed for production of war materials. To address these problems, the federal government offered research institutions an additional source of much coveted funding.

Historians have noted the lucrative economic benefits that accompanied the commodification of human disease.\(^6^0\) In the post-WWII period, according to historian Keith Wailoo, “the disease concept and the illness experience acquired value and could leverage resources, money, and social concessions.”\(^6^1\) Institutions that developed reputations as research centers for a particular disease served as an economic engine for entire communities. But long before WWII, Chamberlain-Kahn opened a world of possibilities for research partnerships between the federal government and state research universities. Venereal disease became a new income stream not only for research scientists but also for the local physicians who established clinics, for workers in administrative positions at both the federal and state level, for the field forces needed to coordinate and oversee programs at the grassroots, and for the communities who built detention facilities to house the patients who became unwilling participants in new medical studies.

Chamberlain-Kahn was distinct in one other significant way: a key provision of the act provided money to assist the states in constructing new detention facilities. Earlier grant-in-aid legislation had expressly prohibited the use of federal money to construct buildings for use by the states. Federal money could only be used for federal buildings. Reformers had included this provision because the large numbers of women detained in anti-prostitution campaigns had


\(^{61}\) Wailoo, *Dying in the City of the Blues*, 9.
overwhelmed existing carceral facilities during the military phase. The need for additional detention houses was their number one problem.\textsuperscript{62} This provision, the most important from the perspective of social hygiene reformers for their long-term goals, was blocked after a comptroller, familiar with the proscription against using federal dollars to build state-run facilities, refused to issue checks for the building program. This tempered the effects of the act and “dealt a critical blow to the detention program.”\textsuperscript{63} There were few jails designed to house women, and existing facilities, according to social hygiene reformers, were too harsh an environment for the type of long-term detention of female detainees social hygiene advocates had envisioned.

While the act paid lip service to the notion that it targeted both sexes, social reformers pushing the measure, despite objections from some women that the measure unfairly singled them out, did little to hide the fact that they were after prostitutes.\textsuperscript{64} “Most of the male carriers,” according to one witness, “will apply to the dispensary . . . whereas the dangerous female carriers are those who are especially engaged in prostitution.”\textsuperscript{65} Any woman unlucky enough to be caught in the anti-prostitution sweeps was then subjected to “venereal and psychological testing” that authorities used to “scientifically” determine their future.\textsuperscript{66} Women deemed uncooperative or repeat offenders risked indefinite commitment to institutions for the feeble-minded. During the congressional hearing, a lawyer who had worked with the military program stated plainly reformers’ assumptions, “Experience,” he asserted, “has shown that a very

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\textsuperscript{62} Senate Committee on Military Affairs, \textit{Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65\textsuperscript{th} Cong., 2\textsuperscript{nd} sess., (June 10, 1918), 75.}
\textsuperscript{63} Brandt, \textit{No Magic Bullet}, 88-9.
\textsuperscript{64} Senate Committee on Military Affairs, \textit{Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65\textsuperscript{th} Cong., 2\textsuperscript{nd} sess., (June 10, 1918), 79.}
\textsuperscript{65} Senate Committee on Military Affairs, \textit{Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65\textsuperscript{th} Cong., 2\textsuperscript{nd} sess., (June 10, 1918), 79.}
\textsuperscript{66} Senate Committee on Military Affairs, \textit{Army Appropriation Bill, 1919: Hearings on H.R. 12281, 65\textsuperscript{th} Cong., 2\textsuperscript{nd} sess., (June 10, 1918), 80.}
\end{flushright}
considerable portion of the women of the underworld are below normal mentally and the establishment of homes for the feeble-minded is a part of the comprehensive program and the permanent internment—perhaps internment is an unfortunate word—but for permanent custodial care of the feeble-minded.”

The Chamberlain-Kahn Act was a particularly apt reflection of how the federal government deployed public health measures as a way of disciplining bodies and populations to serve both military and economic needs. Previous public health efforts had used the police power of the individual states or municipalities to isolate contagious human bodies. An extreme example of these coercive powers targeting an individual was the New York public health department’s twenty-six year incarceration of Mary Mallon, better known as Typhoid Mary. The federal government also imposed general quarantines on cities, international shipping, and immigrants, but these efforts reflected a need, real or in some cases imagined, to safeguard the public’s health. The act extended the reach of the federal government into its citizens’ and residents’ private sexual lives, expanding the definition of prostitution to include even sex between unmarried consenting adults and extra-marital relations. In addition to targeting prostitutes, suspicion fell heavily on women in other socially marginalized populations, especially poor women whose lives fell short of reformers’ notions of morality and respectability. The Chamberlain-Kahn Act, in that respect, was as much a form of social control as public health concern. Moreover, the Act pushed the limits of the grant-in-aid model of cost-

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sharing to include direct federal funding of research programs that served both military needs and the political ends of social hygiene reformers.

Each of the grants-in-aid acts had generated a small, if sometimes vocal, opposition. The similarities these acts bore to earlier forms of federal aid, as in the case of Smith-Lever and Good Roads, and the imperative of national defense that proponents stamped on the Smith-Hughes and Chamberlain-Kahn, quieted these protests temporarily. Beginning in 1920, when Congress passed the first post-war grant-in-aid program: the Civilian Rehabilitation Act, opponents of grant-in-aid programs protested the proliferation of grant-in-aid programs and questioned the constitutionality of these measures. The Civilian Rehabilitation Act was an outgrowth of war efforts to rehabilitate soldiers injured during the war who were unable to return to their pre-war occupations. This post-war measure, known variously as the Civilian Vocational Act, the Industrial Rehabilitation Act, or Fess-Kenyon Act, was, like Chamberlain-Kahn, an extension of a military’s program to rehabilitate soldiers, but rather than retraining soldiers, it offered retraining opportunities to workers injured in industrial accidents. The Civilian Rehabilitation Act met strong opposition from conservatives who questioned the legitimacy of grants-in-aid generally, and their protests echoed the various arguments opponents of this form of federal aid had lodged against the grant-in-aid legislation since Smith-Lever. One Iowa congressman stated, “In deciding these questions we must decide the functions of government . . . it was never the intention of the founders of the Republic and framers of the Constitution to provide that all these services, no matter how worthy they may be, come out of the Federal Treasury.” Another legislator questioned the notion of federal aid itself, pointing out that northeastern industrial states unfairly bore the burden of federal aid programs. “Let Alabama care for her own

69 Congressional Record, October 11, 1919 quoted in Reuben D. Cahn, “Civilian Vocational Rehabilitation,” The Journal of Political Economy, Vol. 32, No. 6 (December, 1924), 667.
cripples,” argued a Massachusetts representative. Others raised the specter of state’s rights and offered concerns over the ability of the war-burdened economy to support further legislation. This last observation was not completely untrue; the South and most western states received far more in aid than they paid in taxes.70 States on the periphery also had the most difficult time matching the federal appropriation, and therefore, attracted significantly more outside investment in new state programs. The argument that the federal government, under the grant-in-aid scheme, would force wealthier states to carry poor states was a familiar objection. A Virginia congressman argued, “there would be no limit to it [federal aid]. It could be applied to insurance against accidents, insurance against sickness, old age pensions, and almost anything that would appeal to human sympathies.”71 This was the strongest pushback against the grant-in-aid legislation since Congress passed Smith-Lever. In part, the opposition reflected a more conservative congressional majority in the house after 1918, but the end of the war also made it politic to once again question federal action.

It is important to point out that the strongest objections reflected an increase in anti-statist sentiment, much of coming from the northeastern states, although not all conservatives opposed the grant-in-aid legislation. The difference between the two groups was that anti-statists, as a matter of principle, opposed any sort of state expansion, while moderate conservatives recognized that government did have a legitimate, if limited, social and economic role in maintaining national security and economic stability.72 In fact, one long-time Wyoming conservative noted the existence of “growing sentiment in favor of national leadership, stimulus,

71 Quoted in Cahn, “Civilian Vocational Rehabilitation,” 668.
and direction in various lines in which the primary responsibility is local.”

Conservatives were quick to ask where the money was to come from for the yearly increases in appropriations built into grant-in-aid programs. For the Progressive reformers, if a little was good, a lot was better. Progressive legislators asked whether vocational training should not also apply to those injured in other types of accidents. One section of the Civilian Rehabilitation Act limited the extension of aid only to those in industry or other legitimate occupations. Another section of the act, however, seemed to offer federal aid to those with even congenital disabilities. Congress failed to resolve these differences before enacting the law in 1920, and left the decision to local and state officials. The rhetoric over the Rehabilitation Act suggested that the more conservative post-war Congress was less enthusiastic about the proliferation of grant-in-aid legislation and more critical about the growing cost of the programs.

Between 1915 and 1920, appropriations for the five matching grant acts had grown from $1,000,000 for the initial Smith-Lever allotment to $103,000,000 for the five federal programs. The number of county agents alone in the first ten years had doubled. By 1921, the year Congress passed the Sheppard-Towner Act, the federal tab for grant in aid legislation, not including the monies designated as outright grants, reached $109,000,000. This form of federal aid had become so popular with progressive social reformers that, in addition to the Rehabilitation Act, a number of other groups sought federal support for employment agencies, rural sanitation (expansion of the Public Health Service), physical education, and Americanization of immigrants. This sudden proliferation of federal aid proposals, however, elicited a strong and vocal response from anti-statist elements on the far right, wealthy

73 Quoted in Cahn, “Civilian Vocational Rehabilitation,” 668.
northeastern states, anti-suffragists, and the practitioners of alternative forms of medicine. It was in this context that Congress convened the first hearings on the Sheppard-Towner Act.

A number of excellent historical treatments have either detailed or summarized the legislative history of the Sheppard-Towner Act as it played out in committee hearings and on the floor of the House and Senate between 1918 and 1921. Written primarily between the late 1970s and 1990s, as historians worked to make women, as actors in history, visible, these studies have aptly characterized the moment as part of women’s struggle for access to the national political arena and their attempts to enact a reform agenda. The legislative battles over this maternalist reform and the Supreme Court challenge that followed had far-reaching implications about the limits and boundaries of the new American state.

Refocusing on the Mellon case as a challenge to a fundamentally new form of state-building, also challenges the gendered exceptionalism that has tended to segregate the Sheppard-Towner Act from the pre-1920s grant-in-aid programs. While it is not my intent to minimize or trivialize the achievements of maternalist reformers, scholars too easily have cast men, both physicians and legislators, as antagonists of the Children’s Bureau, setting up a gendered binary that was really far more complicated. Substantial numbers of men had an equally vested interest in the outcome of the case, most of them because of its implications for other grant-in-aid programs. Interrogating this so-called women’s reform as watershed moment in administrative state-formation reveals how changing notions of masculinity both complicate and are bound up in new and important ways in what is an already profoundly gendered narrative. We need to interrogate further what we know about gender and power relations in connection to this reform.

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The Rankin-Robinson Act on Maternity and Infancy was the first of a series of bills on maternity and infancy and made its appearance in 1918. Representative Jeanette Rankin of Montana, the first woman elected to Congress, introduced her bill (HR 12634) on July 1, 1918. Joseph Robinson (Dem-AK) sponsored the Senate bill (S.4782).\textsuperscript{78} The Rankin-Robinson bill provided federal aid to the states to improve maternal and infant health, and the program it outlined was ambitious. As a grant-in-aid, it contained all of the familiar oversight and cost-sharing features of similar legislation, but two of the bill’s most ambitious aims would not make it out of the first committee hearing or appear in any subsequent bills. First, the act called for a four-person state board to oversee the program at the state level comprised of the state governor as ex-officio member, a physician from the state board of health, a graduate nurse, and a teacher from the state college or university. Second, it called for public health nurses to provide instruction in maternity and infancy hygiene at public-health consultation centers, but more critically the bill called for the provision of medical and home nursing care for rural mothers without access to hospitals. Doctors appearing before the committee argued that existing state boards of health should oversee the act, and the bill was amended so that state boards of child hygiene would function under existing boards of health rather than a four member board that included governor’s, nurses, and teachers.\textsuperscript{79} The House committee made another key modification that significantly altered the character of the original bill and, thereafter provided a great source of confusion: it removed any provision for medical care from the bill in an effort to retain the support of the medical community. Removing the provision for medical care gutted the bill and reduced it to a purely educational program. So from its earliest iteration, the measure

\textsuperscript{78} Congressional Record, 65\textsuperscript{th} Cong., 2d Sess., 1918, 56, pt. 9:8599-8600; Congressional Record 65\textsuperscript{th} Cong., 2d Sess., 1918, 56, pt.9:8544.

\textsuperscript{79} House Committee on Labor, Hygiene of Maternity and Infancy: Hearings on H.R. 12634, 65\textsuperscript{th} Cong., 3\textsuperscript{rd} Sess., 1919, 39, 43-44.
placed state-level control with local health officials rather than women’s groups and provided no material medical care for women or children. These two critical features would become the site of a number of contestations over the life of the hearings on the Sheppard-Towner Act, and they remained in place when Congress enacted the final version in 1921.

The first House hearing, attended entirely by supporters of the bill, met with only minor opposition from representatives of two major medical associations, both of which would later strongly support the measure. This support from the medical community is worth noting, because the emphasis in much of the literature on the Sheppard-Towner Act stresses the opposition of medical professionals to the program. Outside of some of the top leadership of the American Medical Association, physician opinion of the Maternity Act fell more accurately along a continuum that ranged from strong support to rabid opposition rather than on either side of a sharp line dividing those who supported and those who opposed the Act. Indeed, the majority of the physicians appearing before the congressional committees supported some variation of the act. The doctors who voiced objections in the earliest hearings were less opposed to the aims of the measure—attempting to provide better outcomes for mothers and infants—than to how it would be administered and by whom. Rankin’s bill received a hearing and was favorably reported out with amendments but was never brought up for consideration by the full House. The Senate bill never made it out of committee.

Horace Towner (Rep-IA) re-introduced the bill (H.R. 10925) to the 66th Congress, in December 1919. Senator Morris Sheppard (Dem-TX) introduced a companion bill (S. 3259) in April 1920.80 Several historians credit politicians’ concerns over the unknown power of the

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woman vote as a key reason for both the legislation’s success and its eventual demise. Nevertheless, it is important to remember that both Senator Sheppard and Representative Towner represented significant rural western and southern farm populations, and both groups had benefited disproportionately from earlier grants-in-aid legislation. Dorothy Reed Mendenhall, testifying in the 1919 hearing, noted that the more populous northern and eastern states had yet to develop fully their grants-in-aid programs. The sparsely populated regions of the West and rural areas throughout the South were most likely to benefit from the maternity legislation as doctors and obstetrics-related medical care was difficult if not impossible to obtain.

From the start, both proponents and opponents of the Sheppard-Towner program were cognizant of the prior grants-in-aid legislation and cited these acts to bolster their point of view. The federal programs were popular with most Americans, particularly where the lack of a sufficient tax base made provision of basic public services—especially health services—difficult to provide. In addition to the Sheppard-Towner proposal, a number of other similar measures were also on the table that in the minds of opponents threatened continued expansion of an already bloated bureaucracy. These proposals included the Sterling-Towner, later Smith-Towner bill, for a national education agency, and another that proposed a national department of health.

Several of the witnesses appearing before the committee at the hearings in April 1919 drew direct parallels to the Smith-Lever legislation as a model for the maternity program. The connection between the Sheppard-Towner legislation and the Smith-Lever Act was embodied in Bradford Knapp’s appearance before the committee on behalf of the USDA. Bradford Knapp, Seaman Knapp’s son, extolled the virtues of extension work under Smith-Lever, and he argued

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82 House Committee on Labor, *Hygiene of Maternity and Infancy*, 29.
that the Sheppard-Towner act presented an opportunity to expand the scope of extension service home demonstration programs for women to include information on childcare and pregnancy. The final committee report reiterated the younger Knapp’s suggestion and the intimate connection between the two bills. “Every State in the Union has accepted the provisions of the Smith-Lever Act,” the report noted; “the present bill recognizes that the great task of making available to every mother in every rural community popular instruction in the hygiene of infancy, the hygiene of maternity and related subjects.” From Knapp’s point of view there existed an intimate connection between the two bills.84

USDA programs served as a touchstone for supporters of the Sheppard-Towner Act and like Bradford Knapp, they frequently referenced agricultural programs to legitimate their support for the bill. A significant number of the bill’s boosters contrasted federal spending for animal health to the lack of spending to support maternal and infant health. One witness told the committee that Congress spent $47,000,000 “to produce healthy crops and animals,” and should not hesitate to pass the $4,000,000 contemplated in the maternity bill “to produce healthy mothers and babies.” When a senator suggested to a witness that the maternity bill helped the undeserving, she responded, “I do not think there is any mother on this earth who is not just as well worth saving as a hog, no matter how bad she is, and we are spending $47,000,000 saving hogs. Supporter after supporter of the maternity act repeated the mantra of hog cholera and weevils throughout the hearings and subsequent floor debates. Tying their demands for maternity legislation to the federally funded agricultural research programs, they insisted that if Congress could spend millions to improve the health of animals, surely it could do the same for the nation’s mothers. A representative of the Women’s Christian Temperance Union asked, “Is

it not time for state and national government to give at least the same thought and money to produce healthy human beings as to produce healthy animals?” She continued by noting the work carried on under Smith-Lever, the Roads Bill, and Smith-Hughes. Even the doctors were cognizant of the federal programs, referencing the measures in their testimony. In her advocacy of the bill, Dr. Anna Rude reminded the committee of the government’s successful promotion of “agricultural work, vocational education, and the building of good roads.” Dr. J. Whitridge Williams of Johns Hopkins went so far as to assert that “in certain country districts, many farmers are less interested in what happens to their wives than in what happens to a valuable cow or mare on the farm.”

Because so many of the proponents appearing before the committees also testified in subsequent hearings, the legislators were subjected to barrage of ‘if hogs, why not babies too’ and constant references to the grants-in-aid legislation.

The “hog cholera and weevil” mantra was referenced so often that a number of committee members and witnesses who opposed the act attempted to draw distinctions between the USDA programs under Smith-Lever and the Sheppard-Towner measure. Eben W. Burnstead, representing The Massachusetts Civic Alliance, wrote, “The boll weevil and cattle argument is misdirected. The appropriation is not for the hogs [it is] so that mothers and children may not die from eating diseased meat.”

Among committee members, Representative William Graam (Rep-IL) also seemed intent on differentiating between types of grants-in-aid. He asked one witness “when the Federal Government gets into this thing, whether the appropriations will not mount by jumps and bounds . . . for what has been heretofore considered exclusively state business.” When the witness pointed out that such a perspective would also affect monies for

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86 House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy: Hearings on HR 10925, 185.
road construction and venereal disease programs, Graham retorted that just because they were similar bills did not mean they were “well considered.” He then suggested that the difference lay in the fact that healthy animals contributed to commerce and, therefore, the nation as whole, but in the case of Sheppard-Towner, he argued that the money only benefits a single state. His unstated implication was that pregnancy, safe childbirth, and rearing a healthy and productive population had no national value. In a later exchange he abandoned this argument, realizing the same argument could be just as easily applied to all grant-in-aid programs, and instead expressed his opposition in terms of the ballooning federal budget. Questioning the government’s involvement in venereal disease treatment, he argued, “when you want to embark upon the line of sociology . . . the field is boundless.”

Graham’s comment is revealing and suggests that he thought the use of taxpayer dollars for corporate welfare or for constructing roads were legitimate uses of the public purse, but promotion of the health of the nation’s mothers and infants was not.

The potential for unchecked growth associated with previous federal aid appropriations also concerned Representative Harry Hawes (Dem-MO) who charged that when the Roads Act passed, the bill left responsibility for the construction and maintenance in the hands of the state. “Already in 1920,” argued Hawes, “Mr. Townsend in the Senate has a bill which virtually gives the United States control . . . the bill started out like a lamb in 1916 and now there is movement for national control.” In part, Hawes blamed Congress for the expansion of federal power. He pointed out that Congress frequently failed to define the language in federal aid legislation, thus allowing a bevy of unelected bureaucrats significant discretion in interpreting and implementing

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88 House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy: Hearings on HR 2366, 56, 132.
new laws in ways contrary to, or beyond, the limited intent of the original legislation. Brigadier General Dr. C. E. Sawyer, who was spearheading the drive for a national department of welfare, responded to Hawes’ concerns arguing that the problem was not the proliferation of government services but government bureaus’ duplication and overlapping.89 Doctor Charles O’Donovan from Baltimore echoed the sentiments of committee members, arguing that the conservative sweep of post-war elections mandated governmental economy and retrenchment: “do not embark on these expensive experiments . . . do not build anymore bureaus that will produce no results, as far as we can see, except to increase the number of officeholders at the expense of taxpayers.”90

An attorney appearing before the committee raised the central issue of constitutionality. He expressed concern that not only was the bill not economical, it was blatantly unconstitutional. Foreshadowing questions later raised in the Mellon and Frothingham cases, he asserted that the Sheppard-Towner Act, and grants-in-aid legislation generally, infringed on powers reserved to the states and discriminated against states not accepting the federal conditions. When committee members asked if he thought his states’ rights argument also applied to the earlier acts, specifically Smith-Hughes and the Industrial Rehabilitation Act, he equivocated a bit at first, but then reluctantly admitted that his objections would also apply to those acts. Realizing the ramifications of his admission, he further qualified his statement by suggesting that there was not really a clear-cut place to draw the line.91 The attorney was not alone in his objections on constitutional grounds.

89 House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy: Hearings on HR 2366, 133.
90 House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy: Hearings on HR 2366, 142.
91 House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy: Hearings on HR 2366, 147.
Anti-statists of several stripes appeared at the hearings, and again they targeted more than just this single bill. J.S. Eichelberger, editor of the *Women Patriot*, a right-wing anti-suffragist publication was more certain than the attorney mentioned above about the constitutional principles and told the committee outright that he opposed federal subsidies on principle. As with earlier objections to federal aid, he erroneously suggested that it was “the poorer states who favor the bill for Federal Aid,” and that states such as California, New York, and Massachusetts were forced to foot the bill. In response, a committee member pointed out that Senator Sheppard’s own state of Texas was among the largest federal taxpayers, and he was sponsoring the bill. Most of the anti-suffrage and liberty groups viewed nearly all federal aid as an illegitimate exercise of state power. There were a number of alternative medical groups—osteopaths, homeopaths, practitioners of Christian Science, anti-vaccination advocates—who opposed the institutionalization of a dominant medical orthodoxy. These medical libertarians appeared before the committee specifically to protest the Sheppard-Towner Act, but rather than contest the bill based on their medical ideology, they relied instead on anti-statist rhetoric to make their case. You can sense from the dialogue in the record that the committee quickly lost patience with some of them.

No one better represented the anti-statist perspective than a gentleman named H. B. Anderson, who became something of a poster-child for the anti-statist cohort. He attended and spoke at every hearing on the Sheppard-Towner Act, and while his testimony often supplied a bit of comic relief for the committee members, over time, they grew impatient with his familiar and well-worn argument. They seemed to take particular delight in deconstructing his rhetoric to the point of embarrassing him. Anderson’s position reflected the concerns of alternative medical

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practitioners. He argued that if the Congress passed the Sheppard-Towner Act, the government was essentially endorsing one form of medical practice over others and thereby depriving people of their freedom to choose an alternative to mainstream medicine. He presented himself first as the representative of the American Medical Liberty League, and in a later hearing he claimed to speak for the Citizen’s Medical Reference Bureau. In both instances the groups consisted only of Anderson and a smattering of supporters. The anti-statist and alternative medical views he espoused during the 1920 hearing clearly placed him beyond the pale of contemporary orthodox medical practice. His testimony outraged the orthodox medical practitioners in the audience.

One of the orthodox physicians in attendance stood up in the middle of the hearing and challenged Anderson’s assertion, promising to give up the practice of medicine if Anderson could produce a list of ten doctors who opposed the Sheppard-Towner Act. There is no record that Anderson ever produced such a list, which underscores that the bill enjoyed significant support from orthodox practitioners. Anderson’s repeated appearance in the record suggests that if a man as determined as he could only attract a handful of members per state to his cause, then not much opposition really existed among the general public. His apparent inability to name ten doctors opposed to the measure coupled with the numbers of highly respected orthodox physicians that appeared in support of the bill suggested that although Anderson appeared larger than life in the text of the congressional hearings, by the time the committee members finished with him, it was clear that he had few supporters. In June 1921 both the Senate and the House Committees reported the bill favorably and it was finally brought to the floor for debate.

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The clear ties between the Sheppard-Towner Act and earlier grant-in-aid legislation continued to be a focus of attention during the debates on the floor of the House and Senate. Two Senators figured prominently in the floor debate, Kenyon (Rep-IA) and James Reed (Dem-MO). Reed’s demagoguery was as much an attack on grant-in-aid programs as a category as on the Sheppard-Towner Act. In response to an assertion that the Sheppard-Towner Act was no different than the Good Roads bill, Reed argued that just because Congress had “been guilty of similar blunders,” was no justification for passing another one. “Contemplate, if you please,” he declared, “the spectacle of a horse thief standing at the bar and pleading in defense that he had only followed an ancient precedent established by the horse thieves of the past.”95

While Reed opposed grant-in-aid legislation generally, he made an art form out of attacking the women at the Children’s Bureau. As a result, historians have focused less on his attack on grants-in-aid, than on the colorful, misogynistic diatribe directed at the women reformers.96 His oration was cutting, sarcastic, and added little information, but made for great political theatre. In stark contrast to an idealized American motherhood, Reed charged, were the women at the Children’s Bureau, to whom he referred repeatedly as a band of spinsters. “Why,” Reed asked, “is it now proposed to turn control of the mothers of the land over to a few single ladies holding government jobs at Washington.”97 Reed overstated the facts and embellished with a dramatic flair the power of the proposed act. He conjured up images of government officials—women run amuck—invading home and hearth, inspired by socialism, Bolshevism, Prussianism, and just plain old un-Americanism. Referring to the bill as “a litter of abnormal and deformed ideas,” he argued that “one of the worst products of the late war was the idea that

95 Congressional Record, 67th Cong., 1st sess., 1921, pt. 9: 8759.
96 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 8759-60.
97 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 8764.
the state should take charge of the individual citizen.” Reed asked why this was not left to local health officials and trained physicians, echoing the concerns raised by some in the medical profession that had appeared before the committee. He implied that the act subjugated the physicians to the Children’s Bureau or to the state. What doctors cannot solve, asserted Reed, “will not be brought about by a society of spinsters trekking over the country in automobiles, armed with tracts advocating new theories and fantastic notions.”

Kenyon responded to Reed in a speech that was rich, eloquent, and as measured as Reed’s was biting. He responded to Reed’s diatribe, noting that the Senator from Missouri was “a master of invective and sarcasm, able to a degree seldom seen in this body, he has apparently enjoyed assailing women who have no opportunity to reply themselves.” Kenyon’s castigation of Reed’s attack on the women eventually proved too much. The Missouri legislator defended himself by asserting that he did not attack the women, but only pointed out the absurdity of single childless women “in charge of a question of maternity and child rearing.” The Iowa Senator referred to Reed’s embellished characterization of the bill as a straw man and noted that it was fashionable to refer to any position one did not agree with as Russianism and Bolshevism. Who fathered this bill, asked Kenyon. Responding to his own question, he continued, “It is the bill of Senator Sheppard from Texas . . . he has not a diseased brain, evolving Bolshevistic ideas.” Following Kenyon’s speech, and with just a little more than an hour remaining, the Senators discussed a number of amendments, including the question of appropriation limits.

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98 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 8760.
100 Congressional Record, 67th Cong., 1st sess., 1921, pt. 9, 8765.
101 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 4207.
102 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 4209.
103 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 4207.
Reed’s speech made great political theatre, but historians have perhaps focused unduly on Reed’s rhetoric and not enough on the grant-in-aid aspects of this debate. In the final minutes, the senators seemed uninterested in questions of gender. Rather, their discussion focused more generally on grant-in-aid legislation. Senator Warren reiterated objections to spiraling costs of grants-in-aid and the increasing level of federal control they engendered. “We shall either have to put an end to these miscellaneous new fad appropriations,” he argued, “which like the camel’s nose under the tent, seem small and unimportant in the first view . . . It is a species of paternalism into which we are drifting.” After a final flurry of last minute amendments, including another failed attempt by Reed to cut the funding in half, the Senate voted overwhelmingly to pass the measure. Insistent on one final volley, Reed stood immediately and offered an amendment revising the title of the act. The clerk read Reed’s proposal for a new title: “A bill to authorize a board of spinsters to control maternity and teach the mothers of the United states how to rear babies.” The amendment failed, and the Senators sent the bill to the House.

The House debate differed little from that of the Senate. Representative Caleb Layton (Rep-DE), like Reed in the Senate, rehashed many of the same issues and objections as those heard throughout the hearings and Senate debate. The House discussion convened in late November 1921. After only three days, the lower house voted to pass the measure with amendments 279 to 39. The bill returned to the Senate chamber, where, after concurring with House amendments, they sent the legislation to the President, who signed the Sheppard-Towner Act into law on November 23, 1921. Layton, like Reed, also could not resist taking one final jab. When the funding appropriation arrived in February 1922, Layton offered an amendment to

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104 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 4210.  
105 Congressional Record, 67th Cong., 1st sess., 1921, pt. 5: 4216-17.
strike the funding for the measure, but it failed. Even at this point Layton was not quite through. He launched into yet another oration condemning the measure, and he asked to have an anti-maternity bill speech given before the New York bar inserted in the record along some news articles attacking the new law. Layton’s parting shots were a harbinger of the court challenge that lay ahead. The Sheppard-Towner Act presented opponents of federal aid programs with what seemed to be the perfect test case for overturning this type of legislation.

The origins and early history of the Children’s Bureau, the agency Congress chose to administer the Act suggests why anti-statist viewed the Sheppard-Towner Act as an inviting test case for challenging the legitimacy of grants-in-aid. Even before the Children’s Bureau was involved in the baby campaigns and milk drives that eventually led to the push for the Sheppard-Towner Act, the focus of the Bureau was child labor reform. Congress created the Children’s Bureau in 1912 as part of Progressive reform campaigns to eliminate child labor, and it placed the agency within the Department of Labor.106 When Congress passed the nation’s first child labor law, the Keating-Owens Act, in 1916, the Secretary of Labor charged the Children’s Bureau with its administration. However, before the child labor bill became law, the Children’s Bureau’s primary function was to study child welfare issues and compile statistics. The goal was to collect enough evidence to make the case for child labor reform, and, in fact, such reports contributed to the labor legislation’s enactment.

The Keating-Owens legislation invoked the commerce clause of the Constitution. The law prohibited the interstate transportation of goods produced by children under sixteen in mines and quarries, and under fourteen in manufacturing facilities, or where employment exceeded

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106 Although a complete discussion of the founding of the Children’s Bureau is outside the scope of this chapter, Kristen Lindenmeyer details the direct relationship between the lobbying efforts of the National Child Labor Committee and congressional establishment of the Children’s Bureau in 1912 see Lindenmeyer, A Right to Childhood.
specified days and hour restrictions. Congress placed a one-year moratorium on the measure to provide employers with time to make the necessary adjustments in their labor force. Before the year was up, however, a textile worker challenged the constitutionality of the act, charging it deprived him of his property by denying him of the fruits of his son’s labor. Less than two years after Congress enacted the measure, on June 3, 1918, the Court in *Hammer v. Dagenhart*, overturned Keating-Owens in a 5-4 decision, with Justices Holmes, Brandeis, Clark, and McKenna dissenting. The court held the Act “unconstitutional as exceeding the commerce power of Congress and invading the powers reserved to the states.” Labor legislation was not the purview of the federal government, and the court argued that essentially the bill sought not to regulate commerce but to effect labor reform through the regulation of commerce.

Congress attempted a second time to regulate child labor by levying a ten percent tax on goods produced by children working under the same conditions proscribed in the Keating-Owens Act. The second law was rooted in Congress’ power to tax; therefore, instead of placing enforcement of the act under the Children’s Bureau, the Treasury Department took responsibility for enforcement. President Wilson signed the bill into law on February 24, 1919. Although the second child labor law was not administered by the Children’s Bureau, the agency’s close association with child labor reform was having a negative impact on the Children’s Bureau as a whole. The agency’s longtime relationship with the National Child Labor League, which was instrumental in the establishment of the Bureau, soured as the women sought to broaden their
focus of their activities beyond child labor activism and statistical studies. After the Drexel decision, the Children’s Bureau limited its child labor reform activities to state level efforts and only supported campaigns by women’s organizations to push for a constitutional child labor amendment.

The second child labor law also drew a constitutional challenge in Bailey v. Drexel Furniture Co., and, like the earlier measure, the Court ruled the law unconstitutional in an 8-1 decision. The court held that the federal government could not use its taxing power to regulate child labor and that the law was “a frank attempt to regulate a purely internal affair of the states, evidently because in the opinion of Congress the states have not regulated it as the Congress thinks it should be regulated.” Congress’s power to tax was precisely the same clause on which the grant-in-aid legislation had been based. The arguments in Bailey v. Drexel Furniture Co. occurred on 8 March 1922, and the final ruling came down on 15 May 1922. Therefore, in October 1922, when Massachusetts filed suit in the Mellon case, the Children’s Bureau had already suffered two recent defeats in the Supreme Court in relation to its child-labor advocacy. Furthermore, the Court, in overturning Bailey, cited precisely the same clause of the Constitution that had provided the basis for the Sheppard-Towner Act and all previous grant-in-aid legislation. Undoubtedly, Massachusetts and opponents of the federal aid programs rooted in the welfare clause had every reason to be confident that the Court would see its way to overturn this latest Children’s Bureau offering and all other grant-in-aid programs as well.

The battle over the new law was far from over. Opponents of the Sheppard-Towner Act immediately looked for other means to stop the Children’s Bureau initiating the program.

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111 Lindenmeyer, A Right to Childhood, 119
112 Lindenmeyer, A Right to Childhood, 128.
113 Bailey v. Drexel Furniture Co. 259 U.S. 20 (1922); Lindenmeyer, A Right to Childhood, 126-27.
114 Bailey v. Drexel Furniture Co.
Congressman Layton, who failed to stop the bill in the House, announced boldly that the state of Massachusetts intended to challenge the maternity act in the courts on constitutional grounds. The Supreme Court further bolstered the hopes of Sheppard-Towner’s opponents when, four days after vowing to challenge the law, the high Court overturned child labor legislation strongly supported by the Children’s Bureau on constitutional grounds. In October 1922, just a month short of a year after Harding signed the Sheppard-Towner Act into law, the state of Massachusetts made good on its promise to challenge the constitutionality of the Sheppard-Towner Act and filed a suit in the Supreme Court. The defeats suffered by the Children’s Bureau in the child labor cases suggest that the agency’s poor legislative track record in the high court presented a promising opportunity to overturn in the courts what they had failed to stop in the Congress. But a reading of the court documents makes it clear that while the Sheppard-Towner Act was the catalyst for the suit, the attorneys for the plaintiffs’ ultimate goal was to force the court to rule on the constitutionality of the grants-in-aid legislation. In the end, Massachusetts’ attempt to overturn the Act would instead produce the unintended consequence of strengthening the grant-in-aid basis of state building, but further enhanced the taxing power of Congress.

*Massachusetts v. Mellon* and its companion case, *Frothingham v. Mellon*, if mentioned at all in accounts of the Sheppard-Towner Act, have characterized the case as a minor postscript to the passage of the reform. Indeed, in terms of the maternity act itself, the decision in *Massachusetts v. Mellon* had little material impact; the program proceeded without interruption as the challenge made its way through the courts and in its aftermath. But the decision in terms

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115 *Congressional Record*, 67th Cong., 2d Sess., 1922, pt.7: 6775.
116 *Massachusetts v. Mellon*.
117 The two court cases were heard and decided together by the Supreme Court and for the remainder of the paper will be discussed as a single case unless reference to both are necessary for accuracy or clarity.
of future federal aid legislation would be significant. The original bill of complaint alleged four separate indictments in violation of the constitution: first, that the purposes of the act were local rather than national; second, the tax burden for the act fell unequally on the states and was particularly unfair to the industrial northeastern states; third, that Congress in enacting the law violated the police powers of the states; and finally, that expenditure made in connection with the act violated the sovereign rights of both Massachusetts and its citizens. Defendants in the case included Andrew Mellon, Secretary of the Treasury; Grace Abbott, chief of the Children’s Bureau; Hugh S. Cumming, Surgeon General of the U.S. Public Health Service; and John J. Tigert, Commissioner of Education. Abbott, Cumming, and Tigert comprised the joint federal oversight board for the administration of the maternity act.

Massachusetts sought an injunction against carrying out the provisions of the act. The complaint charged that the Sheppard-Towner Act was unconstitutional and violated the powers reserved to the states. The plaintiff’s attorneys argued that simply by virtue of accepting the act the federal government required that the states yield powers reserved to the states. According to the state of Massachusetts, the result was both an illegal form of cooperation between the states and the Federal government and an illegal delegation of its constitutional powers to a bureaucratic agency. Attorneys for Harriet Frothingham, in the companion case to Massachusetts v. Mellon, filed a nearly identical suit in district court requesting that the court advance the case to the Supreme Court. They cited similarities in the issues between her suit and the Massachusetts case in April 1923. The court agreed and joined the two cases.

An examination of the case documents reads like a history of the controversies over general welfare clause that had raged since the beginning of the republic. At the center of their

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119 “Motion By the Appellees to Advance,” Frothingham v. Mellon, April 6, 1923; “Appeal From the Court of Appeals of the District of Colombia, Frothingham v. Mellon, April 2, 1923.
arguments was the question of the legitimacy of federal grant-in-aid legislation. Nowhere in the court case did any of the attorneys raise the issue of gender or alternative medical practices that had come up in the congressional hearings or floor debates on the Sheppard-Towner Act.

Although attorneys for the state of Massachusetts focused on the particulars of the Sheppard-Towner Act, they clearly stated in their complaint that they were targeting other grant-in-aid programs as well. The substance of their argument reflected a Madisonian or strict constructionist view of the Constitution, and they declared that unless checked by the Court there would be no limit to the amount of money which may be expended for matters of local concern. Therefore, while maternalist scholars have chosen to emphasize the *Mellon* case as a targeted attack against the Sheppard-Towner Act, the attorneys for the state of Massachusetts punctuated their conclusion with a plea to the court to put a halt to “this modern scheme of legislation.”

The response of the attorneys for the four defendants reflected a broad interpretation of the general welfare clause and supported their arguments of Hamilton, Storey, and Monroe as a substantial body of case law upholding Congress’s right to tax in order to provide for the general welfare. Attorneys for the defendants underscored the relationship between the Sheppard-Towner Act and other grants-in-aid. They argued that the Maternity Act fell within the accepted understanding of the welfare clause and that the basis for the legislation fell well within the settled law and the “practice of government for more than a century.” Moreover, the Solicitor General also compiled a substantial listing of the federal subsidies received by the state of Massachusetts, and he noted that Massachusetts had long benefitted from the type of legislation

121 “Brief for Plaintiff on Motion to Dismiss,” *Massachusetts v. Mellon*, April 27, 1923, 82.
122 “Brief for Plaintiff on Motion to Dismiss,” *Massachusetts v. Mellon*, April 27, 1923, 82.
it now sought to overturn. He submitted substantial documentation showing the amounts of federal aid the state had received over the years.

Defense attorneys also received significant support from interests connected to other grant-in-aid programs that could be potentially affected by the Court’s ruling. No bureaucracy stood to lose more than the Department of Agriculture. Acting more out of self-interest than in support of the Sheppard-Towner Act, the Association of Land-grant Colleges and nine states filed amicus briefs on the defendant’s behalf. Moreover, they disagreed with the plaintiff’s attorneys that the government had “no direct and legitimate interest” in the maternity law and argued that “the time is past, if any such time ever were,” when it was possible to compartmentalize federal and state entities.

Ultimately, the Court did not specifically address the constitutionality of the grants-in-aid or discuss the meaning or intent of the welfare clause. Instead, the Court dismissed the case, citing a lack of any judicable controversy. The question, according to the high court, was essentially a political one. In their ruling, the justices noted that the Sheppard-Towner Act was not a coercive measure because the states could decline to participate in the program. Likewise, the Court dismissed the Frothingham complaint on jurisdictional grounds for failing to show that the law directly injured her in some way. By avoiding any substantive discussion on the issues in the case, however, the Court tacitly upheld the constitutionality of this new form of federal aid legislation. In attempting to challenge the federal grants-in-aid and to overturn the Sheppard-Towner Act, the state of Massachusetts, ironically, not only ensured the

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126 Massachusetts v. Mellon; Frothingham v. Mellon.
implementation of the maternity program but also placed the grant-in-aid legislation on a firmer constitutional footing and fundamentally altered the nature of American state formation.

Predicated on the Knapp-Rockefeller demonstration model, the Smith-Lever Act signaled a fundamental departure from earlier aid legislation. Rooted in a broad interpretation of the Constitution’s general welfare clause, Smith-Lever transformed the public purse into a ready source of revenue that Progressive Era reformers used to fund an expansive and activist government agenda. Smith-Lever’s distinctive cost-sharing element became standard practice in grant-in-aid legislation. It put in place a new cooperative model for state and federal relations that expanded the federal role in aid programs, increasing both oversight and the numbers of personnel needed to enforce federal requirements. At the same time, cost-sharing increased the number of stakeholders at the grassroots, empowering a new set of state and non-state actors who populated new state boards, expanded existing state agencies, and contributed to the federal programs at the state-level.

Similarities between earlier agricultural aid programs and the Smith-Lever Act and the U.S. mobilization for, and later participation in World War I, initially muted both the revolutionary nature of this new form of federal aid and any significant opposition. That sort of salutary neglect ended with the war. The Civilian Rehabilitation Act drew protests from strict constructionists that targeted the social-welfare tenor of post-war grant-in-aid legislation and the expansion of federal power that accompanied these acts. When Congress passed the Sheppard-Towner Act, opponents of grant-in-aid legislation seized an opportunity to challenge the legitimacy of this new form of state-building. Scholars of women’s history have largely viewed the outcome of the Mellon and Frothingham cases as the first shots in a decade-long struggle for control of national welfare policy pitting anti-statists and the American Medical Association
against the Progressive women reformers of the Children’s Bureau. Not everyone, however, understood the ruling this way, and, as the remaining chapters will demonstrate, both the Sheppard-Towner Act and the interpretation of the general welfare clause would remain a subject of controversy over the nature of the American state.
Chapter 4: Covington’s West: the cultural politics of Red-tape Fraternities

To him (Dr. Covington) we (the health officers of the Western states) freely confessed our failures and hopes, we boasted of our successes, and confided our worries. He gave us sympathy, good cheer, constructive suggestions, and renewed courage. We shall miss Platt Covington, sorely.

—Dr. W. P. Shepard, Western Branch American Public Health Association

Few bureaucratic managers had mastered the art of networking better than the Rockefeller International Health Board’s (IHB) Platt Covington, the unassuming physician who was the face of public health development in the American West between 1923 and 1940. His mission was not unlike that of Seaman Knapp’s two decades earlier; he sought to convince local officials that government had a legitimate interest in protecting the public’s health and that tax supported county units were the most efficient means to that end. Covington, as a former state health official himself, understood protection of the public’s health as a responsibility of local government, but he insisted the federal government had a legitimate, if limited, role as well. Moreover, he believed attention to public health was both good business and good economic policy. In his capacity as Western Regional Director of the IHB, Covington rode the rails and crisscrossed the roads and back roads of the trans-Mississippi West. A combination salesman, politician, and preacher, he shook hands, slapped backs, wrote letters, and negotiated with policymakers from governors to county commissioners as he worked to establish permanent full-time public health clinics throughout the American West. On the rare occasions when Covington was not on the road, he worked out of his home in Salt Lake City, and at his untimely death at

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1 Rockefeller Foundation Biographical Files, Box 1, Covington, Platt W., Rockefeller Archive Center, Sleepy Hollow, New York. Hereafter Rockefeller Foundation will be referenced as RF and Rockefeller Archive Center will be referenced as RAC.
the age of 55 in 1940, he had become a one-man information clearinghouse for all things relating to the politics of public health in the region. If a state needed a recommendation for a new health officer, they asked Covington. Health professionals seeking employment and letters of recommendation sought him out. State health officials and staff looked to him when they needed advice about some aspect of policy or when they faced a tough budget negotiation with a parsimonious legislature or county commission. He was instrumental in founding the Western Branch of the American Public Health Association and in 1937 served as the organization’s president. The epigraph at the beginning of this chapter encapsulates how central a place Covington occupied in western public health development and policymaking.

To appreciate how Covington achieved this prominence requires an understanding of how the structure of the modern administrative state empowered new groups of mid-level managers, and how they worked within the new state architecture to become political actors in their own right. This class of bureaucratic managers exploited mobility and leisure culture while employing changing definitions of middle-class masculinity to construct homosocial policy networks that served as new centers of American power politics.

Red-tape fraternities need to be recognized by scholars because they force us to reassess how successful Progressive Era female reformers were. Historical studies that examine the development of modern bureaucratic workplaces have focused primarily on office workers who reported daily to the same building. The modern state, however, facilitated the emergence of a new class of highly mobile and autonomous managerial workers. Few scholars have recognized this development. This new group of managers emerged as a direct result of the extended federal oversight and cost-sharing structure of the grant-in-aid model, but they also reflected important cultural changes taking place in American society as a whole. Although women were among this
new group of road warriors, men, not surprisingly, comprised the majority of this workforce. While scholars have devoted significant attention to the role of progressive women’s organizations during this period, the social relationships among male progressives have been either conflated or normalized in a way that ignores that important differences existed among them with implications for understanding policy outcomes. While women were making progress in gaining access to the stationary bureaucracies of Washington, D.C., the mobile bureaucratic managers who comprised the emerging red-tape fraternities of the modern state reconstructed, for women, the gendered disadvantages of an earlier era.

The feminization of office work in the late nineteenth century, coupled with the evolution from an artisanal to industrial workforce, lowered both the pay and prestige of what had been respectable positions for white, middle-class men. Federal bureaucracies increasingly hired white middle-class women to fill office positions once held by men and in the process cut labor costs, often by half, while increasing efficiency. The growing numbers of women in bureaucratic offices added to contemporaries’ perceptions that American masculinity was in crisis. In the late-nineteenth century, male politicians, psychologists, medical professionals, and clergy worried over the enervating effects of industrialization and managerial capitalism on American manliness. In response to the growing national perceptions that the nation’s men had become soft and feminized, they glorified militarization, embraced a host of outdoor pursuits such as hunting, fishing, and hiking, and promoted competitive blood sports like boxing. As the

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number of women increased in public and private bureaucratic institutions, activities associated with manly forms of leisure replaced work as a source of male status and identity, and they provided a means of rebuilding men’s sense of fraternity. Increasingly, managers blurred the lines between leisure and business. They sought out new homosocial venues as alternatives to the traditional offices and board rooms for meetings and negotiations, where mature manifestations of boyhood sparring, spitting, and posturing once again found free rein. Women employed within the bureaucratic system, at both the state and national levels, therefore tended to operate at a disadvantage and largely outside of these emerging fraternal networks. Nowhere was this more evident than among the new class of mobile managers of the modern state who were more than willing and able to exploit the opportunities that the grant-in-aid structure provided. This chapter uses Platt Covington’s experiences as a lens through which to understand the broader cultural contexts in which red-tape fraternities emerged, how they functioned, and what distinguished them from the multitude of other reform interests, interlocking directorates, and commercial homosocial networks that are so often at the center of state-building discussions.

Yellowstone National Park, irresistible in late summer, provided a majestic backdrop for the 1928 meeting of the state medical societies of Idaho, Wyoming, and Montana. In any other year, their conference was little more than a sleepy, parochial gathering of tri-state medical men. But the program of events and speakers Montana state health commissioner William F. Cogswell put together that year had very little of the provincial about it. He spent months vetting a list of special guests that included the U.S. Surgeon General and an entourage of assistant surgeon generals, the director of health and public instruction of the American Medical Association (AMA), the head of the medical division of the American Child Health Association (ACHA), and both the national and western regional directors of the Rockefeller International Health

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Board (IHB). Collectively, these invited guests represented a significant concentration of American public health’s power elite in the late 1920s. Though the invited guests worked for a number of different public and private agencies, they knew each other well. As a group, they were emblematic of the informal policy-making networks that appeared after Smith-Lever, primarily due to the cost-sharing nature of modern federal aid programs. As physicians, their shared interests in public health development bound them together, but because they worked for different agencies and organizations and their jobs kept them on the road, they frequently used national parks, golf courses, hunting preserves, and similar venues as neutral locations for conferences and meetings, where they exchanged information and engaged in informal policy negotiations. Meetings in places like Yellowstone blurred the lines of work and leisure but also functioned as new centers of power politics for this highly mobile and, at the time, largely male, segment of the bureaucratic workforce.

Officially, the dignitaries traveled to Yellowstone to attend the public announcement of a long-awaited vaccine for Rocky Mountain Spotted Fever. Roscoe R. Spencer, from the National Hygienic Laboratory (later the National Institutes of Health), together with Ralph R. Parker, an entomologist with the federal Bureau of Entomology, had developed the biologic. The two men planned to deliver a joint paper on their work at the Yellowstone meeting. Following the medical conference, Cogswell’s invited guests planned to travel to the Bitterroot Valley where the surgeon general would dedicate the new Rocky Mountain Laboratory in Hamilton, Montana. The state of the art facility would house the production of the vaccine and serve as a center for

5 Cogswell to Covington, 12 July 1928, F38, Box 5 S229, RG2, RF, RAC; Covington was unable to attend due to unanticipated health problems, but was, nonetheless, not only a part of this network, but the central player see Covington to Cogswell, 30 August 1928, F38, Box 5 RG2, RF, RAC.
6 Victoria Harden, Rocky Mountain Spotted Fever: History of a Twentieth Century Disease (Baltimore: Johns Hopkins University Press, 1990), 142.
7 Cogswell to Ferrell, 26 July 1928, F38, Box 5, S229, RG2, RF, RAC.
continuing studies of spotted fever and similar tick-borne diseases. The Spencer-Parker vaccine represented the culmination of a nearly three decades-long project involving every level of government as well as civic groups and local commercial interests. The connections between members of this elite medical fraternity, however, ran deeper than a shared interest in spotted fever research and can be better understood through the planned activities not found on the conference program or in their official itineraries.

Before heading to Hamilton, the invited physicians spent the weekend as guests of Montana Power for a bit of rest and recreation and a chance to enjoy some fly-fishing at the company’s Madison River cabin. The official records of this meeting reveal very little about this portion of the trip. There are no details of the conversations that weekend, no mention of how good—or bad—the fishing was. The thank-you notes and expense reports in post-event correspondence refer only to the medical meetings, the new laboratory, and the progress of Spotted Fever research. No one wrote about what a great time they had fly-fishing, and there was no mention of mountain cabins. The correspondence of those unable to attend, however, suggested more than just laboratories and meetings were on the agenda. They sent regrets and lamented their missed opportunity to “mix business with pleasure,” perhaps revealing something more about the character of the gathering. Nonetheless, the record attests to a level of sociability that existed outside the normal workday relations, and while we cannot know what they said, we can see the policies that developed out of these moments of cross-agency sociability by following the actors who were present and the subsequent policy decisions they

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9 T.B. Beatty, Health Commissioner of Utah to Dr. F.F. Russell, Director of the Rockefeller Foundation, 25 August 1928, F56, Box 7, S250, RG2, RF, RAC; T.B. Beatty to F. F. Russell, 14 September 1928, F56, Box 7, S250, RG2, RF, RAC.
10 Ferrell to Cogswell, 12 September 1928, F38, Box 5, S229, RG2, RF, RAC.
supported. Therefore, this fraternal gathering was more than a group of men getting together to
do a little fishing over the weekend. They used leisure activities and sport to increase their social
and political capital while renegotiating the meanings of white middle-class masculinity. The
homosocial relationships these men shared on such occasions are critical for understanding how
social networks functioned in the policy-making process and how they used these connections to
shape the limits and boundaries of the modern state. Although red-tape fraternities exploited
existing patterns of male sociability and developed in response to a number of emerging new
cultural patterns in American culture more broadly, they were a distinct and new adjunct of the
modern state.

The corporate fishing cabin where the gathering was held was indicative of broader social
shifts in American culture that extended the workplace to sites of leisure and recalibrated gender
relations in the early twentieth century. The cultural emphasis on sport, competition, muscular
Christianity, and Theodore Roosevelt’s advocacy of “the strenuous life” in the early twentieth
century was ubiquitous and fed an emerging consumer economy that included a particular kind
of consumption of nature.\footnote{Paul S. Sutter, \textit{Driven Wild: How the Fight Against Automobiles Launched the Modern Wilderness Movement} (Seattle: University of Washington Press, 2002), 26-27.} Increasingly, this focus on leisure and sport became an integral part
of corporate culture and manifested itself in different, but related, forms. Large corporations, for
example, engaged in “welfare capitalism,” where they provided benefits and organized leisure
activities as a means of securing employee loyalty, shutting down union activity, reducing

The Pacific Electric Railroad (P&E) listed among
its assets “a baseball diamond, mountain resort, and clubhouse.”\textsuperscript{13} P&E also sponsored a baseball team, Masonic Lodge, bowling league, and rod and gun club.”\textsuperscript{14} International Harvester, Sears, and NCR sponsored similar team sports for their workers.\textsuperscript{15} These types of company activities were ubiquitous in the early twentieth century.

While company executives used leisure activities as part of a comprehensive effort to discipline their blue-collar workforces, white collar workers also embraced leisure activities as a means of redefining middle-class masculinity in increasingly feminized workplaces.\textsuperscript{16} Two key factors contributed to an increase in these out-of-office related business activities: managerial decentralization and the increase in field forces. Both were also features of the modern state, and both reflected changes in the broader late nineteenth and early twentieth-century business culture. Managerial decentralization accompanied the expansion of national corporations. The physical distances that existed between home and regional offices disrupted the day-to-day communications that had been possible when all employees operated out of a single corporate facility. Specialization of management tasks contributed further to managerial isolation, thereby decreasing efficiency of company operations and esprit d’
corps.\textsuperscript{17} To combat the negative effects of managerial decentralization, corporate executives used periodic or annual corporate events where all managerial personnel gathered in a central location. These events almost always included a variety of leisure activities and contests which management used as a means of building collegiality and judging the measure of a man’s potential. A successful performance could mean the difference between career stagnation or access to the male homosocial world of

\textsuperscript{13} Clark Davis, \textit{Company Men: White Collar Life and Corporate Cultures in Los Angeles, 1892-1941} (Baltimore: Johns Hopkins University Press, 2000), 172.
\textsuperscript{14} Davis, \textit{Company Men}, 172.
\textsuperscript{15} Tone, \textit{The Business of Benevolence: Industrial Paternalism in Progressive America}, 95.
\textsuperscript{17} Davis, \textit{Company Men}, 97.
the executive suites. For example, General Electric (GE) used leisure spaces as sites where the performance of masculinity served as the vehicle for creating both a sense of fraternity and a common experience among future executives.¹⁸

An important consequence of the use of gendered leisure activity to spot potential executives was that it locked women out of places where top managers made decisions concerning career advancement and promotions. Women were further disadvantaged as alternative workplaces became key sites of negotiations in the policy-making process. Every summer GE’s top brass brought numbers of “promising young men” or “PYMs” to the company-owned Association Island on Lake Ontario.¹⁹ Executives subjected the chosen few to team-building exercises, competitive sports, and school-boy antics under the gaze of upper management, whose members assessed the suitability of the recruits for high-level advancement.²⁰ Moreover, the distinctly male-centered activities at these homosocial gatherings, whether held in places like Yosemite, Yellowstone, or Association Island, allowed men to exclude wives and female colleagues without raising any eyebrows. These school-boy style competitions and behaviors, rather than the particular location, would have made a woman’s presence at these events unseemly. While wives sometime attended closing events, usually some sort of banquet or dance, there is no mention in the sources that indicate promising young women were invited to these convocations.²¹

¹⁹ Nye, Image Worlds, 96.
²⁰ Nye, Image Worlds, 96.
²¹ Nye, Image Worlds, 96; The Henderson Historical society website notes that prior to 1911 when GE took over the Island from National Electric Lighting Association(NELA), family members of the men invited to participate in the summer camps would come for the second half of the summer. Women were not participants in the corporate recruiting events during the NELA or GE years. Henderson Historical Society Website, “Significant events of the past-half century or so in the town of Henderson include:” Accessed on line at http://www.hendersonhistoricalsociety.com/hhs07.html 16 January 2013.
The gathering at the Madison River cabin exemplifies these exclusionary tendencies. By all accounts, there were no women in attendance. There is no indication, for example, that Cogswell’s colleague, Dr. Hazel Bonness, who directed the federal Sheppard-Towner program in Montana, was present. One might account for her absence noting that her concern was child health and not spotted fever, yet Crumbine, the medical director of Hoover’s private American Child Health Association (ACHA) was invited. Nothing in the sources indicated that Crumbine had any particular interest in spotted fever work, but he was a key player in Hoover’s child health organization and had worked closely on a regular basis with a number of those in attendance, including the Surgeon General and the invited members of the Rockefeller International Health Board. The IHB’s Covington responded affirmatively to Cogswell’s invitation, but with the caveat that should his family decide to accompany him to the medical conference, he would have to pass on the weekend offer.\footnote{Covington to Cogswell, 17 July 1928, F38, Box 5, S229, RG2, RF, RAC.} His response provides further clues to the homosocial character of the proposed fishing weekend. National parks were popular family vacation destinations, but he understood that whether by choice or necessity, having his wife and kids along would preclude his participation in the event. Implicit in his answer was an unspoken recognition that this was a male-only event, and that more was at stake than a weekend of recreation. This was not a case where he could bring the family and go off with the boys for some fishing. This was a moment of bonding with the other men in the group where sites of leisure also furnished an informal context for serious, if informal, business negotiations.\footnote{Sutter, \textit{Driven Wild}, 19.}

National parks, corporate cabins, private islands, and hunting preserves especially in the South and West, became popular sites for such fraternal gatherings. Sometimes they took the form of side trips in conjunction with meetings and conventions, as in case of the Madison River
fishing weekend. National parks proved so popular as meeting places for a variety of state, commercial, and civic groups in the early years of the national park system that available facilities were overwhelmed. The superintendent of national parks in his 1916 annual report to the Secretary of the Interior, complained, “It is doubtful whether the holding of conventions in the parks can be generally encouraged again until such time as most of the hotel and camp facilities are extended.”24 Organizations holding their meetings at national parks that year included the Montana Bankers Association in Yellowstone Park; the Washington Bankers’ Association, the West Coast Lumberman’s Association, the Association of Western Confectioners, the Knights of Pythias, and the Order of the Eastern Star in Mt. Rainier National Park; and the Native Sons of the Golden West, in Yosemite.25 These alternatives to the usual male haunts gained importance as corporate and civic organizations became national and international entities. Other groups held conferences near parks and included stays in the parks in conjunction with their meetings. When Utah’s governor hosted the Western Governor’s Association Conference in August 1916, he arranged a three-day tour of Yellowstone for his guests, all of whom were men.26

These out-of-the-office workplaces became more than just new venues for work; they also provided sites for the performance of masculinity—where men negotiated and defined new expressions of what it meant to be white, middle-class men.27 Aside from the nature of physical or recreational activities that took place at such locations, the gendered rhetoric used in correspondence reflected the homosocial nature of these events. In 1922, Arno Cammerer,

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acting Director of the National Park Service, called what he described as a “working conference” in Yosemite Valley. Held in cross-agency cooperation with the Public Health Service, the purpose of the conference was to address the poor sanitary conditions in national parks. In a letter briefing sanitary engineer H.B. Hommen of the United States Public Health Service about the conference, Cammerer explained, “There will be nothing formal; we will all take off our coats and sit down for a good, intimate, get-together talk.” He continued, “You know most of the boys who will be there, and in a few moments you would know them all.”

Cammerer outlined a meeting that was meant to be a friendly, informal, shirt-sleeve affair with a group of men with whom Hommen was largely familiar, despite his employ in a separate government agency. That the acting director thought it necessary to describe this meeting as a “working conference” implies that these events, at least in part, were to be moments of sociability and leisure as well as serious business. Cammerer urged Hommen to level his critiques of park conditions “straight from the shoulder” when he addressed the superintendents, a phrase borrowed from boxing, a sport which during the early-twentieth century defined the essence of American ideals of masculinity.

His language carried notions of a man-to-man muscular frankness and an implied set of shared values in how those attending the meeting would relate to one another. These informal cross-agency groups developed a new set of homosocial rituals such as small or exclusive group gatherings, departure from formal dress codes, and frank discussions among friends. These in turn acted to strengthen the ties of an emerging brotherhood whose fraternal bonds lay in their mutual interest in the agencies of the modern state. They used these new relationships for their mutual economic and social benefit.

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28 Cammerer to Hommen, 30 September 1922, Folder 1922 July to December, Box 181, RG 90, National Archives, College Park, Maryland. Hereafter NARACP.
For the managers of the modern state agencies, these types of out-of-office gatherings functioned increasingly as alternative places of work that made sense for a mobile, decentralized, and often multi-agency workforce more at home in their cars than in their offices. This class of mid-level managers spent significant portions of their working life on the road as they implemented and reshaped the national policies and programs of new bureaucratic agencies. These alternative workplaces also accommodated the multi-agency nature of state business and provided agency-neutral rendezvous points where no one agency or organization dominated the others. The group of physicians meeting at Yellowstone in 1928 represented five different public and private institutions or entities, and they all traveled extensively in connection with their work. While these bureaucratic managers may have seen each other quite regularly, each time they met it was likely to be in a different city and under new circumstances. The majority of their conversations took place through the mail, or in Western Union night letters, rather than in person. When they met, it was not for lunch at the elite clubs of the socially connected near the office, or for drinks at the nineteenth-century public saloons. Instead, the traveling managers of the modern state found new masculine strongholds in which to conduct the nation’s business and politics: the great outdoors. Locations of an earlier era when business was conducted in a single city no longer served the needs of these traveling men representing multiple agencies.

The number of these mobile bureaucrats across state agencies increased exponentially after 1914. Their activities knit together local, state, and federal governments in ways that earlier federal programs had not, because earlier programs such as the Morrill Land Grant Act and the Hatch Act required little, if any, accountability. Beginning with Smith-Lever, however, government programs required a small army of field personnel responsible for program coordination, implementation, and oversight—especially in terms of how states spent federal

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dollars. For example, the plan developed to administer the Smith-Lever Act in its inaugural year included the creation within the Department of Agriculture of a States Relations Service, two new federal extension offices, and an unspecified number of field men. At the state level, the plan called for each state to have a state director, an unspecified number of specialists, a state leader, and, ideally, a county agent in each county. Some of these agents were holdovers from earlier USDA extension work, but Smith-Lever increased their ranks. Both the Smith-Lever Act and the “Good Roads” Act initially required contact between a state official and a single government administrator from a single federal agency—in both cases the United States Department of Agriculture. Even though both created new state level offices, those involved were accountable to just one federal agency. Subsequent acts, such as Smith Hughes, Chamberlain-Kahn, and the Sheppard-Towner Act, required the oversight of a three-person federal board whose members were each from different government agencies. In the case of the Sheppard-Towner Act, oversight involved the Children’s Bureau, the United States Public Health Service, and the Board of Education.

Regardless of whether these bureaucrats were employed by the federal agency or a state government, grant-in-aid field managers functioned in a liminal space between the federal administrators in Washington and various interests at the local and state level. They had to continually balance the aims and requirements of their particular position with the parochial interests of those in authority both above and below them. Moreover, they increasingly had to weigh the interests of various non-state actors, who, even after Congress passed the Smith-Lever Act, continued to supply outside money at the state level to cities, counties, and states in order to help states match the federal appropriation. Further complicating this rubric of interests, in some

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situations local officials actually were both state and federal employees. The federal agencies sometimes found it cheaper to pay a state employee an additional stipend to oversee federal matters than to fund a separate federal position. These new middle managers, therefore, were not stereotypical functionaries who held little authority and unquestioningly carried out institutional policies. Rather, they were the diplomats, mediators, and brokers of power as new federal programs played out on the ground and in response to local conditions. Whether federal, state, or non-state actors, they became the culture brokers of the modern American state, at home and conversant in both national and local politics. Each grant-in-aid created its own unique set of tensions for both federal and state bureaucrats, and the success of a single grant-in-aid program often depended upon the ability of key middle-managers to navigate the fluid relationships between several federal agencies, local politicians, and non-state actors. From this calculus of often competing interests, red-tape fraternities emerged and created new centers of power politics at the periphery that functioned apart from both Congress and local political interests.

As federal grant-in-aid programs expanded, state legislatures faced annual demands for matching state funds from multiple grant-in-aid programs. States were often unable to meet these demands, particularly in the peripheries of the West and South, whose limited tax bases constrained their ability to take advantage of the matching funds. The inability of state and local governments to fund their portion of the grant-in-aid programs created a situation in which money from outside groups remained an essential part of the state-building process. This provided non-state actors a significant and influential role in formulating state policies and, by extension, federal policy. The relationships that non-state actors cultivated with grasstop actors

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charged with state-level oversight of grant-in-aid programs provided new and multiple points of access to federal policymaking. Nowhere was the influence of these fraternities better exemplified than in the development of public health policy in the American West, and no one embodied the influence non-state actors played in this process better the Rockefeller International Health Board’s Platt Covington.

Platt Covington was not a native son of the West. Although he spent most of his life in that region, he hailed from North Carolina, where he was born in 1884, “the son of a cultured physician.” After two years of college, he enrolled in the “first rate” medical program at the University of Maryland, graduating in 1908. Following his graduation, he did a hospital internship before settling into private practice in Rockingham, North Carolina. He later earned a Masters degree in Public Health from Johns Hopkins. The North Carolina State Board of Health hired him in 1911, and he went to work alongside the Rockefeller Sanitary Commission in their campaign against hookworm. He quickly distinguished himself in this position with an “enviable record, which placed him in the front rank of fifty field directors in the southern states.” He became North Carolina’s State Director of County Health Work in 1913. The following year, the International Health Commission lured him away from his state position, and he spent the remaining years of his career in both the foreign and domestic field services of the Rockefeller Foundation—most of them in the American West.

Covington quickly gained the attention and admiration of his new employer, and travel was a significant feature of his job from the start. He remained engaged in the southern battle against hookworm until 1915, when his superiors sent him to Antigua as part of the Rockefeller

33 Dr. P.W. Covington, Substitute Director in the Field of the International Health Commission, F31, Box 2, S1.1 RF5, RFA, RAC. Hereinafter cited as memo on Covington.
34 Memo on Covington, F31, Box 2, S1.1 RF5, RFA, RAC.
35 Memo on Covington, F31, Box 2, S1.1 RF5, RFA, RAC.
36 Memo on Covington, F31, Box 2, S1.1 RF5, RFA, RAC.
Sanitary Commission international expansion after 1914. He spent six months there before the IHB reassigned him to the United States, due to health problems, in December 1916. After Covington returned to the U.S., the IHB sent him to Texas where he acted as the Foundation’s state director until 1919. He then assisted Kentucky officials organizing county health units until 1921. After leaving Kentucky, he spent the remainder of 1921 and most of 1922 organizing similar work in Louisiana, Arkansas, Kansas, Oregon, and California. Between October 1922 and May 1923, he was on leave while earning a degree in public health at Johns Hopkins. The IHB then promoted him to Western Regional Director, at which time he relocated permanently to the West and made his home in Salt Lake City.\(^{37}\) When Covington arrived at his new headquarters, his goal was to promote and organize county health units in a territory that included the trans-Mississippi West and “the provinces of Canada adjacent to his territory.”\(^{38}\) Commenting on Covington’s work in the early years of his career, one observer noted, “Dr. Covington has been particularly effective in dealing with officials and the lay public, and in gaining their cooperation.”\(^{39}\) These skills would be indispensable in his new assignment, and they were instrumental in his ability to influence the course of public health policy development in his new location.

Covington’s rapid emergence as a regional power broker was due partly to the character of the place in which he worked and partly because he brought something western states desperately needed—money. The need for outside capital was ubiquitous in the West. Western states were new states, admitted to the union more than a generation later than states in the East. Their relative youth meant that western states’ governmental structures and politics were still in the formative stages. Three of these states – Oklahoma (1907), New Mexico (1912), and

\(^{37}\) RF Biographical Files, Box 1, Covington, Platt W.  
\(^{38}\) RF Biographical Files, Box 1, Covington, Platt W.  
\(^{39}\) Memo on Covington, F31, Box 2, S1.1 RF5, RFA, RAC.
Arizona (1912) – were still in their infancy in the early twentieth century. Western states often lacked a sufficient tax base due to the significant amount of public lands, restricted American Indian lands and the primarily agricultural and extractive economic base in the majority of this vast region. The twenty-two states west of the Mississippi comprised an area of 2,117,654 square miles, more than double the 856,000 square miles in the East. Outside of the major population centers, most of which were no more than large towns, there was a serious lack of infrastructure. Western states found it difficult to provide and maintain even basic public works such as roads, running water, proper sewage disposal, and electricity. Just getting from place to place was challenging. Despite the growing availability of automobiles and rail transportation, as late as 1923 there were parts of Covington’s territory where the stagecoach remained the most efficient, or even the only, form of travel. The lack of basic infrastructure like roads and bridges throughout much of the region created a situation where federal officials had to rely more heavily on state and local agency managers to maintain oversight of federal programs than they did in the East, where distance to a hospital and access to good roads did not present such formidable barriers.

Covington found the patronage-driven nature of western politics during the 1920s both a challenge and an opportunity. Despite late nineteenth-century reforms at the federal level, which attempted to move the country to a system of merit based civil service in order to reduce the corruption of the spoils system, in more than half the western states health officials’ positions remained tied to political patronage. In eighty percent of the eastern states, non-partisan boards appointed state health directors, while in the West only sixty percent of similar appointments

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42 Dr. Clara Edna Hayes to Grace Abbott, F11-45-1, Box 252, RG 102, NARA College Park. Hereafter NARACP.
were non-political. While historians have generally associated political patronage with eastern political machines, it remained a significant feature of western politics well into the twentieth century. Because federal civil service did not apply to state positions, changes in the governors’ offices usually meant changes in state offices all the way down the line, including state health departments, as the new occupant of the state’s executive office handed out jobs to supporters.

Oklahoma during the twenties vividly illustrates the volatile character of western politics and its impact on public health efforts in that state. Of the four men who served as the state’s Governor between 1920 and 1929, the Oklahoma Senate threatened one with impeachment, impeached and acquitted another, and impeached and removed two from office. During that same period, four different men served in the position of health commissioner and four different women headed the health department’s Bureau of Child Hygiene. This constant change created gaps in the institutional memory of health departments and made it difficult to maintain health programs in states where the outcome of the next election meant that an entirely new slate of political appointees populated state bureaucratic positions. Moreover, unless a public health calamity threatened, public health funding at both the state and local level was a low priority for most politicians. As a result, state spending on public health in the West averaged less than half the amount expended in the East. These administrative changes meant it was nearly impossible to maintain stability and coherence in formulating health policy. The destabilizing effect of constantly changing political winds also affected agencies’ abilities to attract qualified

professionals who could maintain, or even establish, health work.\footnote{These citations are but a small representative sample of the impact of political volatility had on health policy development in the western states. A majority of Great Plains and intermountain states had continuous ongoing problems related to local political situations. Ferrell to Lewis, 8 November 1920, folder 1280, Box 92, Series 1.2, RG 5, RF, RAC; Lewis to Ferrell, 19 November 1920, RF, RAC; Lewis to Ferrell, 7 January 1921, RF, RAC; Lewis to Ferrell, 19 January 1921, RF, RAC; Covington to Ferrell, 14 November 1923, folder 956, box 67, Series 1.1, RG 5, RF, RAC; Narrative report from Yankton County, South Dakota, Second Quarter 1926, folder 1021, Box 83, Series 3.247, RG5, RF, RAC; Covington to Ferrell, 19 February 1926, folder 1403, box 101, Series 1.1, RG5, RF, RAC; Narrative report Pennington and Yankton Counties, South Dakota, Second Quarter 1926, folder 1024, Box 83, Series 3.247, RG 5, RF, RAC; Bowden to Ferrell, 13 March 1929, folder1, box 1, Series 239, RG 1.1, RF, RAC; Bowden to Ferrell, 26 November 1929, RF, RAC.} Public health professionals as a group constantly complained about the need for stable health boards comprised of orthodox medical professionals who would be immune to the vagaries of partisan politics.

The West in the 1920s remained a backwater of the medical profession and had little in the way of modern medical infrastructure. The situation resulted, in part, from the impact of a study known as the Flexner report. In 1910, the Carnegie Foundation commissioned the study in connection with the American Medical Association’s (AMA) battle to gain uniform medical licensing laws and consolidate their control of the medical profession. In an effort to avoid accusations of self-interest, the AMA chose an educator rather than a physician to conduct the study. The Carnegie Foundation selected Abraham Flexner on the recommendation of his brother, Simon Flexner, who worked for the Rockefeller Institute. Flexner’s study graded the quality and content of 155 medical schools across the nation using factors such as the rigor of a school’s curriculum and whether or not students had access to clinical facilities.\footnote{E. Richard Brown, Rockefeller Medicine Men: Medicine and Capitalism in America (Berkeley: University of California Press, 1960), 142-144.} Flexner fixed an A, B, or C rating on each of the schools. Although the AMA never officially published the report, its findings eventually filtered out to the public.\footnote{Brown, Rockefeller Medicine Men, 140.} Declining enrollments had already caused a drop in the number of western medical schools; Flexner’s study exacerbated the decline. Once the report reached the public, C-rated schools, those most dependent on student tuition to remain open, could no longer attract students and closed their doors. B-rated schools
that could afford to upgrade their programs did so while those that could not afford to make the necessary changes also closed.\textsuperscript{48}

The big beneficiary of the Flexner report was the AMA. The report effectively reduced the number of schools where one could obtain a medical degree that state-licensing boards would recognize. By design the AMA and elite medical schools administrators attempted to limit competition by controlling the number of physicians who had access to A-level schools. A second way administrators sought to limit competition was by increasing significantly the cost of a medical education. Following the Flexner report, medical education was financially accessible primarily to the wealthy. Despite the AMA’s attempts to give the study the appearance of objectivity, the report was highly criticized, and its detractors both within and outside of orthodox medicine accused the organization, and rightly so, of attempting to monopolize medical education and, by extension, the medical profession.\textsuperscript{49}

The Flexner report’s findings hit schools in the West hard. Of the 22 states West of the Mississippi, Flexner gave only nine an “A” rating. When assessing schools beyond the one-hundredth meridian, he deemed only four worthy of an A rating: the University of Colorado at Boulder, the University of Utah, the University of California at Berkeley, and the University of Washington.\textsuperscript{50} Because there were few opportunities for westerners to obtain a medical education, the dearth of schools had a devastating impact on the number of physicians in the region. The combined effect of limited educational opportunities and the higher costs hit the western states disproportionately. Moreover, few young physicians who had made the investment in an A-level medical education were willing to settle in the West’s small cities and

\textsuperscript{49} Brown, Rockefeller Medicine Men, 152-155.
\textsuperscript{50} Abraham Flexner, Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching (New York: Carnegie Foundation, 1910), 149-150.
towns. They preferred instead to relocate to large urban centers with better professional opportunities for themselves and access to educational and cultural amenities for their families.

Making a living solely from the practice of medicine was difficult anywhere in the early years of the twentieth century, but more so in the West. As a result, physicians were hard to come by in the small towns and rural areas, and many who remained were older general practitioners. In Oklahoma, the majority of physicians were between the ages of forty and sixty years old, which meant that even the youngest physicians received their medical education before bacteriology and the germ theory were accepted medical orthodoxy. State Health departments collaborated with college extension programs and offered classes to local physicians in an attempt to improve and modernize health care and to school local doctors in new preventative medical practices. Hospitals, if they existed at all, were often distant, and often a single physician served an area covering hundreds, sometimes thousand of miles. Because making a living solely from the private practice of medicine was so difficult, doctors often contracted with commercial interests or federal agencies as a means of supplementing their income. In the wake of the Flexner report, the lack of basic medical infrastructure in the region meant that the infusions of cash gleaned from agencies like the International Health Board and the Public Health Service were critical to the development of western health-related programs. States depended on cooperation from these outside sources to subsidize salaries, provide vaccines, and build clinics.

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When Covington began his tenure as Western Regional Director, he was an unknown traveling representative of a powerful and controversial foundation, but the weaknesses that affected public health development in the region serendipitously worked in his favor and quickly positioned him at center of the region’s health policy networks. His base of operations was his modest Salt Lake City home on Harrison Ave, but he traveled as much as 70% of the time. His itineraries for the first six months on the job illustrate the dizzying pace and scope of the travel that became a routine part of his job. For example, he arrived in Utah in mid-June 1923 and spent the remainder of the month in Oklahoma City, Albuquerque, Colorado Springs, Denver, and Cheyenne, averaging two to five days in each city. Leaving Cheyenne on July 1, he traveled to Casper and then returned to Cheyenne, before heading east to Lincoln and Des Moines. From there, he proceeded to South Dakota, where, by mid-July, he had visited Waubay and Aberdeen. The remainder of that month he traveled to St. Paul and Duluth, Minnesota, followed by a stop in Madison, Wisconsin. He then headed southwest from Madison, stopping again in Albuquerque and Denver before finally reaching his home in Salt Lake City on July 31. After a short five-day hiatus, he was on the road again. August’s pace was similar and this time his travels took him to Boise and Lewiston, Idaho; Seattle, Pullman, and Walla Walla, Washington; Helena, Montana; and Vancouver, British Columbia, where the IHB was establishing similar work internationally with the Canadian Health Ministry. He finished out the month in New York City. After a two-week vacation at his in-laws’ home in Virginia, he kept up a similar schedule through the remainder of the year with multiple stops in five states: Utah, Colorado, South Dakota, Idaho,

54 RF Biographical Files, Box 1, Covington, Platt W. This figure is derive from calculations I made based on his itineraries.
and California. Trips home during this season averaged only once a month for a duration of two to three days.\textsuperscript{55}

Covington’s overall mission was to establish permanent fulltime county-based health units in the West. He employed three practices that the Rockefeller Foundation had used in their earlier health projects in both the Caribbean and the U.S. South: limited grants of money to establish fulltime county units, training fellowships for public health administration and related work, and salary support for state sanitary engineers and laboratory personnel employed by state health departments.\textsuperscript{56} Rather than imposing a particular vision of health care delivery on the region, he engaged in a negotiated process that took into account local politics, socio-economic conditions, and culture. He displayed this same kind of adaptability when dealing with other state agencies and private organizations. If a county had no fulltime health work, he made the case for them to local medical groups, civic organizations, and politicians. If he found fulltime health work underway, he cooperated with officials, offering to supplement existing programs or provide opportunities for additional training of health officials.

The IHB provided grants to counties willing to establish new fulltime county health units, and funded them based on the cost-sharing model that the General Education Board and the Southern Sanitary Commission had used in the agricultural and hookworm programs in the South. The IHB provided fifty percent of the cost necessary to establish a county health unit and

\textsuperscript{55} RF Biographical Files, Box 1, Covington, Platt W.
required that either a federal agency, a state legislature, a county commission, a local commercial interest, or some combination thereof, match the remaining fifty percent. There was also a planned obsolescence built into the program. The IHB reduced the initial fifty percent subsidy incrementally in subsequent years. The IHB expected the counties to gradually increase their share until they funded the programs on their own.\footnote{With few exceptions, this was the funding formula the Rockefeller philanthropies first developed in the agricultural programs in the South. For a discussion of the underlying philosophy see Ettling, \textit{The Germ of Laziness}, 86-87. Most of the recent scholarship on the Rockefeller philanthropy discusses this fifty-fifty formula, See Link, \textit{The Paradox of Southern Progressivism, 1880-1930} (Chapel Hill: University of North Carolina Press, 1992; Sealander, \textit{Private Wealth & Public Life: Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal} (Baltimore: Johns Hopkins University Press, 1997).} In this way, the purpose of the IHB was to expand state and local public health capacities in the West.

A second method of assistance the IHB employed was to award Rockefeller Foundation fellowships to the physicians, nurses, and sanitary engineers who worked in conjunction with the county units they established. Fellowships allowed the IHB to have an enormous impact on how health policy developed in both the West and South.\footnote{John Ferrell to Carl Puckett, 8 July 1924, F 2370, Box 183, 1.2, RG5, RF RAC.} The IHB had first organized the fellowship program in 1922 in cooperation with the Alabama State Board of Health. The Foundation sent its fellows to Andalusia, Alabama, a farming and timbering community of about 4000 near Tuskegee, for a period of training before returning to their homes in the West to take up their new duties.\footnote{Wilson G. Smilie and E. L. Caldwell, \textit{A Study of Pneumonia in Rural Southern Alabama} (New York: Rockefeller Foundation, 1929).} The Andalusia training facility equipped and educated qualified medical personnel in modern public health administration. The success of the Alabama station led to the opening of an additional facility in Indianola, Mississippi, to address the pressing need for trained public health personnel in the wake of the 1927 Mississippi floods. According to a 1928 report, nearly five hundred key local health professionals, doctors, nurses, and state health inspectors from across the United States and Canada had trained at one of the Rockefeller-funded
stations. Western Public Health personnel went primarily to Andalusia and, after 1927, to Indianola, Mississippi. The fellowships provided state health administrators and key personnel across the West with a shared experience that defined what American Public Health should look like. In this way, the IHB insured basic uniformity in clinic operations and goals, but it also imparted a particularly IHB inflected set of meanings to health policies that became the standard for public health practice in the West, while allowing for local variations from unit to unit. More important, the fellowship program enhanced local perceptions of IHB personnel as experts, thereby increasing their credibility with both state and federal health professionals.

The third form of assistance the IHB employed was a variation on a practice first used in early Rockefeller work in the Caribbean: the IHB embedded personnel in state health departments by subsidizing the salaries of state sanitary engineers and epidemiologists. In these cases, the state sanitary engineers worked for state health commissioners as regular employees of the health department, but they also acted as surrogates for the IHB. The cost of a surrogate was $2,700 per year. Of that amount, the state paid $1,200 plus another $900 for travel expenses, and the IHB paid the remaining $600. These positions made it possible for states to add new sanitation engineers and, later, laboratory personnel without having to carry the entire start-up cost. These subsidized employees also traveled as they supervised the operations in IHB county units, insuring that programs functioned as intended, and they served as liaisons between IHB and local and state health personnel. Although these people were technically state employees, these surrogates understood they were partially dependent on the IHB support for

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61 Bowden to Ferrell, 25 June 1925, F2749, 239 Oklahoma (A-Z) 1925, Box 215, S1.2, RG5, RFA, RAC; Carl Puckett Itinerary for tour of southern states and August 16, 1924 telegram, F2370 239 Oklahoma State Board of Health 1924, Box 183, S 1.2, RG 5 RFA, RAC; Bowden to Ferrell, F838, Box 68, S. 3. RG5, RFA, RAC.
63 Carl Puckett to John Ferrell, 23 June 1924, F 2370, Box 183, 1.2, RG5, RF RAC.
their continued employment and, as such, they sent regular reports to the IHB headquarters, which in turn they forwarded to Covington. He kept in close contact with them and this provided Covington a source of information on local conditions, local politics, and local personalities. They alerted him to potential problems and kept him apprised of the work undertaken by other agencies or organizations. After the IHB had established programs in a number of states, they also subsidized the salaries of state epidemiologists, again sharing the cost with the state health department and the Public Health Service.

The need for matching funds meant that a significant portion of Covington’s time was spent lobbying the region’s medical, commercial, and political power brokers, especially in the early years when the IHB’s goal was to establish a beachhead in each state anchored by one or two demonstration units. He met with county commissions, civic groups, state health commissioners, county health personnel, governors, and state legislators in an effort to secure the additional fifty percent. After the whirlwind tour of the region that occupied his first year, he began to concentrate on those states that responded positively to his initial advances—Oklahoma, New Mexico, and California. During 1924, he spent two and half months in Oklahoma and a month and a half in California, but he also spent significant time in New Mexico, the Dakotas, and the Pacific Northwest. His itineraries for the following year show that he spent the equivalent of another month in Oklahoma and half a month in California, and he made stops at least twice in every other trans-Mississippi West state, save Nevada where he

64 Bowden to Ferrell, 23 April 1924 F1, Box 1, 239, RG5, RF, RAC.
66 Covington to Bowden, 23 March 1924, F1, Box 1, 239 1.1, RG 5, RF, RAC; Puckett to Ferrell, 8 July 1924, F 2370 Box 183 1.2 RG 5 RF RAC; Covington to Ferrell, 25 May 1925, F2749, Box 215, 1.2, RG5, RF, RAC; Bowden to Covington, 15 June 1925, F 1261 Box 88 1.1 RG 5 RF RAC; Covington to Ferrell, 8 January 1926, F 1403 Box 101 1.1 RG 5 RF RAC; Covington to Ferrell, 19 February 1926, F 1403, Box 101, 1.1, RG 5, RF, RAC; R. M Fouch M.D. To Covington, 13 March 1926, F 1404 Box 101 1.1 RG 5 RF RAC; Covington to Bowden, 23 March 1929, F1, Box 1, 1.1 Series 239, RG5, RF, RAC.
appeared only once. By the mid-twenties as the Rockefeller subsidies diminished, he was spending more time in other states. While Covington’s itineraries document the work life of a mobile mid-level manager, they also map the spread of the IHB across the West over time.

For managers like Covington, stability and continuity were critical to developing the capacity to innovate change and affect policy. Although the IHB’s grants, subsidies, and fellowships undoubtedly opened doors for him, they are not sufficient to explain his rapid success. The IHB was just one of a number of groups subsidizing western health work; the Public Health Service was also active in full-time county-unit development. The average initial start-up cost of a health unit was approximately $2,500 to $3,000 during the first year. In 1922, for example, the IHB contributed $12,250 to New Mexico’s initial three county units, and the Public Health Service contributed $4,000 to this work. While the IHB focused solely on the establishment of county-unit work, the Public Health Service, the American Red Cross, Parent-Teacher associations, and the Children’s Bureau funded health education work in schools and on Indian reservations.

Unlike the IHB, though, the personnel of other organizations were subject to constant and repeated change, whether the result of transfers, turnovers, or political change. Moreover, relative to the IHB’s five-year commitment to a county unit, most of these groups engaged in projects with much shorter terms. The Public Health Service could not commit beyond the current fiscal projections, and never knew from year to year, if Congress would maintain

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69 Ferrell to Lewis, 8 November 1920, F1280, Box 92, 1.2, 239, RG 5, RF, RAC; Bowden to Ferrell, 13 Feb 1925, F 2750 Box 215 1.2 RG 5 RF RAC.
70 Myrtle Greenfield, *A History of Public Health in New Mexico*, 26-27 and Senator Clinton, Appendix C.
71 Undated Memorandum re: conferences with child welfare bureau, Denver, CO, July 21, 1922 F11-7-1, Box 244, RG102, NARACP.
The instability of the prevailing political climate in most states also meant that state health commissioners also constantly came and went. Covington and the IHB surrogates, however, remained a constant presence, making their appointed rounds month after month and year after year. The IHB’s longer project term than other health organizations and their steady source of funding created a situation where, before long, its personnel and programs provided the most consistent and visible influence in health policy development in the region. The IHB provided one important feature that even the public health service lacked—stability—in its field personnel, in its program consistency, and in its ability to monitor its program as it played out on the ground. Covington and the IHB became an important source of institutional memory and continuity in western health programs.

As the one constant in a landscape of change for those engaged in western health work, Covington parlayed his presence into social capital. His day-to-day business activities gained him recognition, credibility, respect, and the trust of medical personnel throughout the region. Folks sought him out and listened to what he had to say. Covington exploited the local knowledge he gained from his day-to-day encounters with state and local health officers to advance the IHB’s state-building agenda. He worked closely with the Public Health Service to develop a model of fulltime county unit work on a similar cost-sharing basis and to avoid duplication of effort between the two agencies.\(^72\) While he met and talked with a wide range of folks, it was the business relationships and friendships that he formed with state health officers,

\(^{72}\) Coordination between the two agencies in order to avoid duplication of services followed earlier patterns established in the agricultural programs in the South between the USDA and the Rockefeller General Education Board between 1906 and 1914. See U.S Congress, Senate. *Rockefeller Foundation*, 63\(^{rd}\) Cong., 2\(^{nd}\) Sess., 1914. S. Doc. 538, Serial 6595. See also *General Education Board: An Account of its Activities, 1902-1914* (New York: General Education Board, 1915, 26-27.)
as they rambled slowly through the back roads of western states in Hupmobiles, Pontiacs, and LaSalles, that provided him with the social capital he needed to be effective.\textsuperscript{73} Within two years Covington was situated at the center of his own network of regional power and influence while at the same time he continued to function as part of an IHB that was intimately connected at the national level with a number of important national public health policy-making groups. These included the Public Health Service, the American Public Health Association, the Conference of State and Provincial Health Officers, and Herbert Hoover’s new American Child Health Association, a privately funded agency that had close ties to the Laura Spelman Rockefeller Memorial, the newest division of the Rockefeller Foundation. All of these groups agreed that government had a legitimate role in protecting the nation’s health, although during the early 1920s, but they had significantly different ideas for achieving them.

Travel was an integral and important part of business life for the mobile managers that comprised these red-tape fraternities. Covington, while overseeing the development and progress of IHB supported activities frequently toured county-health units or traveled to meetings in the company of the state health officers with whom he worked. These managers did not drive the ubiquitous Ford Model T. Instead, the car brands that they owned marked their professional rather than working-class status. The time they spent together motoring from unit to unit blurred the lines of work and leisure and provided a vehicle, both literally and figuratively, for shaping new meanings of middle-class status and gender identity. Automobiles also became sites of informal policy discussions, for telling war stories, and for building the collegial relationships that eventually bound these managers together as a policy-making coalition. At times, these trips also became sites for contesting new notions of masculinity. Covington spent

\textsuperscript{73} Puckett to Jacocks, 10 September 1924; Jacocks to Puckett, 17 September 1924 both in F2370, Box 183, 1.2, RG5, RF, RAC.
most of July 1924 touring newly established county units in Oklahoma with IHB colleague Dr. William Jacocks and Oklahoma State Health Commissioner Carl Puckett. Subsequent correspondence provides a sense of what occurred on that trip when Puckett proposed a follow-up adventure two months later. “I am wondering if you are longing for some interesting trips over the state of Oklahoma, driven by a man who holds the wheel with one or no hand and carefully observes the method of cultivation of all the crops et cetera . . . The old Hup is still going strong and only one more spring broken since you left.”

The challenge of steering a motorized vehicle on back country roads was elevated to a sport that imbued its participants with a sense of the adventure and engagement in a “strenuous” activity, that while not the sole preserve of men, was nonetheless increasingly tied to changing constructions of modern masculine identity.

Covington’s earliest itineraries document his travels, and the voluminous correspondence he left behind provide a sense of his day-to-day activities. They offer a glimpse of how he used his professional relationships to build a regional policy network and they document the connections between himself and the core group of actors who later ended up in a Madison River cabin. This body of correspondence provides a glimpse into the world in which this mobile and multi-agency fraternity of men functioned at a moment when health policy remained inchoate and fluid, and in which they articulated an identity and status for themselves both as men, as medical professionals, and as state-builders. Collectively, they developed what one historian Paul McLean, in his study of Renaissance Florence, referred to as a “culture of letter writing.”

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74 Puckett to Jacocks, 10 September 1924, F2370, Box 183, 1.2, RG5, RF, RAC.
McLean mined a rich archive of Florentine correspondence in order to understand “the rhetorical techniques individuals used to forge ties with each other.” Letters, he argued, were tools “for trying to achieve social mobility, security, and the recognition of others . . . [that] supported and reproduced a set of shared expectations about the world and how it operates.” These Florentine missives also “link[ed] micro-level practices to macro-level institutional developments, particularly the structure and organization of the state, and shows their coevolution.” Although the twentieth century American West was a far cry from fifteenth-century Florence, McLean’s discussion provides an apt description of how red-tape fraternities also used and relied on correspondence as a means of constructing personal and professional identities, of seeking patronage, of building and spending social capital, and of articulating a shared understanding about how the world works.

Covington kept up a daily correspondence throughout his tenure, writing thousands of letters to an array of contacts, most of them to Ferrell, his boss. Both men also kept up a correspondence with local health officers, Rockefeller personnel, and their counterparts in other agencies. Over time, this body of correspondence reflected how once fluid policies became more concrete. The earliest exchanges between Covington and Ferrell reflected the inchoate character of the IHB work in the early 1920s. Their letters discussed a variety of unsettled questions: how much money was enough to establish a county unit, how long did they need to subsidize the units before states would be willing to carry the work on their own, what were the minimum staffing levels needed for each unit, how many doctors, nurses, sanitary engineers and other personnel should be assigned to each unit, and what would be the IHB’s relationship with other state and federal agencies and volunteer groups. While they had a basic framework that included cost-

77 McLean, The Art of Network, 3.
78 McLean, The Art of Network, xxi.
sharing and planned obsolescence, the letters indicated that IHB’s earliest western endeavors involved a degree of trial and error and a willingness to afford states and counties some flexibility in the length of time they received support and in what manner to cooperate with other agencies.\textsuperscript{79} Over time, they refined the policies initially hashed out in Oklahoma, New Mexico, and California, the states where they enjoyed their earliest successes. By the late 1920s, more concrete and less flexible policies were in place. They sorted out what worked, what did not, and what were the limits and boundaries of the programs and the personnel the IHB was willing to support.\textsuperscript{80} The character and content of the correspondence changed over time.

Covington and Ferrell’s earliest correspondence centered around assessments of state commissioners’ interests, the political mood in terms of public health, and the quality of the professional training of county unit personnel. What is immediately clear is that Covington became a familiar and instant favorite of state health professionals and an ally in the battles they faced in selling the county unit idea to state and local politicians. When Oklahoma State Health Commissioner Carl Puckett was planning to speak to a meeting of the state’s powerful public health association in hopes of gaining their support for the county unit program, he wrote to Ferrell requesting Covington’s assistance. Covington, Puckett explained, “has been here and has many friends and is one of your high-powered speakers . . . Dr. Covington is the proper man when publicity stunts are in order.”\textsuperscript{81} In a letter to another IHB official Puckett referred to Covington as the “high-powered artillery,” he needed for the meeting.\textsuperscript{82} Health officers relied on Covington as an impartial expert, as a mediator, and as a salesman, and in this capacity he spent

\begin{footnotesize}
\textsuperscript{79} Ferrell to Covington, 11 June 1925; Ferrell to Covington, 17 June 1925 both in F1261, Box 88, 1.1, RG5, RF, RAC.
\textsuperscript{80} Covington to Ferrell, 7 April 1924, F 1086, Box 76, 1.1 RG 5, RF, RAC; letter from Covington to Ferrell, 11 June 1925; Ferrell to Covington, 17 June 1925 all in F 1261 Box 88 1.1 RG 5 RF RAC.
\textsuperscript{81} Puckett to Ferrell, 5 September 1924, F 2370 Box 183 1.2 RG 5 RF RAC.
\textsuperscript{82} Puckett to Jacocks, 10 September 1924 F 2370 Box 183 1.2 RG 5 RF RAC.
\end{footnotesize}
much of his time in a given state meeting with county commissions, legislators, and local medical societies to sell his program and answer the concerns of local politicians.

Like Seaman Knapp, Covington’s willingness to engage public officials from the county level to the governor’s office worked to his benefit in maintaining IHB programs. One of the most troublesome sources of on-going funding problems were the revolving doors in state executive offices that caused a constant turnover of appointed officials. The Sooner state undoubtedly furnished some of the most colorful and singularly challenging political situations with which Covington contended. With four governors and four public health commissioners in a single decade, the state health commissioners and their auxiliary constantly called on him to act as mediator between themselves and new state administrations. On one hand their pleas for assistance were self-serving efforts to preserve their jobs, but on the other hand, as health professionals, they had a genuine interest in maintaining state health work and ensuring the continuance of the county unit programs. Using the relationships he had cultivated with state health personnel, Covington was not only highly regarded but also possessed enough knowledge of state politics that, at minimum, allowed him to maintain IHB health programs. He was not always as successful in preserving the jobs of health officers.

Changes in the governor’s office could spell disaster for western public health programs over which neither state health officials nor Covington had little control. For example, in 1925, when a new South Dakota governor removed long-time health commissioner Park Jenkins, members of his staff also resigned and went elsewhere. The governor’s actions caused

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83 Puckett to Jacocks, 10 September 1924, F 2370 Box 183 1.2 RG 5 RF RAC; Bowden to Covington, 25 January 1927, both in F1532, Box 112, 1.1, RG5, RF, RAC; Covington to Ferrell, 30 January 1927, F1532, Box 112, 1.1, RG5, RF, RAC; Bowden to Ferrell, 21 March 1929, F1, Box 1, 1.1 239(1929), RG2, RF, RAC; Puckett to Covington, 23 March 1929, F1, Box 1, 1.1 239(1929), RG2, RF, RAC; Covington to Ferrell, 15 April 1929, F1, Box 1, 1.1 239(1929), RG2, RF, RAC.

84 Park Jenkins to Ferrell, 15 May 1925, F2785, Box 218, 1.2, RG 5, RF, RAC; Cook to Ferrell, 29 November 1926, F3186, Box 249, 1.2, RG 5, RF, RAC.
considerable upheaval because there was already a national shortage of trained medical professionals, whether they were physicians, nurses, or sanitary engineers, who were willing to work in public health. In South Dakota’s case the walk-out of an entire department was disastrous. Even if the new health commissioner could locate potential replacements, convincing them their future awaited in South Dakota was another matter. The few hardy souls who accepted the challenges of living there stayed only a short time before moving on to locations with warmer climates, better roads, more plentiful advancement opportunities, and greater access to the institutions of cosmopolitan life. Similar staffing problems plagued the rural areas of western states.

The politics that created the situation in South Dakota were not uncommon in the volatile, patronage-driven, politics of the 1920s West, where personality mattered more than party. However, situations like that in South Dakota also contributed to Covington’s political capital because when incoming commissioners attempted to get their bearings, their staffs often referred them to Covington for advice. This recognition added to Covington’s reputation as the man with the answers and cemented further the IHB’s place in the landscape of western public health work. He knew how the system operated, and became a familiar and stable face in a sea of political change.

Another frequent problem found in the correspondence between Ferrell and Covington centered on the cost-sharing element of both the federal grant-in-aid and IHB programs. State and local politicians did not always distinguish between aid programs. One of the biggest obstacles Covington faced was convincing local politicians to appropriate funds to match the IHB contribution. State health commissioners generally welcomed the outside aid and embraced the county unit model, but they encountered resistance from county commissions and state
legislatures unwilling or unable to increase state appropriations for health work. Much of this resistance was part of a broader resistance to grant-in-aid funding generally and occurred during the period when *Massachusetts v. Mellon* was before the Supreme Court. In Kansas, Health Commissioner Dr. Samuel Crumbine, who also was a guest at the Madison River cabin, cited plummeting crop prices as the reason he was unable to interest the state legislature to cooperate with the IHB. He told Ferrell, “the low price of farm products has brought about a universal reaction among the people against any progressive measures.”

Moreover, in Kansas anti-Progressive citizens had formed tax leagues and threatened violence if there was even the hint of a tax increase.” These reactionary threats were tied directly to the increase in taxes needed to support federal grant-in-aid legislation. Covington explained that the protesters were targeting “the farm demonstrator, home economics agents & etc.” Both of these programs were functions of the Smith-Lever Act.

Kansas was also one of the eight states that initially refused federal aid under the Sheppard-Towner Act, although the state did eventually participate. Opposition to the maternity act went beyond just its cost-sharing feature. Opponents in the legislature shared the position of the Massachusetts’s attorney general that grant-in-aid acts violated the police powers of the state. I mention this because there is an important postscript to Covington’s failure to establish any county-units in Kansas worth noting here. Despite strong support from medical and women’s groups in Kansas, in a 1923 political coup the governor’s office and state legislature engineered Crumbine’s resignation as head of the state’s public health department. He subsequently accepted a position with Herbert Hoover’s American Child Health Association.

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85 Covington to Ferrell, 18 February 1922, F 827-803, Box 57, 1.1, RG 5, RF, RAC.
86 Covington to Ferrell, 18 February 1922, F 827-803, Box 57, 1.1, RG 5, RF, RAC.
87 Covington to Ferrell, 18 February 1922, F 827-803, Box 57, 1.1, RG 5, RF, RAC.
and, through that organization’s close association with the Rockefeller Foundation, he maintained his ties to the IHB and child health work. Crumbine would later become one of the key engineers of the county-unit system at the federal level and a central player in the red-tape fraternity driving national public health policy by the late 1920s.

Kansas was not the only state where politicians raised objections to cost sharing programs, whether they involved public or private organizations. Covington encountered a similar situation two years later in North Dakota, where the non-partisan leagues dominated politics.\(^89\) Two years after that, he heard the same thing from the Canyon County, Idaho, Board of Commissioners. In that case, officials in Canyon County, Idaho explained that they were “not handicapped by ill health so much as they are by high taxes.” The commission told Covington that the tax burden that accompanied federal grant programs meant higher and higher taxes. The Canyon county commissioners explained, “The proposition was made for a hospitalization campaign here a short time ago and a good roads campaign has been pressed on us, so there is no end to propositions of the kind [grant-in-aid programs] in this county.”\(^90\) In each of these cases, coming up with dollars to match the outside money was at the root of the problem. Although western states were not alone in their angst over the expansion of federal programs, coming up with the matching funds remained an endemic problem.

Covington’s correspondence frequently contained discussions about the affect of cost-sharing programs at the county level and battles over a form of legislation called “permissive laws.” Permissive laws essentially authorized individual counties to use taxpayer dollars to contribute to cost-sharing programs. They also became the means through which reactionary forces stopped grant-in-aid programs from being implemented at the local level. These laws

\(^{89}\) Covington to Ferrell, 7 April 1924, F 1086, Box 76, 1.1 RG 5, RF, RAC.

\(^{90}\) Covington for Ferrell, 16 March 1926, F 1404, Box 101, 1.1. RG5, RF, RAC.
were a direct reaction to the increasing number of grant-in-aid programs, or, in Covington’s case, IHB cost-sharing programs. In a number of western states, the legislatures were willing to fund 25% of the state contribution to cost-sharing programs, but they asked the counties to contribute the other 25%. Put another way, to meet the state contribution for either federal grant-in-aid programs or for an IHB subsidized county health unit, the state legislature provided 25%, the counties provided 25% and the federal government or the IHB provided 50%.

When county commissioners first appropriated money for a cost-sharing project, they sometimes found that taxpayers objected to this new-fangled funding scheme and claimed that existing laws prohibited such a use of the county’s public funds. Consequently, legislative battles developed in a number of states over permissive laws that would, in effect, permit the use of taxpayer dollars to match public or private cost-sharing programs. In some cases, where health concerns were a low priority item for state legislators, and county officials who wanted the programs would provide the entire fifty-percent matching contribution themselves. In some cases where county officials acted on their own, their actions did not always sit well with the local taxpayers. As the cost-sharing model spread to other federal agencies and states faced increasing demands on their budgets from the number of federal grant programs, they were often unwilling to support health work or only appropriated a portion of the expense. When this occurred, counties, often acting in concert with local commercial interests, sought to make up the shortfall in order to take advantage of outside money, whether from federal or, as in the case of the IHB, from private sources.

91 Covington to Ferrell, 25 May 1925, F2749, Box, 215, 1.2, RG 5, RF RAC; Bowden to Ferrell, 13 March 1929, F1, Box 1, 1.1 239, RG 5, RF, RAC; Ferrell to McKelvey, 10 January 1929, F123, Box 15, (1929) 207, RG 2, RF, RAC; Ferrell to Covington, 25 November 1930, F 288, Box 35, (1930) 207, RG 2, RF, RAC.
92 On cooperation with USPHS see “Narrative and Statistical Report of the Pennington County Health Department 1928,” F1029, Box 83, Series 3.247, RG 5, RF, RAC; “Narrative report, Ottawa County Oklahoma,” 1 October 1924, F838, Box 68, Series 3, RG5, RF, RAC.
Covington’s willingness to engage officials at the county-level served him well in these instances and increased his value as a regional policy-broker, because as the use of permissive laws spread to other states he was able to advise county officials about how to deal with the problem. Moreover, as he made his rounds of western states in the course of his normal activities, he was able to pass this information to other local officials facing similar battles. Covington provided state health commissioners with knowledge of what had worked successfully for counties elsewhere. His willingness to engage county officials not only increased their familiarity with the IHB’s personnel and programs, but it did so in a way that linked the IHB program to a broader vision of what public health should look like. For a growing number of health professionals in the region, Covington acted as the embodiment of good public health policy, and he became the person local officials looked to when political turmoil threatened the stability of their health programs.

As a result, public health policy development in the West was increasingly defined in terms of the IHB county-unit program. Moreover, it was the model that organized the health activities of other organizations that operated in the region in the 1920s including Public Health Service programs and, as we shall see, the maternity and infancy work under the Sheppard-Towner Act. State health commissioners continually turned to Covington for guidance, forcing him to spend time in a greater number of states. His itineraries reflected that he no longer spent months in a single place as he once had. As more and more states wanted to cooperate with the IHB, he continued to travel extensively, but stayed only a day or two before moving on to the next location.93 He relied more heavily on correspondence, rather than lengthy personal visits, to offer suggestions and assistance.

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93 RF Biographical Files, Box 1, Covington, Platt W.
Covington’s growing cachet extended beyond just influencing the structure of western public health programs. The IHB largely determined who staffed county units. If the counties insisted on placing or retaining physicians in county units who failed to meet IHB qualifications, local officials jeopardized the IHB funding for that unit. If they continued to refuse to provide a qualified physician, the IHB would refuse to subsidize those units. Therefore, Covington wielded a great deal of power over who state and county officials hired, and he effectively functioned as informal gatekeepers at the center of a region-wide public health employment exchange. The staffing of county units, then, was another important way in which the IHB was instrumental in defining the boundaries of the public health system. This level of professionalization applied not only in the West, but to county unit work in the South as well. The IHB’s expectations regarding an individual’s professional competence and personality characteristics, therefore, mattered to state health commissioners, and they consulted both Covington and Ferrell when they needed additional personnel. Since the IHB sent most state health commissioners to Andalusia for training, they understood who did and who did not have the level of desired professional training or personal characteristics. State health officers shared the IHB’s understanding of what public health looked like and who was qualified to oversee its operation.

Hiring and firing of state-level public health workers across much of the nation became the collaborative project of a relatively small fraternity of men comprised of Ferrell in New York, Covington in the West, his counterpart Dr. Smilie in the South, and the state health commissioners throughout the nation. This portion of the record illuminates the professional and personal characteristics that Covington and his correspondents ascribed to those they employed and those they deemed as unqualified, incapable, or unfit. More importantly, the rhetoric they
used to evaluate and assess the character qualities of job applicants provides insight into how they constructed their own class and gender identities. On a professional level, the IHB and state health officers demanded that applicants meet post-Flexner report levels of medical training. At minimum applicants had to be graduates of A-rated medical schools, and they must have served a post-graduate clinical internship. Ideally, they had specialized training in public health and previous public health field experience. Candidates whose fieldwork had previous experience in earlier IHB projects were especially desirable, and, more often than not, successful candidates had served in the U.S. Medical Corps during World War I.

Medical credentials were not the only criteria the International Health Board used to judge acceptable hires. They also looked for a particular type of man, one who also possessed the kind of character qualities that elite nineteenth-century fraternities looked for in their potential pledges. Those who provided letters of recommendation for potential applicants used strings of descriptive superlatives that combined nineteenth century attributes of the masculine ideal—well spoken, personable, energetic, tactful, and gentlemanly—with Progressive Era ideals that placed greater emphasis on muscular prowess, youth energy, and military experience.\(^94\) The superlatives used in these letters suggest that beyond a required level of medical professionalization, the IHB was looking for an amiable and more mature version of the Boy Scout.

The IHB was also obsessed with the age of potential candidates, and like the corporate executives of General Electric discussed earlier, Covington and Ferrell wanted “promising young men” whose practice and opinions could be shaped to conform to IHB policy.\(^95\) Their concerns


\(^95\) (Two separate references one regarding a Mr. Wyles, the other a Dr. Jones) report from Covington to Ferrell, 2 April 1924, F1086, Box 76, 1.1, RG 5, RF, RAC; Jacocks to Puckett, 8 August 1924, F2370, Box 183, 1.2, RG5, RF, RAC; Bowden to Ferrell, September 22, 1925, F 2749, Box, 215, 1.2, RG 5, RF, RAC; Covington to Ferrell, 8 January 1936, F1403, Box 101, 1.1. RG 5, RF, RAC.
about age had more to do with the person’s lack of training in, and potential adaptability to, modern public health practices than just their age. Nonetheless, it is clear that life or work-life expectancy also played into the IHB’s decision-making process, and they rarely sent anyone over forty for additional training.\textsuperscript{96} Ferrell, responding to a request for a new county unit director in 1924, was quite explicit in this regard. He wrote, “The requirements, you probably know, are a professionally trained man, acceptable to all agencies committed to the Budget, and either experienced or trained in fulltime county health work. Also, the applicant must be acceptable as to age—not over forty—personality and energy.”\textsuperscript{97} Ferrell, writing to Montana health commissioner William Cogswell, cited age as the primary factor for refusing to grant a training fellowship to a Dr. Smith. He explained, “he is approximately sixty-three years of age. I regret very much to advise that our policies . . . would not permit a grant for a candidate of Doctor Smith’s age.”\textsuperscript{98} In another discussion about a North Dakota physician, who also happened to be named Smith, Ferrell told Covington, “Doctor Smith is a fine old gentleman, but think his age is making him a little bit eccentric and perhaps a little too sensitive.”\textsuperscript{99}

IHB influence in the hiring process was not total, and, like anything else that involved the prerogatives of local health officers and officials, the hiring of personnel was a negotiated process. Although age was usually a potential deal-breaker, local politics sometimes dictated otherwise. Rather than walk away from establishing a county unit, the IHB was likely to lobby county and state commissioners to remove, rather than improve, older physicians. Professional credentials mattered. In cases where local commissioners installed a political appointee who lacked medical training or whose training the IHB considered sub-standard, the IHB or state

\textsuperscript{97} Bowden to Ferrell, 28 November 1924, F2372, Box 183, I.2, RG5, RF, RAC.
\textsuperscript{98} Ferrell to Cogswell, 4 May 1931, F447, Box 55, 229, RG2, RF, RAC.
\textsuperscript{99} A. A. Whittemore, M.D. to Covington, 17 April 1924, F 1086, Box 76, 1.1, RG 5 RF, RAC.
health officials would fight the appointment. First they would attempt to use persuasion. Health officers would call on Covington to meet with local officials in an attempt to convince them to place a more qualified person in the position. Failing that, they would threaten to withdraw funding if local officials chose to go ahead with the political appointment. Usually, the threatened loss of money was sufficient to convince local officials, but not always. In one instance, New Mexico’s state health commissioner withdrew all funding from a recalcitrant local county whose officials had hired a political appointee with no public health or medical background. Lack of training modern professional credentials was always a deal-breaker.

Local officials who chose patronage over professionalization were the exception, and, when pragmatism dictated a more flexible approach, the IHB worked to accommodate local choices when possible. For example, a group of county commissioners in Osage county, Oklahoma, intended to remove the aged physician in charge of the county health program. In his place they wanted to install a local political favorite who was “not a member of the county medical society, had never had any public health work, was non-cooperative to the extent of refusing to report a single case of communicable disease.” In this case, IHB officials accepted an older but experienced man to replace the non-compliant county health director. Apparently, they counted an older man with public health experience a more palatable choice than one who exhibited complete incompetence. In another case where experience triumphed over age, rather than fight local officials the state health commissioner explained, “though, I felt that age, and possibly physical condition were against the choice of Dr. Wright, the wealth of experience

100 2nd Quarter 1925 Combined Narrative and Statistical Report New Mexico County Health Work, F706, Box 59, 3 234J, RG5, RF, RAC; Covington to Ferrell, 8 January 1936, F 1403, Box 101, 1.1. RG 5, RF, RAC; Ferrell to Cogswell, 23 January 1929, F161, Box 19, 229, RG2, RF, RAC.
101 Bowden to Ferrell, 26 November 1929, F1, Box 1, 1.1 239, RG 5, RF, RAC.
102 Bowden to Ferrell, 26 November 1929, F1, Box 1, 1.1 239, RG 5, RF, RAC.
which he had had reconciled me somewhat to his appointment.”

Although the IHB might occasionally have to bow to local wishes in terms of county unit directors, fellowships were another matter. They went only to those between the ages of thirty and forty, with a preference for those under the age of thirty-six. In most cases, age remained a discriminating factor in hiring and fellowship decisions and age-related policies became more concrete by the 1930s.

Other characteristics that disqualified applicants for positions or fellowships included poor credit ratings, substance abuse, ethnicity, suspect sexual “peculiarities,” and gender. While women had gained access to top administrative positions in some federal agencies and they served as state level department heads, top jobs in medicine remained a closed fraternity. The IHB worked with women and they would train women, but they did not promote women. While women appeared occasionally in Covington’s and Ferrell’s correspondence, they were seldom the topic of a substantive discussion. On the rare occasion when they did discuss a particular woman at length, the kinds of personal information that filled the letters about men were absent. We learn little about the women as people. Instead, the letters discuss female nurses, physicians, and auxiliary health workers strictly in terms of function in the department, level of training, and quality of work performed.

One of the most prominent woman health professionals in the West was Dr. Clara Edna Hayes. Like many of the female physicians during this period, her official position within the South Dakota health department was director of the Child Hygiene. Hayes enjoyed a good working relationship with both Ferrell and Covington. They corresponded with her frequently and seemed to value her opinion on matters of state policy. Hayes was unusual in that, while she

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103 Bowden to Ferrell, 26 November 1929, F1, Box 1, 1.1 239, RG 5, RF, RAC.
104 Ferrell to Cogswell, 4 May 1931, F447, Box 55, 229, RG2, RF, RAC; 11 May 1931, F449, Box 55, 229, RG2, RF, RAC; Covington to Brewer, 7 March 1932, F562, Box 69, 229, RG2, RF, RAC; Covington to Brewer, 7 March 1932, F562, Box 69, 229, RG2, RF, RAC.
never held the position of state health officer, she frequently acted in a top administrative
capacity on policy issues. Nonetheless, when she applied for a fellowship, Covington, in his
recommendation, simply noted, “She is capable and well prepared both in her medical and
academic training.”*105 He continued, “Doubtless the granting of the fellowship would be a
valuable contribution to the State Health Department.”*106 Apart from noting that she was
“capable” and had adequate training, he mentioned nothing about her background, her education,
her past employment, or any of her personal qualities, and most telling in terms of the place of
women in state health departments, there was no discussion of her promise or future potential as
an executive administrator. Letters about Hayes, while clearly supportive, were perfunctory.
Absent from their discussions of Hayes were the descriptive strings of superlatives found
frequently in letters about prospective male unit directors. Although the IHB awarded
fellowships to female physicians, female epidemiologists, and nurses, and sent them for training
to Andalusia and Indianola, not surprisingly, women were never recommended for top positions
or county unit administration. Although women such as Hayes had been at the forefront of an
assortment of national and local public health activities since the late nineteenth century, men
used a set of subjective and gendered criteria that not only excluded women as potential
administrators, but worked to reestablish a sex-segregated profession after women had made
critical in-roads.

The IHB used these processes of exclusion to build a network of men who shared their
vision of what public health practices should look like and who shared their understanding of
themselves as an emerging professional class. Taken together, the criteria on which they based
their hiring decisions are useful for understanding how this emerging professional fraternity

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105 Covington to Ferrell, 17 March 1924, F1086, Box 76, 1.1, RG 5, RF, RAC.
106 Covington to Ferrell, 17 March 1924, F1086, Box 76, 1.1, RG 5 RF, RAC.
distinguished between men like themselves and those they considered outsiders. Much like any collegiate fraternity, they relied on a set of subjective criteria of their own design to determine their membership. Those admitted to their ranks could expect career advancement, increased social status, and confirmation that they were indeed one of the boys. They used these shared meanings to create the core group of a tight-knit, regional fraternity, and together they developed the ability to drive the direction of public health policy in the West.

While the members of bureaucratic social networks relied heavily on correspondence as a source of information and support for building public health programs, they were equally reliant on periodic corporate discussions at professional meetings, national associational conferences, and social gatherings to strengthen friendships, discuss business, build loyalty, and plan strategy. Conferences were also critical sites at which regional networks connected with, and positioned themselves among, like-minded affiliates that comprised the multi-agency networks simultaneously operating at the national level. The IHB sometimes paid the expenses of state commissioners who were core actors in regional policy networks whose state budgets did not allow for attendance at these events. In some respects, these conferences were sales events for core policymakers. National meetings were particularly critical for building a broader consensus about the direction of policy among professionals who were outside of the core groups of regional and national networks and among members of affiliated lay organizations engaged in public health work.

Meetings were also social events, and planning committees included opportunities for moments of leisure and relaxation as a regular and expected part of conference activity. Here too, conference activity presented opportunities for homosocial bonding on a larger scale. The

107 Cogswell to Ferrell, 26 July 1928, F38, Box 5, 229, RG2, RF, RAC; Ferrell to Jenkins, 14 June 1929, F178, Box 21, 247, RG2, RF, RAC.
announcement of the meetings of the American Public Health Association (APHA), one of the oldest and largest public health interest organizations, regularly included local sites of leisure that attendees could visit or sporting opportunities in which they could participate as part of its conference program. The organization chose Atlantic City, the site of its 1926 convention, specifically for its “seaside resort with its world-famous ocean front.” The convention program promised access to golf and tennis “for those who want to sandwich in a little play-time.” Meeting attendees that year also had the option of fishing and yachting, should golf and tennis not suit them. Niagara Falls was the focal point of the 1927 meeting in Buffalo. While national meetings were certainly not sex-segregated and a number of regularly scheduled events included both men and women, leisure activities at conferences frequently had a gender-specific cast.

As women’s numbers in health organizations increased during the first three decades of the twentieth century, they remained active participants and served on executive boards, on sub-committees, and on paper panels. While a number of regularly scheduled leisure activities at each meeting such as dancing, teas, and banquets included women, local events committees also scheduled sex-segregated recreational activities. For example, local committee planners for the 1930 Ft. Worth APHA conference treated both the female delegates and the wives of delegates to a “picturesque” motor tour of the city and surrounding areas and a “musical tea at the Woman’s Club.” For the female attendees who enjoyed the sport of golf, the women’s planning committee had procured the appearance of a “one time woman golf champion of Texas.”*108 Although both men and women might have played golf, the record suggests they did so in sex-segregated groups. The Ft. Worth planners also offered attendees opportunities for turkey and deer hunting, fishing in the San Saba River, a rodeo, and a Texas barbecue. The committee specifically noted,

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“The women are of course, invited to the barbecue and rodeo, the ride to Lake Worth, the annual banquet, and the dance.”\textsuperscript{109}\ The announcement gave no indication that planners expected women to go hunting or fishing. The Ft. Worth meeting also included a nine-day post-conference excursion to Mexico City in conjunction with the meeting, with a stop at the Alamo, which one local planner explained was “sacred ground,” . . . that quiet shrine, where men died for Texas liberty.\textsuperscript{110}\ Dr. Rafael Silva, chief of the Mexican Department of Public Health, had invited APHA members to participate in meetings with Mexican health officers. The Mexican government had begun working with the IHB in 1927 to establish county units in a number of states, based on the American model. The excursion provided many opportunities for leisure and sightseeing activities, a number of which were sex-segregated, and whose purpose was to strengthen the relationships between attendees.\textsuperscript{111}\ An editorial in the \textit{American Journal of Public Health} reported that more than two hundred made the trip, “which will doubtless further cement the bonds of friendship.”\textsuperscript{112}

These activities were more than just social events for attendees, but the relationships that the leisure activities at the conferences reinforced had their origins in the professional associations first nurtured at the state and regional level. Core policymakers planned conference business discussions and social activities in advance and alluded in their correspondence to private discussions about subjects they were unwilling to commit to paper. The policies that elite national actors negotiated, however, while often confidential, must not be understood as the product of a small cabal of men in smoke-filled back rooms. Just as local actors dealt with the

\textsuperscript{109}\ Carr, “Welcome to Texas,” 1002.

\textsuperscript{110}\ Carr, “Welcome to Texas,” 1001.


\textsuperscript{112}\ “The Fort Worth Meeting,” \textit{American Journal of Public Health}, 20, 12(December, 1930), 1329.
whims of legislatures, governors, and local medical societies, the realities of politics on the ground in a federal system confronted national policymakers as well. These realities are only too apparent in their advocacy of removing public health appointments from the control of politicians and placing them in the hands of non-partisan political boards of medical professionals. The public addresses that core policy-makers delivered at meetings were less about generating conversations and articulating a new directions in policy than selling the rank and file a corporate program that they had fleshed out in less formal settings. Successfully selling a program at the national meeting was dependent on first generating significant support for programs at the state level. Just as Seaman Knapp had worked at the grassroots to sell the virtues of cooperative demonstration programs long before the first Smith-Lever bill was presented to Congress, so too did these elite policymakers generate popular local support for public health programs before addressing national organizations. Ferrell, early on in his career, understood the power of public opinion and the critical role of the relationships field personnel created with local actors. Therefore, the groundwork for any high-level negotiations first had to have its roots in relationships nurtured between national and local actors.

Fraternal relationships that men formed at national meetings corresponded to similar bonds that developed among members of local and state associations and in the day-to-day travels associated with the job. Once Covington had established himself in the region, he naturally developed relationships with the men he called on regularly. The content of his correspondence, however, suggests that some of these relationships were closer than others, and the letters are useful for distinguishing between those with whom his relationship was casual and those he considered more critical players in terms of policy construction. When corresponding

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with those who comprised Covington’s inner circle, he employed language of a more personal nature suggesting that he had developed a deeper level of intimacy and comfort with some of the state health commissioners and their subordinates than others.

Although it is not surprising that Covington formed closer relationships with some of the people he called on and not others, the strengths of these relationships mattered in terms of understanding how red tape fraternities deployed social and political capital associated with inclusion in a particular network. One of his long-time correspondents, New Mexico state commissioner George Luckett, moved on to a faculty position at Stanford in 1929. Covington, who had written the commissioner a letter of recommendation for the post, congratulated him and noted that he was “pleased that it is in a locality where we can continue to meet occasionally.”

Later that year, Covington received an invitation to spend some time with New Mexico’s acting director, Paul Fox. The language in the letter suggests the two men knew each other well and had previously spent time exploring parts of New Mexico. After explaining the current state of business affairs, Fox added, “In the meantime, I should like to have you pay us a visit, when convenient, and for you to arrange to spend several days in the state. We have not yet visited Frijoles Canon, a one-day trip, and the Carlsbad Cave, a three-day trip. So keep these in mind.” Covington told Fox he could expect him the following month and to plan accordingly. These relationships blurred the line between work and leisure relationships, but they also cemented a strong base of local and regional support for driving national policy directions. The core members of regional policy networks were also those with whom the IHB was likely to be more flexible when it came to extending the terms of funding or providing some latitude in how money at the local level was spent.

114 Covington to Luckett, 10 June 1930, F312, Box 38, 234(1930), RG2, RF, RAC.
115 Fox to Covington, 13 December 1930, F312, Box 38, 234 (1930) RG2, RF, RAC.
116 Covington to Fox, 16 December 1930, F312, Box 38, 234 (1930) RG2, RF, RAC.
Activities related to national conferences also created situations where national and regional actors forged connections and friendships that extended relationships that would have otherwise not existed. For example, Ferrell maintained ties to local actors in Covington’s territory that extended beyond just occasional correspondence. He appeared at least twice on the program of the Western Branch of the APHA. Before attending the 1931 conference, he received an invitation to travel to the meeting in a car with Cogswell, Montana’s commissioner of health; A.J. Chesley, a prominent state commissioner of health from Minnesota and then president of APHA; a Dr. Vidal, director of the local TB sanatorium; and a Dr. Wycliffe Rose. Cogswell suggested that “on the way back we might plan a little fishing trip.” The record indicates that this was not the first time he had invited Ferrell to indulge in a bit of angling while in Montana. The relationship Ferrell developed with these local men subsequently served him in furthering his state-building activity when Ferrell was contacted by Dr. John Caffey, a faculty member at the Columbia medical school in New York. Caffey spent his summers fishing near Madison Lake at the ranch of a wealthy friend who wanted to provide a substantial sum of money for health work. Ferrell referred Caffey to Cogswell and added, “you are indeed fortunate to be able to spend your summers in such a delightful location . . . My memories of the Madison River valley are most delightful.” Ferrell contacted Cogswell and explained that the potential donor’s ranch was located near where Cogswell, Rose, and Ferrell had been fishing. At the same time, Ferrell took the opportunity to urge the Montana commissioner to encourage the donor to set up a county unit “with a modern conception of welfare,” on the same cost-sharing basis as those established by the IHB and administered by a trained medical officer and nurses.

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117 Cogswell to Ferrell, 25 March 1931, F447, Box 55, 229(1928), RG2, RF, RAC.
118 19 January 1928 letter Cogswell to Ferrell, F38, Box 5, 229(1928) RG2, RF, RAC; Cogswell to Ferrell, 27 June 1930, F311, Box 38 229(1930), RF2, RF, RAC; Ferrell to Cogswell, 28 December 1931, F447, Box 55, 229 (1931), RG2, RF, RAC.
119 Ferrell to Caffey, 28 December 1931, F447, Box 55, 229(1931), RG2, RF, RAC.
Ever guarding the boundaries of the increasingly professional understanding of public health, Ferrell tied his conception of “welfare” to a cost-sharing model with planned obsolescence rather than on one that might create dependence on the donor’s endowment.

As both Covington and Ferrell gained a better sense of the region, its people, and its problems, their exchanges took on a shorthand that demonstrated a greater comprehension of western health politics. Covington’s communications to Ferrell in the latter years of the 1920s and in the 1930s reflected his position comfortably at the center of a regional network, with ties to powerful national policymakers. In these letters, his voice was more authoritative; he was now the expert on the region. Covington now readily offered suggestions for policy direction and drew on the social capital he had accumulated to gain IHB favor for those closest to him. Ferrell was no longer just his boss. He had become a trusted friend, and the tone of these missives was informal. The two men no longer hashed out questions of policy in letters. Instead, their exchanges exhibited a shorthand that indicated the trial and error policies of the early years now had a more concrete policy direction. By the 1930s, Covington’s itineraries and letters also exhibited a geographical shift away from states such as Oklahoma, New Mexico, and South Dakota, which had been the first states to embrace fulltime county health units, to states such as Utah, Montana, Idaho, and Colorado. This had less to do with the popularity of the county unit program than with its funding constraints. The five-year period of support was drawing to a close in those places that had first embraced fulltime county health units. He was also in demand as a speaker at civic groups, and as noted, by 1938 he became president of the APHA’s western branch.

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120 Covington to Ferrell, 12 March 1928 F40, Box 5, 234(1928), RF2, RF, RAC; Covington to Ferrell, 18 April 1934, F746, Box 94, S200(1934) RF2, RF, RAC.
Not everyone, of course, welcomed either Covington or the IHB, and state politics were not the only issues with which Covington concerned himself. Volunteer groups and private physicians’ groups presented him with their own set of problems and opportunities. He occasionally also found the notoriety associated with the Rockefeller name problematic. Covington, however, had become a missionary of the IHB cost-sharing program based on a county-unit model. Writing in March 1929, he complained to Ferrell that he was encountering situations where the public health service was providing money for new county units without any contribution from the states, making it difficult for the IHB to continue to insist on a cost-sharing arrangement. In part, this was a reflection of still fluid boundaries between public health physicians and those in private practice. It was also a reflection of a factional dispute that existed within the ranks of the public health service itself, between those like Cumming and Draper who supported “more uniform procedures and other public health service divisions,” and a Dr. Lumsden who preferred to full federal funding of county units without a cost-sharing arrangement.\textsuperscript{121} Ferrell added, “I hope to see [Cumming and Draper] before the close of the week and will mention the desirability of an understanding and cooperation rather than competition.”\textsuperscript{122} “It’s unfortunate, I think,” Covington told Ferrell “that the policies of both [the Public Health Service and the IHB] can not more nearly coincide. Personally, experience has thoroughly convinced me of the wisdom of the policies of the IHB.”\textsuperscript{123}

Platt Covington, as the IHB’s western regional director, articulated and shaped a framework that defined a necessary but limited government role in public health activities. He did so by supplying revenue to support the building of a public health infrastructure in western states where tax bases and health activities were limited. His consistent presence supplied a

\textsuperscript{121} Ferrell to Covington, 19 March 1929, F107, Box 13, 200, RG2, RF, RAC.
\textsuperscript{122} Ferrell to Covington, 19 March 1929, F107, Box 13, 200, RG2, RF, RAC.
\textsuperscript{123} Covington to Ferrell, 19 March 1929, F107, Box 13, 200, RG2, RF, RAC.
sense of continuity and stability to health programs over time in a region rife with political instability that resulted in constant fluctuations in administration. As he traveled the region, he functioned as a clearinghouse of information between state health officers across the West as well as between regional and national public health actors. Broader cultural trends such as increased mobility and leisure culture helped shape new understandings of white, middle-class masculinity, ultimately placing Covington, and by extension the IHB, at the center of a regional public health policy network. Working through these emerging bureaucratic social networks, he popularized the IHB’s particular vision of a county-unit based public health infrastructure based on a limited cost-sharing system and influenced significantly the personnel employed to staff them. Through his cooperation with federal agencies, like the Public Health Service, he also forged ties to national health policymakers who created and bounded a particular direction in public health policy. Although the county unit idea originated in the South, it achieved only nominal success until after the Mississippi flood of 1927. The disaster dramatically increased both IHB and Public Health Service projects in the South, but was based on the model Covington had refined in the West.
First of all, I don’t believe in cheap service of any kind: in the next place, Arizona is a state which is unusually hard to cover on account of the actual physical conditions of the country. The settlements are long distances apart and the living expenses are unusually high.
—F.T. Fahlen to Katharine Lenroot, 1927

Life was anything but easy for Montana mother Mrs. Oscar C. Haugen. What little the hail had not destroyed was lost in foreclosure proceedings, and she was due to have a baby in just six short weeks. Haugen was worried. She had already lost two children. With no money for prenatal care and the nearest doctor thirty-five miles away, she wrote to her congressman in hopes of securing medical assistance.1 Another Montana mother, Mrs. C. D. Carlson, also sought federal aid for a pregnancy related problem, but instead of writing her congressman, she wrote to Grace Abbott, head of the Children’s Bureau. Carlson explained that she had suffered “a tear in the womb caused at childbirth.” Dizzy and unable to eat, she no longer functioned well enough to complete simple household tasks and needed assistance from her husband just to care for the children. As a result, he was unable to leave her alone in order to search for work. The couple was in desperate straits.2 Both Haugen and Carlson made their cases to federal officials in hopes of securing aid under the Sheppard-Towner Maternity Act.3

Congress enacted the Sheppard-Towner Act in 1921 to provide matching grants to the states to fund educational efforts intended to reduce high maternal and infant mortality rates.4

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1 Mrs. Oscar C. Haugen to Carl W. Riddick, 5 December 1921, F11-28-2, Box 249, RG 102, National Archives and Records Administration, College Park, Maryland hereinafter cited as NARACP.
2 Mrs. C.D. Carlson to Grace Abbott, n.d., F11-28-2, Box 249, RG 102, NARACP.
3 Congressional Record, 67th Cong., 1st sess., 1921 Vol. 61 pt. 8, 8054.
4 The Sheppard-Towner Act was the sixth of similarly funded grant-in-aid programs passed between 1914 and 1921. These programs were distinctly different from earlier federal aid programs because they were rooted in the general welfare clause of the Constitution, rather than in the government’s regulatory powers, and they had a
Scholars of women’s history have written extensively about this flagship maternalist reform and explained how working through state bureaus of child hygiene, many of which were established for the first time under the new Act, the Children’s Bureau enlisted the aid of middle-class women’s groups in a variety of baby-saving campaigns. As already explained in chapter two, opponents of this grant-in-aid attempted to have this law, and all similarly funded legislation, overturned on constitutional grounds, but succeeded instead in legitimizing this form of federal aid. The failed court challenge was not the end of the controversies that continued to plague this reform for more than a decade. The ruling in the *Mellon* case not only failed to quiet the Act’s anti-statist opponents, but it invited new opposition from private medical interests when, in 1922, the American Medical Association’s House of Delegates also voted to oppose the measure. This elite medical fraternity subsequently waged a fierce campaign against the Sheppard-Towner Act in the pages of the *Journal of the American Medical Association*, calling for Congress to repeal the act. In early 1927, the Sheppard-Towner Act became the only grant-in-aid since 1914 to be repealed without provisions in place to replace the program. However, as part of the agreement to end the program, supporters of the Act were able to secure an additional two years of funding, thus making the actual date of the repeal June 1929.

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mandatory cost-sharing feature. The Sheppard-Towner Act was controversial and embattled from the beginning. Originally, the bill included provisions for medical care, but that provision was eliminated almost immediately. It took nearly three years before Congress enacted the measure and it became the only one of the six grant in aid programs to face an immediate constitutional challenge. See *Massachusetts v. Mellon* and *Frothingham v. Mellon*; While most scholarship has focused on gender as a causative factor, scrutiny of the court documents make clear that it was constitutional basis of the grant-in-aid funding that was at issue. For an overview of the controversies and debates the following sources trace the legislative history of this bill. *Congressional Record*, 65th Cong., 2d Sess., 1918, 56, Pt. 9:8599-8600; House Committee on Labor, *Maternity and Infant Hygiene*, 65th Cong., 2d Sess., 1919, H. Rept., 1062, 5; House Committee on Labor, *Hygiene of Maternity and Infancy: Hearings on H.R. 12634*, 65th Cong., 2d Sess., 1919, 39, 42-44; *Congressional Record*, 66th Cong., 2d Sess., 1919, 59:1:214; Senate Committee on Public Health and National Quarantine, *Protection of Maternity and Infancy: Hearings on S.3259*, 66th Cong., 2d Sess., 1920, 17; House Committee on Interstate and Foreign Commerce, *Public Protection of Maternity and Infancy: Hearings on HR 10925*, 185; House Committee on Interstate and Foreign Commerce, *Public Protection of Maternity and Infancy: Hearings on HR 2366*, 67th Cong., 1st Sess., 1921, 44, 56, 130, 132-33, 142, 147; See also Joseph Chepaitis, “The First Federal Social Welfare Measure: The Sheppard-Towner Maternity and Infancy Act, 1918-1932.” Ph.D. diss., Georgetown University, Washington, DC, 1968.
Existing narratives of the Sheppard-Towner Act have provided us with powerful models for understanding its history as a signature piece of maternal reform legislation but also as it influenced New Deal welfare policy. While studies of Progressive Era reform often claim a national perspective, in reality they focus primarily on a narrow geographic area and on a small number of prominent national “movers and shakers.” This chapter places the Sheppard-Towner Act at the center of a new narrative that foregrounds not the Children’s Bureau, but the Rockefeller International Health Board (IHB) and the state health officials that managed the program in the West. Central to how the politics of this reform played out in the West was the influence of IHB’s regional director, Platt Walker Covington. A key strategy in Covington’s early success in the region was his appropriation of the federal Sheppard-Towner funds intended for maternity and infancy work for the IHB’s larger project—creating a local public health infrastructure. How western states used the Sheppard-Towner Act was a plan born of necessity in response to local conditions rather than of hostility to either the Children’s Bureau or women reformers. Because of budget constraints western health officers faced and the difficulty they experienced in attracting and keeping trained personnel, these states could not afford less than a comprehensive, multi-functional county unit system of public health work of which maternity

5 The Sheppard-Towner Act faced stiff opposition on ideological grounds from a diverse conservative coalition that included anti-statist medical and religious groups, right wing women who had comprised anti-suffrage groups, and congressional conservatives. All of these interests believed that the Sheppard-Towner Act violated the police powers of the states and was not a legitimate exercise of federal power. Once congressional candidates no longer feared the ire of a “women’s bloc,” they voted to repeal a measure they would not have otherwise supported in the first place. The most frequently cited reason for the appeal was the power of an amorphous medical lobby, led by the American Medical Association (AMA), which was determined to protect its economic interests. This attribution, however, is also the most ambiguous. When scrutinized closely, outside of the elite physicians at the AMA, strong support for the act existed throughout the rank and file of the medical fraternity, especially in the states with large rural populations and little in the way of medical infrastructure. Nowhere was this truer than in the American West, see: Molly Ladd-Taylor, Mother-work: Women, Child Welfare, and the State, 1890-1930 (Urbana: University of Illinois Press, 1994), 174; Muncy, Creating a Female Dominion in American Reform, 1890-1935 (New York: Oxford University Press, 1991), 103,127, 149; Theda Skocpol, Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States (Cambridge, Mass.: Harvard University Press, 1992), 56.

and infancy was a part. Covington parleyed the professional relationships he had forged among medical personnel and politicians into a solution that overcame the shortcomings of the maternity legislation in a way that made sense for both the IHB project and the western states. He appropriated the federal maternity funds to construct county-based health units. Therefore, while the Sheppard-Towner Act was a crucial component of state health programs in the West, it was the federal dollars that accompanied the act, rather than concerns about maternal health, that became so important to the dynamics of state building in the region. Indeed, the Sheppard-Towner funding became so critical to the operation of western county health units that when Congress repealed the measure in 1929, the loss of federal dollars crippled state programs throughout the region and decimated the ranks of their personnel. Moreover, understanding how the politics of the Sheppard-Towner Act played out in the West and the role that bureaucratic social networks played in that process offers a new analytical perspective on some of the ambiguities inherent in understanding gendered politics surrounding the fall of the “maternalist state.”

In the weeks after President Harding signed the Sheppard-Towner Act into law, women inundated federal agencies, but especially the Children’s Bureau, with letters like those Carlson and Haugen had written. The two mothers would learn that the new federal program offered no material medical care of any kind, and the hundreds of similar letters that poured into the Children’s Bureau and Congressional offices suggest that the two women were not alone in their desperation. Indeed, few people, outside of the core group of reformers, legislators, and medical professionals, were aware of the program’s shortcomings. The original maternity proposal in 1918, the Rankin-Robinson bill, had included medical care for pregnant women. This aspect of the bill was immediately struck down. The Sheppard-Towner Act included no provision for any medical care. See: Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8599-8600; Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8544.

7 Skocpol, Protecting Soldiers and Mothers, 2.
9 The original maternity proposal in 1918, the Rankin-Robinson bill, had included medical care for pregnant women. This aspect of the bill was immediately struck down. The Sheppard-Towner Act included no provision for any medical care. See: Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8599-8600; Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8544.
professionals who had been directly involved in getting the measure through Congress, had a sense of the constraints and limitations of the act. Proponents of the measure had fought for the best piece of legislation they could extract from a reluctant Congress, but in the end, the actual program had fallen far short of the comprehensive medical and educational package for women and children than they had first proposed. Ultimately, the Sheppard-Towner Act was little more than an expensive health education measure. Not only did it not provide the kind of medical care Carlson and Haugen sought, but the demographic it served was limited to pregnant mothers, infants, and pre-school children. The bill contained no aid at all for school age children and, therefore, limited the cooperative efforts with which existing organizations could engage. Even among the administrators and congressional representatives, who presumably understood the legislation, there existed a great deal of uncertainty about how the act would actually work in practice. Women’s requests for information and assistance reflected that confusion.

Adding to people’s befuddlement were the inflated claims and the hysteria that played out in the press during the Massachusetts and Frothingham cases, which often contained more misinformation than fact. More than any other grant-in-aid bill, the Sheppard-Towner Act had a clouded and inauspicious beginning. Nonetheless, for the Children’s Bureau supporters, it was a long-awaited victory and a foundation on which they planned to build a more comprehensive women’s and children’s health and welfare program. For women like Carlson and Haugen, though, the act seemed an empty promise. One public health nurse expressed the frustrations of many when she noted the Sheppard-Towner Act was “like telling a hungry child to eat but hav[ing] no food to give him.”

In 1921, Sheppard-Towner’s possibilities, and its limitations, remained inchoate.

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10 Agot Lian to Morris Sheppard, 9 March 1922, F11-28-2, Box 249, RG102, NARACP.
Existing accounts of the Sheppard-Towner Act place the Children’s Bureau as the center of early twentieth-century women’s reform efforts in a way that contemporaries—especially in the West—would not have necessarily recognized. In these narratives the contributions of women’s volunteer organizations, the IHB, the Red Cross, the Indian Health Service, and the Public Health Service are all ancillary to the work of the Children’s Bureau—not the other way around. In the West, however, there were a number of public and private agencies with a long history of providing health education and medical services. By the time President Harding signed the bill into law, the Sheppard-Towner Act had no teeth, and while it provided western states with access to much needed revenue, there was little flexibility when compared to similar health programs already functioning in the American West. From the perspective of western officials, there seemed to be more prohibitions attached to the federal dollars than practical aid. In its final form, the bill’s limited client base, the lack of material medical care, and the constraints on cooperation with other health and welfare organizations underscored the legislation’s shortcomings. These problems were amplified in the region’s rural hinterland and small towns where material resources, small budgets, vast distances, and remote populations demanded creative use of available resources. A gap existed between what this highly anticipated grant-in-aid provided and what western folks needed.

To many in the West—men and women--the act seemed redundant with the existing programs of a number of organizations. In Oklahoma and New Mexico, for example, the Red Cross and Public Health Service nurses had long been engaged in maternity and infancy work and continued to be after the repeal of the Act. Recently, historian Cathleen Cahill has

\[\text{\footnotesize \textsuperscript{11}}\] \textit{Ladd-Taylor, Motherwork, 178.}
\[\text{\footnotesize \textsuperscript{12}}\] Mackay to Abbott, 24 February 1922; Luckett to Kraker, 9 April 1924; Blachly to Kraker, 5 May 1924; Blachly to Abbott, 13 May 1924; Abbott to Blachly, 6 May 1924; Burke to Wilson, 8 May 1924; Harris to Phelan, 23 August 1924 all in F11-33-1, Box 250, RG 102, NARACP.
convincingly made the case that in terms of federally employed women, “Indian Service personnel dwarfed the number . . . of federally employed women in the Women’s and Children’s Bureaus.” She pointed out that women in the Federal Indian Service had been engaged in similar work since the 1880s and two of them, Estelle Reel and Elinor Delight Gregg, served in high-ranking supervisory capacities in Washington. Reel in 1898 “became the second highest ranking official in the Indian office” when she was appointed “superintendent of Indian schools.”

Gregg worked as a public health nurse on the Rosebud and Pine Ridge reservations before the Indian Health Service appointed her the agency’s first Supervisor of Nursing. She directed the Office of Indian Affair’s (OIA) nursing program between 1924 and 1937. One long-time prominent leader of multiple Colorado women’s organizations told that state’s child hygiene director that in Colorado, the P.T.A., not the Children’s Bureau, was “the BIG child welfare organization.” Arizona’s child hygiene director seemed indifferent to the legislation. To the consternation and bewilderment of Children’s Bureau administrators, she not only ignored the Bureau’s repeated offers of training or participation in its various promotions but failed to ever expend the full amount of monies appropriated for maternity and infancy work in the state.

Perhaps the most critical and least understood aspect of this bill was that in a majority of states the administration of the Act rested in the hands of state health agency authorities, not in the hands of the women who had worked to pass the bill. The final version of the law provided that “in any State having a child welfare or child hygiene division in its State agency of health, the said State agency of health shall administer the provisions of this act through such

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15 Matthews to Watters, 6 March 1923, F11-7, Box 244, RG 102, NARACP.
16 Howe to Kraker, 5 August 1921, F11-4-1, Box 244, RG 102, NARACP; Phelan to Haines, 12 November 1926; Phelan to Haines, 10 December 1926, all in F11-4-1, Box 323, RG,102, NARACP.
divisions.”17 When Congress placed the local administration of the Act under the direction of state health agencies, they essentially transferred power to state health professionals. If a state had no existing child hygiene division, as was the case in Oklahoma, state officials created one. In states like Arizona, New Mexico, Montana, and South Dakota, where women headed existing bureaus of child hygiene, they maintained supervision of the mechanics of the program, but were in a subordinate positions to male-dominated state health apparatuses. Consequently, state hygiene directors had only limited autonomy in how they conducted their child health programs. State health commissioners’ support for or apathy towards this work largely determined the dynamism and effectiveness of child hygiene work in each state.

Once control passed to state health department officials, local women’s organizations were essentially shorn of their power to direct the course of the work, and this dramatically changed the dynamic and momentum of maternalist work at the state level from a program controlled by women to one controlled by a male state health commissioner. This shift in authority is absolutely essential for understanding the power dynamics that shaped the course of this reform, not just in the West but nationally as well. The women’s groups that had lobbied Congress to pass the Sheppard-Towner Act effectively lost administrative control of this program from the start. Therefore, Children’s Bureau administrators had to rely on personal and political suasion in efforts to steer state-level policy, especially when dealing with skeptical or disinterested state health officers. Of the states that participated in the program, with the exception of Colorado and Iowa, the women who implemented the Sheppard-Towner Act were usually trained health professionals or laywomen working at the behest of health professionals. The clubwomen and child welfare advocates who had labored to get the bill through Congress

found themselves subordinated to the professional state health apparatus, and they were outraged once they realized that the health department officials would be the administrative authority.

The experience of New Mexico’s women reformers was emblematic of the confusion and disillusionment that the Sheppard-Towner Act generated in states throughout the West. New Mexico’s administrative structure for health and welfare was complicated and unwieldy. The state’s attorney general designated the Department of Public Welfare as the umbrella agency for matters pertaining to health. The agency housed two sub-bureaus. The first was a Bureau of Child Welfare, which dealt with the social and economic aspects of welfare as it pertained to women and children, but also housed a separate child welfare division. The second sub-bureau, was Bureau of Public Health, which dealt with medical aspects of welfare and housed a separate child hygiene division. In other words, both sub-bureaus had divisions that dealt specifically with matters that concerned children. Initially the two divisions intended to share the Sheppard-Towner funds, and their respective administrators presented the Children’s Bureau with a plan showing the proposed division of labor. The medical side of the agency regulated state sanitation, sanitary engineering efforts, laboratory facilities, the collection of vital statistics, midwife regulation, and matters pertaining to the medical aspects of child hygiene. The child welfare side of the agency concerned itself with matters pertaining to dependent women and children, child labor issues, and workingwomen’s concerns. The Children’s Bureau rejected this plan. Grace Abbott explained to the governor that the two sub-bureaus could not split the

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18 Merritt Mechem to Grace Abbott, 12 December 1921, F11-33-1_1921-1924, Box 250, RG 102, NARACP.
19 “Memorandum Governing the Division of Work Between the State Bureau of Public Health and The State Bureau of Child Welfare,” 27 December 1921; Undated “Memorandum of Agreement Between the Director of the Bureau of Child Welfare and the Director of the Bureau of Health concerning the Work of the Respective Bureaus,” both in F11-33-1 1921-1924, Box 250, RG102, NARACP.
20 “Memorandum Governing the Division of Work Between the State Bureau of Public Health and The State Bureau of Child Welfare,” 27 December 1921; Undated “Memorandum of Agreement Between the Director
appropriation. She asked New Mexico officials to pick one of them to administer the Sheppard-Towner Act.\textsuperscript{21} Even the letter of the law was not helpful in this respect. It read, “in any state having a child welfare or child hygiene division in its State agency of health, the state agency of health shall administer the provisions of this act through such divisions.”\textsuperscript{22} In New Mexico’s case, their state agency of health, The Department of Public Welfare, contained both a Child Welfare bureau and a Child Hygiene bureau.

Dr. Janet Reid directed the sub-bureau dealing with social issues pertaining to women and their dependents. Her agency had the closest ties to the state’s maternalist reformers, the middle-class clubwomen who had worked to pass the Sheppard-Towner Act. Dr. Reid believed, without question, that the administration of the Sheppard-Towner funds rightly belonged in her bureau. Reid’s point of view reflected the Children’s Bureau’s “whole child” philosophy “that a single agency could best serve the needs of the whole child.”\textsuperscript{23} This philosophy reflected the notion that more than a child’s physical health determined his or her future, and, therefore, the Children’s Bureau’s also lobbied for changes in child labor laws and “children with ‘special needs.’”\textsuperscript{24} Health Commissioner, W. C. Waller, however, did not share Reid’s opinion, and he insisted that responsibilities for the maternity and infancy work belonged to the child hygiene division of the state health department. New Mexico’s dual-plan proposal was unworkable on several levels and was just another example of how little people at the state-level initially

\textsuperscript{21} Grace Abbott to Governor Merritt A. Mechem, 12 December 1921, F11-33-1, Box 250, RG 102, NARACP.
\textsuperscript{22} “Memorandum Governing the Division of Work Between the State Bureau of Public Health and The State Bureau of Child Welfare,” 27 December 1921; Undated “Memorandum of Agreement Between the Director of the Bureau of Child Welfare and the Director of the Bureau of Health concerning the Work of the Respective Bureaus,” both in F11-33-1, Box 250, RG 102, NARACP; Emphasis mine. United States House of Representatives \textit{Protection of Maternity and Infancy}, 67\textsuperscript{th} Cong., 1\textsuperscript{st} sess., H. Rpt. 467.
\textsuperscript{23} Lindenmeyer, \textit{A Right to Childhood}, 1; Costin, \textit{Two Sisters for Social Justice}, 169-170.
\textsuperscript{24} Lindenmeyer, \textit{A Right to Childhood}, 1.
understood about the limits of the Sheppard-Towner Act. Reid viewed Waller as an outsider and usurper. Surgeon General Rupert Blue sent Waller to New Mexico in 1919 to organize a state health department at the request of New Mexico’s governor. She was outraged at the suggestion that Waller would control the funds, and a battle ensued between the two.

Reid’s bigger problem was that the work she intended to do with the federal funds involved activities beyond the intended scope of the Sheppard-Towner Act. For example, she had planned to use the money to support labor reforms for both women and children, programs for dependent women and children, and programs for delinquent children, all of which had been central to the work of the Children’s Bureau and their “whole child” philosophy, but could not be supported with Sheppard-Towner funds. The federal maternity board also ruled against Reid’s plan to fund the salaries of four social workers. Social worker salaries were also beyond the scope of allowable activity. Essentially, all of the “child welfare work” that Reid’s division proposed fell outside the scope of activities allowed by the federal legislation that limited the use of funds to educational work with pregnant women, mothers of infants, and preschool children. Therefore, the law made it impossible for Reid and the clubwomen to lay claim to any of the Sheppard-Towner money. Once the Children’s Bureau made it clear that only one division could receive the federal appropriation, the governor designated the division of child hygiene within the state health department to administer the program. Therefore, New Mexico’s funds went to

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26 “Memorandum Governing the Division of Work Between the State Bureau of Public Health and The State Bureau of Child Welfare,” 27 December 1921; Undated “Memorandum of Agreement Between the Director of the Bureau of Child Welfare and the Director of the Bureau of Health concerning the Work of the Respective Bureaus;” Abbott to Reid, 13 July 1923; Laura Hadley to Abbott, 28 June 1924; Kraker to Abbott, 7 July 1924; Abbott to Wilson, 8 July 1924; Abbott to Wilson, 18 July 1924; Abbott to Brown, July 19 1924, all in F11-33-1, Box 250, RG102, NARACP.
support the aspects of child hygiene work governed by state medical professionals. Paradoxically then, work that had been a longtime focus of the Children’s Bureau—child labor legislation, aid for dependent women—were not permitted uses of the federal maternity act funds, but the administration of the act, which provided no medical care for women, was the responsibility of state health officials. The situation in New Mexico underscores how hollow and meaningless the final version of this legislation really was.

A second serious problem that would come back to haunt the Children’s Bureau was their reluctance to engage local political officials on behalf of the state child hygiene directors. Abbott steadfastly refused to intervene on behalf of her state directors when politics threatened their jobs or the legislature cut health budgets. In New Mexico, turning over the Sheppard-Towner funds to the state health administration was not lost on the women reformers of New Mexico. Dr. Reid attempted to elicit support from the Children’s Bureau, but Grace Abbott replied that the decision was entirely up to the state and that any input “on your local situation is quite impossible from this distance.” Abbott’s response highlights a couple of critical differences between the Children’s Bureau and the health agencies that had the budget to sponsor field personnel. When women protested the health department’s takeover of the Sheppard-Towner Act, the Children’s Bureau offered sympathy, but little more. Abbott’s unwillingness to intervene sent a clear message to state directors, like Reid, that little support in terms of local

27 Kraker to Abbott, 7 July 1924; Abbott to Francis Wilson, 8 July 1924; Abbott to Marshino, 17 July 1924; Abbott to Francis Wilson, 18 July 1924, all in F11-33-1, Box 250, RG102, NARACP.
28 Rude to Reid, 2 December 1921, F11-33-1, Box 250, RG 102, NARACP.
29 Kraker to Reid, 19 March 1924; Abbott to Shillinglaw, 25 March 1924; Schillinglaw to Abbott, 26 March 1924; Abbott to Schillinglaw, 30 March 1924 all in F11-33-1, Box 250, RG102, NARACP; Grace Franklin to Anna Rude, undated letter; Nellie Wilcox to Miss Leete of the American Child Health Association, 25 January 1923, both in F11-4-2, Box 244, RG102, NARACP; Abbott to Francis Sage Bradley, 17 November 1923; Bradley to Children’s Bureau regarding level of control between health commissioner and state child hygiene director, 11-5-2, Box 244, RG 102, NARACP. In Colorado where the department of Child Hygiene was under the auspices of the Board of Education, Estelle Matthews a lay woman maintained control of the Act, but because she could not use the money to support school programs. As a result, Matthews suffered a significant loss of support from leading women’s groups, and the health commissioner was threatening to wrest the program from her control. He never succeeded. See Love to Watters, 4 September 1924, 11-7-1, Box 244, RG 102, NARACP.
political contests would be forthcoming. In response to this turn of events, an indignant Reid promptly resigned her post.

New Mexico’s women’s groups immediately registered a number of protests with the Children’s Bureau administration, but ultimately to no avail. Reid’s resignation sparked an angry response from the president of one of New Mexico’s leading women’s organizations, Mrs. William Schillinglaw, who could not believe the public health officials could so easily take control of the maternity funds. In a letter to Abbott, Schillinglaw demanded, “We should like to know straight from headquarters if that is the case . . . It is all very confusing to we women who worked so hard for the Maternity and Infancy bill.” Like Reid, Schillinglaw received a polite reply from Abbott offering expressions of sympathy but little else. Similar protests from child hygiene directors and women reformers in other states drew like responses and no support. Unlike Covington, Children’s Bureau administrators’ were not out and about in the states with any regularity, nor did they build the kind of relationships with state actors that the IHB director had. Moreover, they failed to do so at a time when a number of other organizations could, and did, serve women’s and children’s public health needs more efficiently and in a way that made more sense in a local context than the Sheppard-Towner Act. Moreover, when state health commissioners insisted on ignoring either the spirit or letter of the law, state directors, aware they would receive no substantive support from Washington, generally complied with their state health officer’s wishes.

31 Kraker to Reid, 19 March 1924, F11-33-1, Box 250, RG 102, NARACP.
32 Schillinglaw to Abbott, 26 March 1924, F11-33-1, Box 250, RG 102, NARACP.
33 Hoagland to Watters, 7 January 1922 (misdated should read 1923), Watters to Hoagland, 31 January 1923, F11-38-1, Box 251, RG 102, NARACP.
Politically, the Sheppard-Towner Act was a double-edged sword for women reformers. On one hand, it provided women access to the highest levels of the federal bureaucracy. On the other hand, the stinging rhetoric and over-blown accusations between the two sides during the legislative battle, followed almost immediately by the 1922 Supreme Court challenge, forced the women to act more circumspectly than the rough and tumble of national politics required.

Sheppard Towner was not popular even after Congress passed it. If any doubt remained about the strength of post-enactment opposition, the Supreme Court case should have removed it. Nonetheless, the specter of the Court challenge hung like a pall over the Children’s Bureau and limited the degree to which Abbott and her colleagues were willing to intervene on behalf of their supporters.\textsuperscript{34} Unfortunately, their reluctance to engage state politicians did little to pacify opponents of the Act, either in or out of Congress, but it certainly had an alienating effect on the women most invested in the continued success of the act. This lack of engagement was a serious flaw for a program dependent on state politics, popular support, and high visibility. As such, there were a number of important, and ultimately negative, consequences for the Children’s Bureau program.

Abbott and her colleagues failed to develop the kind of rapport Covington had cultivated with state and local politicians. Not only were the women less politically effective at the grassroots, this disadvantage was compounded by their exclusion from the informal policymaking networks that occurred in alternative workspaces. This was a critical disadvantage to the Children’s Bureau and one that would affect adversely local policymakers’ perceptions of the maternity program. The women at the Children’s Bureau either failed to recognize or ignored the importance of local lawmakers in the grant-in-aid process and in sustaining the health of this type of program. Instead, the women focused their political energies on Congress and other top-

\textsuperscript{34} Muncy, \textit{Creating a Female Dominion}, 127.
level policymakers and left the cultivation of local politicians to people whose tenure might be
short-lived because, as Covington discovered, more often than not they served at the pleasure of
the current political administration. However, grant-in-aid legislation depended on maintaining
broad popular and legislative support at the grassroots. Having people on the ground was
essential when competing with other grant-in-aid programs for limited state dollars. Failure to
have the ear of the state legislature translated into diminished appropriations—or none at all.
Selling and sustaining state appropriations for the matching grants required participation in the
political currency of backslapping and hand shaking, especially during the 1920s in states where
the troubled agricultural economy was a far greater legislative priority. In some states, it was
hard for legislators to see how Sheppard-Towner differed from the demonstration programs of
extension home economists. Why fund two programs that for all intents and purposes appeared
to overlap? Therefore, apart from just alienating their base, the Children’s Bureau’s failure to
place any form of regular regional representation in the states made it impossible for state level
legislators to take the program seriously when confronted with demands from other grant-in-aid
programs they perceived as more politically and economically vital. In all fairness, it is critical to
point out, however, that the Children’s Bureau certainly never had a budget that would have
allowed for the kind of extensive travel in which Covington engaged. Nonetheless, Abbot’s
failure to understand how grants-in-aid had shifted the center of power politics to state actors and
her alienation of state directors compounded the effects of the Children’s Bureau’s budget
constraints.

Generating the interest of state legislators required the active engagement of state health
commissioners, a strong child hygiene director, and significant popular support. Without the
kind of local support that Covington provided for state health commissioners, selling the

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Sheppard-Towner Act was challenging. The Sheppard-Towner Act, like the IHB, competed for matching funds with a multitude of other programs. Health budgets tended to be a priority only when disaster threatened. Therefore in some states, simply funding the matching state contribution was problematic. Even before Congress repealed Sheppard-Towner, western legislatures began to lose interest in funding the program. Without matching funds, the act provided only a limited grant of $5,000 to the states. The implication in existing historical studies seems to be that had Congress not repealed the Sheppard-Towner Act, the program would simply have continued to function, but even before the measure was repealed, state legislatures balked at the necessary matching funds. Arizona is a case in point. For the years 1919-1921, prior to the Sheppard-Towner Act, the state of Arizona appropriated $2,750.00 a year for maternity and infancy work, although the total actual expenditure of that appropriation was never more than $1,787.51, the amount spent in 1920. Nonetheless, women’s and children’s health had some sort of basic funding. During the first year of the Sheppard-Towner program, the combined federal and state appropriations were $12,750.00, but records show that states only spent $8,635.31. The state legislature matched the Sheppard-Towner funding for fiscal years 1923 and 1924. Beginning in 1925, even before Congress raised the question of repeal, the Arizona legislature refused to fund any of the matching portion of the grant. From that point on, the Arizona child hygiene bureau operated only on the outright grant of $5000 or the portion of the Sheppard-Towner Act that did not require matching funds from the state. Once Congress repealed the act, the Arizona legislature continued to make any funding for the state Bureau of Child Hygiene contingent on matching federal funds. As there no longer were any federal funds,  

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35 Conference of State and Provincial Health Authorities Achievements with the Cooperation of the International Health Board of the Rockefeller Foundation, Basic Information Regarding the Arizona State Board of Health, Its Organization, Activities, Resources, and Achievements (New York: International Health Board, 1926), 15.
the state closed the child hygiene bureau. Arizona, then, failed to maintain even the pre-
Sheppard-Towner Act level of activity and the maternity act actually diminished aid available to
Arizona’s women and children.36

Among states that continued to fund the program, the lack of a visible federal presence in
terms of contact with Children’s Bureau managers had the less obvious, but ultimately more
devastating, consequence of diminishing the importance of the Children’s Bureau, reducing the
organization to a check that came when the state requested it. State officials cared little about
which federal pot the money came from, just so long as it continued to arrive. This diminished
the importance of the Children’s Bureau in the minds of local folks who paid greater attention to
the programs of either state bureaucracies that had local representatives—extension agents,
demonstration home economists, public health nurses—or non-state agencies like the IHB.
Regional representatives like Covington knew the names of local people and their kids’ names.
When money was in short supply in the legislature, which program received funding? Would it
be organizations, like the IHB, whose field managers arrived with some regularity and acted like
they had an investment in state and local concerns, or would it be agencies, like the Children’s
Bureau, whose only contacts came in the form of letters taking local officials to task over
compliance problems.

The Children’s Bureau, therefore, by refusing to intervene when local politics threatened
the position of state directors—primarily women—left them to survive political contests on their

36 Conference of State and Provincial Health Authorities Achievements with the Cooperation of the
International Health Board of the Rockefeller Foundation, Basic Information Regarding the Arizona State Board of
Health, Its Organization, Activities, Resources, and Achievements (New York: International Health Board, 1926),
15. For the years 1919-1921 prior to the release of Sheppard-Towner funds $2750.00 a year had been appropriated
for maternity and infancy work, although the total expenditure of that appropriation was never more than 1787.51,
the amount spent in 1920. Even during the first year of Sheppard-Towner combined federal and state appropriations
were $12,750.00, but records show that only $8635.31 was spent. Sheppard-Towner funding was matched by the
state legislature for FY 1923 and 1924. Beginning in 1925, however, maternity work was dependent only on federal
funds.
own. This alienated state hygiene directors forced to contend with parochial politics and created a situation where local directors’ loyalties lay not with the Bureau but with the people they interacted with on a daily basis. In short, the Children’s Bureau administrators lost their base. When you compare the distance Abbott maintained between the Children’s Bureau and state directors to the kind of regular, intimate familiarity that Covington developed with everyone from county commissioners to the Surgeon General, it becomes easy to understand why local women found common cause with male professionals rather than other women’s groups.

Therefore, another consequence of the Children’s Bureau’s reluctance to support state directors was that many professional women migrated to male-dominated organizations where they found greater support and solidarity for their professional ambitions than among the elite female policymakers in Washington.

The most common misconception about Sheppard-Towner was that the Act provided medical care: it did not. This weakness came as a surprise to many, including Senator Sheppard, the senate co-sponsor of the bill. Although the initial Rankin-Robinson proposal in 1918 had included medical care for pregnant women, legislators immediately struck those

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37 Hoagland to Watters, 7 January 1922 (misdated, actually 1923) F11-38-1, Box 251, RG102, NARACP.
38 Cott, The Grounding of Modern Feminism, 237.
39 C.M Lily to Abbott, 17 March 1923, F11-7-2, Box 244, RG 102, NARACP.
40 The variety of inquiries about what the bill could and couldn’t do demonstrates how little people understood this measure. This is only a representative sample. Senator Morris Sheppard to Grace Abbott; 18 and 24 March 1922; Rude to Sheppard, 21 March 1922; F11-28-2, Box 249, RG 102 NARACP; Senator T.H Caraway to “Gentlemen,” December 13, 1921; F11-5-2, Box 244, RG 102, NARACP; Abbott to Bouders, 10 August 1922, F11-28-2, Box 249, RG 102, NARACP; Matthews to Kraker, February 18, 1925, F 11-7-1 1925-1928, Box 324, RG 102, NARACP; Rude to Waddel, 20 December 1922, F11-45-1, Box 252, RG 102, NARACP; Matthews to Kraker, 18 February 1925, F 11-7-1, Box 324, RG 102, NARACP; Rude to Lewis, March 29, 1922 F11-38-1, Box 251, RG 102, NARACP; Rude to Waddel, 20 December 1922, F11-45-1, Box 252, RG 102, NARACP; Matthews to Kraker, 18 February 1925, F 11-7-1, Box 324, RG 102, NARACP; Rude to Lewis, March 29, 1922 F11-38-1, Box 251, RG 102, NARACP. For prohibitions against courses on home hygiene and care of the sick see: Luckett to Kraker, 9 April 1924; Kraker to Luckett, 18 April 1924; Kraker to Luckett, 2 May 1924, F11-33-1, Box 250, RG 102, NARACP. On medical care for pregnant women see:. Haugen to Riddick, 5 December 1921; Carlson to Abbott, 6 January 1922, F11-28-2, Box 249, RG 102, NARACP. On establishing hospitals see Caraway to “Gentlemen,” December 13, 1921, F11-5-2, Box 244, RG 102, NARACP; Rude to Waddel, 19 December 1922, F11-45-1, Box 252, RG102, NARACP.
provisions from the bill. The notion that the government agency provided medical care was not as easily struck from the public mind. Soon after the measure became law, Senator Sheppard received a letter from one exasperated nurse asking, “Did you, when you worked so hard to pass this bill, mean to tell the mothers what to do . . . but after all is said and done, let her lay out in her shack and die for all any one care?” While the states could, and did, use the Sheppard-Towner funds for medical screenings such as pre-natal exams, well-baby check ups, or preschool evaluations, such activities required cooperation with outside organizations willing to provide either money for medical personnel or volunteer medical professionals willing to donate their time. The reliance on outside medical personnel for even these minimal medical activities varied from state to state and depended largely on whether or not the head of the child hygiene bureau was a physician, nurse, or lay person. During these screening events, if the mother or child needed further medical attention, health workers referred these patients to a local physician. The act itself, however, did not provide medical services. In some instances follow-up care or regular clinics for indigent care were done in conjunction with the United States Public Health service or with funds provided by organizations like the IHB, the American Child Health Association, the Red Cross, or state health programs. Generally, though, the directors’ positions were administrative, rather than hands on.

The practical effect of no medical care limited the importance of the Sheppard-Towner Act in western states. Women, stunned to find out there was no provision for medical care, wrote to express their surprise and dismay. Mrs. C. M. Lilly of Colorado wrote, “all of us, thought . . .

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41 The original maternity proposal in 1918, the Rankin-Robinson bill, had included medical care for pregnant women. This aspect of the bill was immediately struck down. The Sheppard-Towner Act included no provision for any medical care. See: Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8599-8600; Congressional Record, 65th Cong., 2d Sess., 1918, 56, pt. 9:8544.
42 Teton County Nurse (signature illegible) to Morris Sheppard, 9 March 1922, F11-28-2, Box 249, RG 102, NARACP.
that women and babies were to be helped by such medical care . . . a trained nurse . . . when a physician could not be had. Now we are told that in Colorado the law is to be administered purely as an educational affair.”43 She went on to explain that lectures would be difficult to attend and that a fair number of state residents did not speak English. In closing, she suggested that perhaps the progress of the law should have been more closely monitored. In Idaho, under the best of circumstances, finding support for matching funds for any grant-in-aid or cost-sharing program was an unlikely prospect, as even Covington had discovered when pitching his proposals for a county health unit. When Idaho women lobbying the legislature realized that the bill contained no provisions “for actual nursing care,” they remarked, “without such a feature the bill is useless and extravagant.”44 These misunderstandings also suggest that the connections and level of communications between rank and file women at the state level and top administrators were relatively weak.

Coupled with the lack of access to medical care in western states the real Achilles heel of the Sheppard-Towner legislation was the limited demographic it served—pregnant women, infants, and pre-school children. For many in the West, the legislation seemed impractical and limited in a region where its application needed to be broad and general. Race, ethnicity, and class differences affected how women experienced and participated in this reform, but I want to suggest that region was also an important determinant of women’s experiences. Scarcity figured prominently in health policy development in the West, and overcoming limited financial and human resources was central to state work plans. When states first implemented the act, the gap between what western states needed from the federal program and what the law allowed caused no end of aggravation and annoyance for state health commissioners who were not used to

43 Lillie to Abbott, 17 March 1923, F11-7-2, Box 244, RG102, NARACP.
44 Hollingshead to Jacobs, 14 February 1923, 11-14-2, Box 246, RG 102, NARACP.
having to patrol the boundaries of programs. In the West, cooperation, rather than exclusion, among the different health organizations was a necessity. Now, when drawing up proposals for such cooperative efforts, state personnel found that, more often than not, their plans failed to fall within the guidelines of the act, and the federal board returned them for revision. Children’s Bureau policies appeared to impede rather than improve the situation in a region already confronted with scarce human and financial resources.

The limitations of the program guidelines worked a particular hardship on the states most recently added to the union, New Mexico, Arizona, and Oklahoma. In these states, to suggest that a nurse travel hundreds of miles to visit a remote village or town and then address the needs of only a portion of the population seemed ridiculous.\(^{45}\) In New Mexico, a proposal to team-teach a home hygiene course to high school students with the “state supervisor of home economics” became the center of a short controversy. New Mexico’s state commissioner of health intended to use the money to enhance an already familiar Red Cross program that addressed broadly home health care for the sick. Since the course included topics beyond just maternal and infant hygiene, the Children’s Bureau notified New Mexico’s new Commissioner Luckett, that the board was not likely to approve the plan. Luckett argued that sickness in the home of any kind was likely to have a negative affect on women and children. Therefore, a course teaching care of the sick should conceivably fall within maternity and infancy guidelines. He punctuated his argument by noting that “in a state like New Mexico, where medical service is frequently not available at any price within the means of the people” rural districts needed this type of course.\(^{46}\) The federal maternity board was comprised of Grace Abbott, Children’s Bureau administrator, who headed the board; U.S. Surgeon General Hugh Cumming; and John H. Tigert,

\(^{45}\) Luckett to Haines, 3 July 1926, F11-33-1, Box 333, RG 102, NARACP.
\(^{46}\) Luckett to Kraker, 9 April 1924, F11-33-1, Box 250, RG 102, NARACP.
Commissioner of Education. Abbott was the primary decision-maker. She remained adamant, and refused to allow Luckett to use Sheppard-Towner funds for this cooperative effort.\textsuperscript{47} Abbott, then was not only as politically unwise in not cultivating relationships with grasstop actors, she also really did not seem to understand the problems that western states confronted.

Abbott’s lack of attention to or unwillingness to consider local conditions was an anomaly among the health organizations operating in the West and only added to state health officials’ perceptions that the maternity act presented more problems than solutions. Matilda Harris, a nurse working in New Mexico, also appealed to Marie Phelan, who worked as a special agent for the Children’s Bureau, to allow the use of maternity funds for the Red Cross classes. She explained that the nurses who had worked in the state’s rural districts and among the various Indian peoples agreed that the “home hygiene courses seemed to be the most logical line of attack in our isolated communities.”\textsuperscript{48} She argued that the Red Cross course was familiar to local people, and “Red Cross diplomas [were] very much coveted.”\textsuperscript{49} More importantly, she noted that the Red Cross program was “elastic enough” to include an expanded focus on maternity and infancy. Harris went on to explain that the state would find some way to accommodate both the Red Cross course and the Children’s Bureau’s concerns.\textsuperscript{50} Although there is no record of Phelan’s response, over time local political realities forced the Children’s Bureau to moderate its demands.

In order to avoid these kinds of confrontations, state child hygiene directors and state health commissioners learned quickly to couch their activities under the Sheppard-Towner Act in terms acceptable to Abbott, while appeasing local interests as far as possible. In Oklahoma, state

\textsuperscript{47} Abbott to Luckett, 2 May 1924, F11-33-1, Box 250, RG 102, NARACP.
\textsuperscript{48} Harris to Phelan, 1 August 1924, F11-33-1, Box 250, RG102, NARACP.
\textsuperscript{49} Harris to Phelan, 1 August 1924, F11-33-1, Box 250, RG102, NARACP.
\textsuperscript{50} Harris to Phelan, 1 August 1924, F11-33-1, Box 250, RG102, NARACP.
child hygiene director Lucile Blachly coordinated the work of her bureau with state health officials and with the Office of Indian Affairs (OIA). To promote the Sheppard-Towner Act in her state, she used several strategies designed to quickly reach critical professional and political segments of the population. She understood that local legislators needed a clear sense of where this money was going and why it was necessary. Blachly used the federal money to support a program of itinerant post-graduate classes for rural physicians and a central training center for public health nurses and physicians. These programs relied on and enlisted the support of state health officials rather than the traditional women’s groups involved in child welfare work, in an effort to educate teachers, student teachers, and especially local physicians—the individuals who would have regular contact with mothers in sparsely populated areas of the state.\(^{51}\)

Blachly’s focus on working with health professionals, rather than state women’s organizations, drew criticism not only from the Children’s Bureau, but from local women’s groups who accused her of ignoring their contributions to her success. The Children’s Bureau’s official response to Blachly’s involvement in the post-graduate courses was less than enthusiastic, and Dr. Blanche Haines warned her against spreading herself too thin and justifying the use of Sheppard-Towner funds for work unrelated to the Children’s Bureau project. Haines feared Blachly was straying too far from direct work with mothers, the Bureau’s primary targets.\(^{52}\) Blachly, however, saw her involvement in these joint efforts as a way to insure maximum use of limited human resources; moreover, these cooperative endeavors provided her

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\(^{51}\) State of Oklahoma. 6\(^{th}\) and 7\(^{th}\) Annual Report of the State Department of Health of Oklahoma For The Year Ending June 30, 1922 and Year Ending June 30, 1923. Oklahoma City: Oklahoma, 1922-1923. Blachly Collection, Folder 2, Box 1, Western History Collection, University of Oklahoma, Norman, Oklahoma; Blachly Collection, Folder 2, Box 1, Oklahoma Historical Society, Oklahoma City, Oklahoma. Hereafter I will refer to the Western Historical Collection record as WHC and the Oklahoma Historical Society record as OHS.

\(^{52}\) Blachly to Kraker, 1 May 1924; Kraker to Blachly, 6 May 1924; Blachly to Kraker, 5 May 1924; Abbott to Blachly, 9 May 1924, in F11-38-1, Box 251, RG 102, NARACP.
the opportunity to build the professional relationships she saw as integral to her maternity work and her career.\textsuperscript{53}

The Children’s Bureau’s strongest critique of the Oklahoma director’s proposal went to the heart of Blachly’s state strategy to educate teachers, physicians, and community leaders who lived and worked among rural Oklahomans. The state director understood the need to gain the support of the people who had the ear of the legislature. Haines suggested that Blachly’s activities should focus on “reaching the mothers and fathers on the farms and in isolated communities . . . rather than the highly specialized and more privileged groups who may, or may not, have influence in teaching health habits.”\textsuperscript{54} Both Blachly and Health Commissioner Carl Puckett defended their plans, bristling at Abbott’s intimation that they did not know what was best for Oklahoma.\textsuperscript{55} Abbott did not seem to understand that as a grant-in-aid program, administering the Sheppard-Towner Act necessarily involved state politics as well as state funding.

Blachly argued that her proposals concerned more than simply addressing the needs of rural areas “with practically no public health nurses, and very few pediatricians and obstetricians, a scheme different from that in the older states must be followed. “Oklahoma, as you know,” Blachly asserted, “is only eighteen years old.”\textsuperscript{56} Subsequent correspondence in the matter underscored the positive impact cooperation with the state medical profession had on the program’s good reputation. Puckett also explained, “We are having the fullest possible cooperation on the part of the medical school . . . it has been strictly our policy to convince the

\textsuperscript{53} “Post Graduate Courses for Every Practicing Physician,” \textit{Journal of the American Medical Association,} 88, 1(January 1, 1927), 38; Blachly to Haines, 26 May 1926; Haines to Blachly, 1 June 1926, F11-38-1, Box 336, RG 102, NARACP.

\textsuperscript{54} Haines to Blachly and Puckett, 29 June 1926, F11-38-1, Box 336, RG 102, NARACP

\textsuperscript{55} Blachly to Abbott, 7 July 1926, F11-38-1, Box 336, RG 102, NARACP; Puckett to Abbott, 9 July 1926, F11-38-1, Box 336, RG 102, NARACP.

\textsuperscript{56} Blachly to Abbott, 7 July 1926, F11-38-1, Box 336, RG 102, NARACP.
public . . . chiefly through our physicians.” Herein was a case where the Children’s Bureau’s willingness to coordinate work with other health organizations had its limits. In some cases, statutory regulations drove Sheppard-Towner policy, but elsewhere the Children’s Bureau administrators seemed to discourage activities that threatened their ability to maintain control of federal welfare policy. They failed to recognize the degree to which grant-in-aid programs required negotiations among the actors of the principal agencies involved in a given program.

Unlike the curt response New Mexico officials received two years earlier, Abbott responded to the Oklahoma state commissioner with a conciliatory reply. It was 1926 and the Sheppard-Towner Act was up for renewal. The last thing she needed was to create a problem in a state whose program seemed so clearly tied to the local medical professionals because at the time she was facing stiff opposition from her opponents bent on repealing the Sheppard-Towner Act. Abbott asked for further details regarding the training center’s proposed staffing, expenses, courses, and “how much it would take over work that the school system ought to do . . . I hope you understand that it is not a desire to dictate to Oklahoma . . . which has led to these inquiries.” Children’s Bureau concerns that the state was using Sheppard-Towner money to fund the work of other groups remained an ongoing source of irritation to Blachly. The reason the Bureau frowned on cooperative efforts with private organizations such as the Red Cross and the National Parent-Teacher Organization was the fear that federal money might somehow be used to subsidize private groups, something expressly prohibited in the Act. State health officials and workers at the state level, especially in the West where they suffered severe shortages of trained health personnel, often failed to distinguish one national organization or

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57 Puckett to Abbott, 9 July 1926, F11-38-1, Box 336, RG 102, NARACP.
58 Abbott to Blachly, 28 July 1926, F11-38-1, Box 336, RG 102, NARACP; Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 8759, 8764.
59 Abbott to Blachly, 13 July 1926; Abbott to Puckett, 13 July 1926; Haines to Blachly, 26 October 1926, F11-38-1, Box 336, RG 102, NARACP.
agency from another. Their primary concern and focus was on providing and building a health program, not the parochial administrative concerns of individual agencies.

Colorado was one of two states—Iowa was the other—where health officials did not control the Sheppard-Towner funding or the program. The state’s child welfare bureau was housed in its education department. The state’s most powerful women’s groups already had a strong existing program of child hygiene in the schools, and of course, the federal maternity money could not be used for school-age children. Florence Dick, the seventy-year old matriarch who headed Colorado’s PTA organization, was a women with a great deal of influence among state women’s groups. When Sheppard-Towner passed, she managed to have herself designated as Colorado’s “education director” under the Sheppard Towner program. 60 For Dick this meant using Sheppard Towner funds to increase the already strong school program. Since she was unable to use the funds for school children, she proposed the formation of “pre-school circles” for parents of pre-school children. “Circles” were part of the broader PTA program. The problem with her plan was that participants in the PTA circle programs were required to pay dues that would then go to the PTA organization. This amounted to subsidizing a private group. When state director Estelle Mathews informed Dick that she could not use the money for PTA organization activities because of the subsidy aspect, the older woman fired off a letter to Abbott in an attempt to get around Mathews. Dick failed, however, to mention the dues to Abbott and got permission for the program—at least until Mathews apprised the Children’s Bureau administrators of the situation. Mathews, not surprisingly, found herself “as welcome as a fifth wheel” among Colorado’s women’s groups. She had managed to alienate the most influential women in the state, and the organization that had lobbied hard to pass the Act. 61 In patrolling the

60 Dick to Abbott, 3 October 1922, F11-7, Box 244, RG 102, NARACP.
61 Matthews to Watters, 6 March 1923, F11-7, Box 244, RG 102, NARACP.
boundaries of this new legislation, local directors found themselves increasingly at odds with the very groups on whose support they should have been able to depend. In these situations, state directors found they could not use some of the already scarce human resources available to them.

Salaries paid to health workers became an issue in Arizona, where it was particularly hard to attract and retain health workers willing to live in or travel to remote locations away from the usual social and cultural amenities found in more populated areas. In an effort to address the constant turnover and human resource shortage, Arizona paid its nurses $2,100 per year rather than the customary annual salary of $1,800 “with travel and maintenance” that Public Health, Red Cross and IHB nurses received. The Children’s Bureau suggested the state was over-compensating their nurses. In a blistering response, the Arizona state health Commissioner, F.T. Fahlen, shot back: “First of all, I don’t believe in cheap service of any kind: in the next place, Arizona is a state which is unusually hard to cover on account of the actual physical conditions of the country. The settlements are long distances apart and the living expenses are unusually high. It has been a constant complaint by nurses that when they get through paying their expenses they have practically nothing left out of their salaries.” Fahlen explained that he would be unable to retain personnel and that, even at the higher rate of pay, nurses had been difficult to retain. He assured the Children’s Bureau of the economic efficiency of Arizona’s program “so that there would be no duplication of work and no lost motion in traveling. The nurses have been paid the same salaries throughout the five years of my tenure of office, and I do not quite understand why there should be any question raised at this time.”

Other agencies, especially in the southwest, had similar staffing problems. The Indian Service, in particular, had a difficult time maintaining adequate staffing.

62 Haines the Maude Howe, 27 June 1927, F11-4-11, Box 323, RG 102, NARACP.
63 Haines the Maude Howe, 27 June 1927, F11-4-11, Box 323, RG 102, NARACP.
64 Fehlan to Lenroot, 29 June 1927, F11-4-1, Box 323, RG 102, NARACP.
To state workers, some of the policing the Children’s Bureau engaged in bordered on the absurd. In one instance, the Bureau questioned a New Mexico expenditure used to provide food for volunteer workers who had remained past the dinner hour during a bureau-sponsored baby clinic. In one instance, Children’s Bureau physician Dr. Anna Rude and Drs. Reid and Gertrude Light of New Mexico exchanged no less than eight letters over a two-month period between them over a $2.95 expenditure for food. Rude, eventually realizing how trivial this appeared to local officials, even offered an apology in one of her letters, explaining that such scrupulous accounting reflected the Bureau’s desire to err on the side of caution, steering clear of any remotely questionable expenditure. Nonetheless, the Children’s Bureau would not allow the expenditure and state workers eventually charged the item to the state’s public health budget. The end result of the constant policing of such details often worked against the Children’s Bureau, making them seem petty, ridiculous, annoying, and unwilling to cooperate in a region that depended on such efforts.65

State child hygiene directors, therefore, were put in the position of balancing what seemed the most practical course of action at the grassroots against official Children’s Bureau policy, though it is important to mention that most of the state child-hygiene directors worked hard to stay within the federal guidelines. However, when faced with the choice of either accommodating state interests and politicians or guarding the interests of a distant bureau whose administrators did not sign their paycheck and refused to back them in politically delicate situations, they more often than not sided with state officials. In other words, when child hygiene directors faced a choice between acting in solidarity with the Children’s Bureau’s administrators and or acting in accord with their own personal or professional interests, women

65 Rude to Reid, 17 July 1923; Reid to Rude, 18 July 1923; Light to Reid, 26 July 1923; Rude to Reid, 27 July 1923; Reid to Rude, 30 July 1923; Rude to Reid, 11 August 1923; Reid to Rude, 15 August 1923, in F11-33-1, Box 250, RG 102, NARACP.
in the West were as likely as men act to protect their individual interests. Nonetheless, the political reality directors faced constantly forced them to make choices or compromises that generally served the interests of those with whom they worked on a daily basis. Self-protection over female solidarity was particularly true in cases where the child hygiene directors were laypersons and in no political position to push back against the local health authorities.

The choices that child hygiene directors made were not always a reaction to political concerns, but simply the course of action that made sense in their immediate situations. States that engaged in any kind of cooperative work found a heightened degree of federal surveillance of their activities. For example, when a Colorado report showed that doctors had examined 976 school-age children, the Children’s Bureau asked if maternity and infancy staff had been involved in those exams. Colorado’s state director Estelle Matthews, a laywoman, said yes, absolutely. She went on to explain that pre-school children were the priority, but when all of them had been seen, workers would use the rest of the day to examine school-age children. “We are working with four other state agencies who give their time to us in support of maternity and infancy work during the health conferences . . . we could not say to this group it shall be all Maternity and Infancy regardless of what the community wants.” Mathews’ comments underscore that any medical assistance had to come from outside organizations. It took a couple of years before the Children’s Bureau clarified what the funds could and could not be used for, but in the meantime, there was considerable confusion and poor public relations at the state level.66

State health officials in the West were scrambling to come up with a way to use this federal money to make a material difference in the lives of local people when Platt Covington

66 The Children’s Bureau eventually had to revise its program outline in order to clarify what was appropriate use of federal money, see Kraker to Wilson, 22 September 1924, F11-33-1, Box 250, RG 102, NARACP.
suggested a plan for informal cooperation between the IHB and the states. Although the sources do not pinpoint the exact moment at which Covington became aware of the Sheppard-Towner funds, in April 1924 he received an inquiry from the state of North Dakota asking whether or not the money that the IHB contributed to the state’s health work could be used to meet the state’s obligation to match federal Sheppard-Towner funds. North Dakota’s legislature only met biennially, and the Sheppard-Towner funds first became available in a year when the legislature was not meeting. Therefore, the state could not access the new federal funds without a matching state contribution. Counties that were already cooperating with the IHB were looking for ways to obtain the Sheppard-Towner funds before the next legislative session. While no federal prohibition existed on using county funds to match federal grant-in-aid programs in North Dakota, there was no legal mechanism in place for counties to forward money to the state treasury. Ferrell frowned on that particular idea, and there is no record of the outcome in this case, but shortly thereafter, Covington turned this suggestion around and raised the question of using the Sheppard-Towner allotments to match the IHB funds in order to support additional county health units. This time, Covington’s suggestion appealed to Ferrell, and he approved of the idea. However, he warned Covington in a confidential letter against any attempt to negotiate directly with either the Public Health Service or the Children’s Bureau. Instead, he urged him to deal only with the state officials. Ferrell’s remark was not an attempt at subterfuge. On the contrary, it was in order to avoid any appearance of influence peddling or collusion between the federal agencies and the Rockefeller Foundation. Operating out of an abundance of caution, Ferrell wanted to avoid the kind of accusations and inflammatory rhetoric that folks like Senator Kenyon and William Spillman had raised during the Smith-Lever debates.

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67 Ferrell to Covington, 30 October 1923, F955, Box 67, 2.2, RG 5, Rockefeller Foundation, Rockefeller Archive Center, Sleep Hollow, New York. Hereafter RF, RAC.
68 Covington to Ferrell, 7 April 1924, F1086, Box, 76, 1.1, RG 5, RF, RAC.
regarding the Rockefeller Foundation’s support of agricultural extension work in the South.\(^{69}\) It also suggests why there is little “Rockefeller footprint” on many of the programs in which they were central players during the 1920s.

Shortly after Covington had been assigned to the West, Ferrell had cautioned him to avoid any undue emphasis on the IHB contributions to county health work, urging him, “insofar as possible, not to quote the IHB reports or allude too frequently to the IHB. Emphasis should be placed upon the state boards of health and what they are doing.”\(^ {70}\) Ferrell clearly desired the IHB to work quietly behind the scenes. The tragedy at Ludlow remained fresh in the minds of many westerners who continued to associate the Rockefeller name with Colorado Fuel and Iron’s abusive labor practices and the deaths of innocent women and children. Covington was sensitive to these feelings and was always careful to refer to the organization for whom he worked and the International Health Board, rather than the Rockefeller Foundation. The western press, at times, was less forgiving. When reporting on IHB activities, they preferred instead to play on the notoriety of the Rockefeller name in order to sensationalize their stories and sell papers. Despite Covington’s emphasis on the accomplishments of state and county health officials, news stories focused solely on the IHB. After a particularly negative story turned up in a Utah paper, Covington expressed his annoyance to Ferrell, noting that in negative stories the papers “referred solely to the Rockefeller Foundation” and failed to mention the role state or county officials may


\(^{70}\) Ferrell to Covington, 9 January 1923, F953, Box 67, 1.1, RG 5, RF, RAC.
have played in a particular incident. He noted that even furnishing journalists written reports did little good, as they “reconstruct[ed] them in a way as to make them more sensational.”

Ferrell also instructed Covington that in setting up a cooperative agreement involving the Sheppard-Towner money, the suggestion for any such plan must originate with state officials or at least seem as if state health officials initiated the proposal. Covington began negotiating these agreements to fund county health units using Sheppard-Towner funds in 1923 and within a year this had become pro forma policy for IHB work in western states. By January 1924, the IHB had partially funded ten county health units using Sheppard Towner funds. In New Mexico, the location of the IHB clinics dictated where the nurses carried out their maternity work. Using the maternity funds allowed the cash-strapped states and counties to increase start-up public health services without increasing the tax burden on the local population.

Initially, these cooperative agreements attempted to follow both the letter and spirit of the law, but it was not long before the line between the two blurred. Theoretically, the joint agreements worked this way: maternity and infancy funds would be used to pay a portion—perhaps 25%—of the salary of a public health nurse who worked in a local county health unit. Children’s Bureau officials then expected her to devote 25% of her time to maternity and infancy work. The nurse could then spend the rest of her time on general public health work. Although the Children’s Bureau administrators saw such joint endeavors as permissible, they did not like

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71 Covington to Ferrell, 14 November 1923, F597, Box 67, 1.1, RG 5, RF, RAC.
72 Covington to Ferrell, 14 November 1923, F597, Box 67, 1.1, RG 5, RF, RAC.
73 Ferrell to Covington, 30 October 1923, F955, Box 67, 2.2, RG 5, RF, RAC.
74 Covington to Ferrell August, 1923, F9544, Box 67, 1.1 RG 5, RF, RAC; Covington to Ferrell, undated letter urging use of Sheppard-Towner funds in Colorado and Wyoming, F1085, Box 76, 1.1 RG 5 RF, RAC; letter Hayes to Covington, 8 March 1924, F1085, Box 76, 1.1, RG 5, RF, RAC; Hayes to Ferrell, 30 April 1924, F2401, Box 186, 1.2, RG 5, RF, RAC; Ferrell to Hayes, 15 December 1924, F2401, Box 186, 1.2, RG 5, RF, RAC; August 1924 Report of Sheppard-Towner Work as part of 10 fulltime county units in New Mexico, F11-33-1, Box 250, RG 102, NARACP; Ferrell to Covington, 30 September 1925 urging use of STA funds in Nebraska and Iowa as in other states, F1263, Box 88, 1.1 RG 5, RF, RAC.
75 Luckett to Kraker, 8 December 1924, F11-33-1, Box 333, RG 102, NARACP.
them. More importantly, they quickly lost any meaningful control over what occurred on the
ground, if indeed they ever really had control.

South Dakota was a case in point. In that state, Health Commissioner Park Jenkins and Sheppard-Towner director Clara Edna Hayes enjoyed a particularly good relationship with Covington and Ferrell. In 1925, Ferrell approached Jenkins and Hayes about using the Sheppard-Towner money to subsidize the salary of a state epidemiologist. Hayes responded affirmatively to Ferrell’s request, but noted that in order to use the maternity funds, the epidemiologist would have to agree to “give some time” to maternity work. This was a significant departure from earlier agreements to fund a small part of a nurse’s salary to do maternity and infancy work. Most of the work of epidemiological laboratories had nothing remotely to do with maternity and infancy. Hayes’ contribution would be about 30% of the total cost of the epidemiologist’s salary with the rest made up out of U.S. Public Health Service and IHB funds. There was no pretense, however, that 30% of the epidemiologist’s time would be devoted to maternity and infancy work—only that he “give some time” to maternity work. Hayes was aware of her obligations to the federal bureau, and she did her best to meet them. Nonetheless, she understood the political necessity of seeking this kind of accommodation with broader state public health concerns. The degree to which the Children’s Bureau was willing to push a particular point had a lot to do with how much local support state directors enjoyed and how well they were able to finesse their monthly reports so that Sheppard-Towner activities fell within the scope of allowable uses of the money. As more and more states embraced the use of maternity and infancy money to fund county health units, there was a noticeably heightened

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76 Rude to Hayes, 19 April 1923, F11-45-1, Box 252, RG 102, NARACP; Abbott to Blachly, 6 May 1924, 11-38-1, Box 251, RG 102, NARACP; Hayes to Rude, 9 June 1923, F11-45-1, Box 252, RG 102, NARACP; Haines to Luckett, 29 June 1926, 11-33-1, Box 333, RG 102, NARACP.
77 Jenkins to Ferrell, 15 May 1925, F2785, Box 218, 1.2, RG 5, RF, RAC.
78 Hayes to Ferrell, 10 September 1925, F2785, Box 218, 1.2, RG 5, RF, RAC.
concern that state officials document the time public health nurses assigned to the units spent on maternity and infancy work if the Children’s Bureau subsidized their salaries.

When Dr. Luckett, head of New Mexico’s public health department, turned in his state’s plans for fiscal year 1926-1927, he showed that he was using maternity money to cooperate with five county units and that he hoped to expand that number to eight. “I should like to know in this work of cooperation with counties,” inquired the Children’s Bureau’s Blanche Haines, “how you are working out the details with the counties so that a proper proportion of the work for maternity and infancy is being given by the county units.”

She also wanted to know if New Mexico was using the federal subsidy to expand maternity and infancy work or did it fund existing work. On learning that only two of the units were new and the majority of the money supported existing work, she suggested to Luckett that it was a bad idea to finance existing work rather than promoting the extension of work. Luckett’s reply, though diplomatic, suggested that the women of the Children’s Bureau did not understand the problems of health care delivery in the rural West. Western states could ill-afford to fund health workers with public money who attended only to select populations while ignoring others in the same location and whose needs were just as critical as the groups the federal program served. For western health officials, the use of the Sheppard-Towner funds was not simply a battle over who provided maternity and infancy care, and it was more than just a way to extend maternity and infancy work in New Mexico. Instead, it meant the difference between whether or not New Mexicans had access to any kind of public health services at all. The planned obsolescence built into the IHB contributions meant that a new infusion of money had to come from somewhere. To lose the Sheppard-Towner money would mean closing county units, and without the units, there would

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79 Haines to Luckett, 29 June 1926, F11-33-1, Box 333, RG 102, NARACP.
80 Haines to Luckett, 29 June 1926, F11-33-1, Box 333, RG 102, NARACP.
be no federal subsidy and no nursing assistance for pregnant women or children. Luckett told Haines, “We feel that it is justifiable to assist them with contributions from the maternity and infancy fund in order to secure this.” In short, he did not care whether they thought they were getting their money’s worth, nor did he intend to track “the exact number of hours devoted by each member of the unit” to maternity and infancy work.\(^{81}\) For state health commissioners such hair splitting seemed nonsensical. Luckett was able to respond from a position of strength. He enjoyed a strong relationship with state officials and was comfortably ensconced in the network of medical professionals that supported the IHB’s county unit model. He received no push back from the Children’s Bureau.

State hygiene directors, however, seldom enjoyed the social or political capital that state health commissioners possessed and, as noted above, could find themselves caught between federal and local officials with competing interests. Just such a situation developed in Oklahoma when an Ottawa County nurse, whose salary was subsidized in part with Sheppard-Towner funds, failed to turn in reports documenting the amount of time she spent doing maternity and infancy work. Despite state hygiene director Blachly’s best efforts at a diplomatic resolution, repeated attempts failed to force compliance from the recalcitrant nurse. In an effort to correct the situation, the state hygiene director appealed to the nurse, to the head of the county unit, and to the state health commissioner for assistance. Each time a superior spoke to the nurse, she would send one or two reports and then, once again, they would stop coming. Those that she did send were often incomplete or made little sense.

The Ottawa county unit was located in the tri-state mining district in far northeastern Oklahoma, near what, at the time, was one of the largest zinc and lead mines in the nation. In fact, the mines were the primary reason the county had established the unit, and the clinic was

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\(^{81}\) Luckett to Haines, 3 July 1926  F11-33-1, Box 333, RG 102, NARACP.
supported by multiple state, federal, and private agencies, of which the Children’s Bureau was just a minor contributor.\textsuperscript{82} Therefore, state and local health officials who supported that particular unit were far more interested in the health of miners than mothers. The unresolved situation over the sporadic reports escalated during a two-year period and became almost an obsession for Children’s Bureau administrators. Not until the federal maternity board threatened to cut off Sheppard-Towner funds to the Ottawa County health unit—and thereby threatened the funding of the entire clinic—did state and local officials pay attention.\textsuperscript{83} The fuss over the Children’s Bureau’s reports reverberated to the highest levels of state government, who eventually saw to it that the unit director fired the nurse, but not before leaving a bad taste in the mouth of local politicians and health department personnel when it came to both Blachly, the state child hygiene director, and the Children’s Bureau administrators. This was a case where Oklahoma’s director had failed to please either the Children’s Bureau or state officials, illustrating the precarious position state hygiene directors faced when trying to balance state and federal interests.


\textsuperscript{83} Blachly to Haines, 2 June 1927; Haines to Blachly, 14 June 1927; Blachly to Haines, 20 June 1927; Haines to Blachly, June 27, 1927; Blachly to Haines, 1 July 1927; Blachly to Marshino, 3 October 1927; Haines to Blachly, 30 November 1927; Blachly to Haines, 6 December 1927; Haines to Blachly 10 December 1927; Blachly to Haines, 20 December 1927; True to Haines, 23 January 1928; Haines to Blachly, 24 January 1928; Lenroot to Haines, 28 January 1928; Blachly to Haines, 30 January 1928; Blachly to Haines, 14 February 1928; Blachly to Haines, 17 February 1928; Blachly to Haines, 20 February 1927; Haines to Hammond and Blachly, 27 June 1928; Blachly to Haines, 27 June 1928; Haines to Blachly, 30 June 1928; Lenroot to Hammonds and Blachly, 8 August 1928, in 11-38-1, Box 336, RG 102, NARACP.
The story, in this case, is more complex than just a squabble between health officials and the Children’s Bureau, but was part of an impeachment drama playing out in state politics. Although Blachly was a highly qualified and experienced physician who genuinely believed in the work she was doing, in the course of trying to ameliorate the Ottawa county situation, she had alienated both state health officials and Children’s Bureau administrators. Ultimately, the incident likely cost Blachly her job in 1929. During the two-year period in which the uproar over Ottawa county took place, Blachly battled a number of unrelated concurrent political problems, including the threatened loss of her job due to politically driven changes in state government. In each of these situations, she operated from a position of weakness. Oklahoma’s partnership with the IHB predated the passage of the Sheppard-Towner Act. When she took over the job of state director in 1924, then state health commissioner, Carl Puckett, made an explicit request that she avoid the county units and not interfere with them in any way. That changed once the state began using Sheppard-Towner funds to subsidize the salaries of county unit nurses. The county unit personnel, however, had never been asked to keep the kind of detailed reports that the Children’s Bureau required, and they initially ignored Blachly’s repeated requests for accurate monthly reports. Attentive to the sensitive political situations in Oklahoma in 1928, Blachly found herself in position of having to try to procure the county reports without stirring a political hornet’s nest, but at the same time, she was running into increased pressure from Washington.

She achieved only partial success and eventually obtained reports from the each of the rural units except for the one in Ottawa County. She received no support from the Children’s

84 Blachly Collection, WHC, 14 October 1935; Blachly to Civil Service Commission, F2, Box 1, Blachly Collection, OHS, F2, Box 2.
85 Bowden to Jacocks, 21 July 1924, F2371, Box, 183, 1.2, RG 5, RF, RAC.
86 Blachly to Haines, 2 June 1927, 11-38-1, Box 336, RG 102, NARACP.
Bureau. Indeed, Abbott and Haines exasperated Blachly by implying in their correspondence that she could do more than she was already doing to secure the reports. She not only had to negotiate the rocky shoals of local politics, but she found herself under fire from the Children’s Bureau as well. Although Blachly attempted to explain the delicate situation she faced to Abbott and Haines, they had little understanding of the fine line she was walking. Health Commissioner Hammonds, who feared for his own job because of the state political situation, was having difficulty keeping his mind on his work. Her explanation, however, fell on deaf ears. Rather than listening to what the state director was telling them, Abbott went to the state commissioner, who perceived the matter as an annoyance at a time when his job hung in the balance and his wife was the subject of a national scandal. There was arrogance in Abbott’s and Haines’ actions. By disregarding the impact of the local political situation, they assumed that Blachly failed to comply out of incompetence, and they treated her like a child rather than an ally by going over her head to her boss. When Oklahoma submitted its 1928 budget, the federal maternity board informed both Commissioner Hammonds and Blachly that they would not approve funding for Ottawa County until the matter was resolved. At that point, health commissioner Hammonds applied enough pressure to have the recalcitrant nurse fired, finally laying the matter to rest, it appeared. There is evidence from a variety of sources that suggest that not everyone, particularly the IHB’s Bowden, approved of the decision to fire the nurse, however, and that it was the Ottawa County incident that led the new health commissioner to fire

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87 Blachly to Haines, 20 December 1927; Haines to Blachly, 24 January 1928, 11-38-1, Box 336, RG 102, NARACP.
89 Haines to Hammonds and Blachly, 27 June 1928; Blachly to Haines, 27 June 1929; Haines to Blachly 30 June 1928; Lenroot to Hammonds and Blachly, 8 August 1928; Lenroot to Hammonds, 11 August 1928, 11-38-1, RG 102, NARACP.
Blachly the following spring for not being able to “get along.” Another source suggests that she was “not so very popular with the health department.” Blachly tried to appease both local and federal interests, but she found herself alienated by both groups and eventually out of a job.

How the states responded to the Children’s Bureau’s disapproval of state programs varied, depending on the how supportive local officials were of the state directors and the maternity work more generally. The highly volatile political situation in Oklahoma threatened the continued employment of both Blachly and Commissioner Hammonds and forced both to behave more tentatively than they might otherwise have. Both found themselves trying to avoid irritating what was an already untenable political situation. Their responses over the two-year period offers a stark contrast to Luckett’s commanding and immediate dismissal of Haines’s concerns about New Mexico’s expenditures. The choices Hayes, Blachly, and Mathews made reflected the kinds of accommodations and compromises that local Sheppard-Towner directors faced as a matter of self-preservation and professional self-interest. In the West, women’s experiences, motivations, and goals were highly individual and diverse.

Once news spread that the Sheppard-Towner Act would end in 1929, states began to reevaluate their contributions to the program. When news that the state of South Dakota was taking aim at the grant-in-aid programs, “especially Sheppard-Towner,” Hayes resigned her position and went to work for Hoover’s American Child Health Association. In a letter to Covington, she noted that “conditions of late have been so uncertain and so disturbed that it

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90 D.T. Bowden, “Combined Narrative and Statistical Report for the Quarter ending June 30, 1928,” F844, Box 68, 3:239J, RG 5, RF, RAC; Blachly to Haines, 17 May 1929; Haines to Blachly, May 18, 1929; Blachly to Haines, June 4, 1929; Haines to Blachly, 11 June 1929, F11-38-2, Box 426, RG 102, NARACP; Blachly Collection, OHS, F20, 22, 23, Box 2; Blachly Collection, WHC, F2, Box 1.
91 Stevens to Gregg, 11 June 1929, Oklahoma Bureau of Maternity and Infancy, 1928-1929, Box 2, E562, RG 75, National Archives Southwest Region, Ft. Worth, Texas. Hereafter NARAFW.
92 Hayes to Covington, 11 February 1927; Hayes to Ferrell, 19 February 1927; Cook to Ferrell, 8 March 1927, F3667, Box 289, 1.2, RG 5, RF, RAC.
seems the best thing to do.” Hayes, concerned for her future, had other options and took advantage of them. The repeal affected more than just state directors. Three other key personnel in South Dakota’s public health department left after Hayes, and with future funding uncertain it was impossible to attract replacements.\(^{94}\)

As other states declined to match the Sheppard-Towner funds, health commissioners increasingly turned to the IHB to make up the shortfall until they could find other sources of outside funding. The appeal from Doctor William F. Cogswell of Montana was typical: “In view of the fact that the Federal Appropriation of the Sheppard Towner Act will be withdrawn on June 30, 1929,” he wrote, “I have wondered if we could get some aid in this work from the Foundation . . . we have been using the money which we got under Sheppard-Towner to quite an extent.”\(^{95}\) Similar pleas poured in from other states as the effects of the loss of Sheppard-Towner funds rippled across the West.\(^{96}\) South Dakota officials wrote, “if the Foundation could find it possible to make the same appropriation as last year, and from Utah “further assistance will be required . . . impossible to determine what will be the result of the termination of the Federal maternity and infancy act.”\(^{97}\) Some letters had a ring of desperation, others resignation. Their concerns underscore just how important the maternity program had become, not for providing maternal and infancy services, but for building a western public health infrastructure.

\(^{93}\) Hayes to Covington, 11 February 1927, F3667, Box 289 1.2, RG5 RF, RAC.
\(^{94}\) Jenkins to Ferrell, 21 May 1927, F3667, Box 289, 1.2, RG5, RF, RAC.
\(^{95}\) Cogswell to Russell, 7 September 1928, F38, Box 5, S229(1928), RG 2. RF, RAC; Jenkins to John Ferrell, F3667, Box, 289, Series 1.2, RG 5, RF, RAC.
\(^{96}\) Crain to Ferrell, 8 October 1928, F52, Box 6, 247(1928), RG 2, RF, RAC; Beatty to Ferrell, 10 September 1928, F56, Box 7, 250(1928), RG 2, RF, RAC; Jenkins to Ferrell, 11 August 1927, F3667, Box 289, 1.2, RG 5, RF, RAC; Ferrell to Covington, F107, Box 13, S200, RG2, RF, RAC.
\(^{97}\) Crain to Ferrell, 8 October 1928, F52, Box 6, 247(1928), RG 2, RF, RAC; Beatty to Ferrell, 10 September 1928, F56, Box 7, 250(1928), RG 2, RF, RAC; Jenkins to Ferrell, 11 August 1927, F3667, Box 289, 1.2, RG 5, RF, RAC.
The IHB also found itself a clearinghouse for physicians seeking new employment in the wake of state cutbacks.\textsuperscript{98} The increasingly precarious economic situation combined with the loss of the maternity subsidies not only threatened the existing county units but also caused the IHB to question the wisdom of continuing its demonstration work. Covington voiced his concerns to his superiors about the maternity program’s end and its impact on their own project.\textsuperscript{99} Ferrell’s response brought the first hint of what was coming next. The board, Ferrell explained, concurred with Covington’s assessment of the situation and hinted that perhaps it was time to end the IHB’s involvement in county health work. Ferrell continued, “responsibility for further development should be left to the official health agencies.”\textsuperscript{100} Attempts to work out a stable arrangement with the USPHS also seemed unlikely. Although some in that organization were more than willing to partner with the IHB, political pressure made such an endeavor “inadvisable.”\textsuperscript{101}

With the end of the Sheppard-Towner Act, the establishment of new county units ground slowly to a halt. In this sense, repeal of the Maternity Act had serious consequences for the states of the interior West where there was little else in the way of medical infrastructure. Not only was the repeal of the Sheppard-Towner Act a devastating loss in terms of Progressive Era women’s reform, but in the West, the money had also become central to the dynamics of state building. Closer scrutiny suggests that while the mechanics of this reform in the West—baby conferences, educational programs, and so forth—shared much with its sister programs in the East, in the West, public health officials acting in concert with the IHB reshaped this federal program at the grassroots in a manner not envisioned by the Children’s Bureau in Washington.

\textsuperscript{98} Ferrell to Covington, 10 April 1929, F107, Box 13, S200, RG 2, RF, RAC.
\textsuperscript{99} Covington to Ferrell, 23 May 1929, F107, Box 13, S200, RG 2, RF, RAC.
\textsuperscript{100} Covington to Ferrell, 2 April 1929, F107, Box 13, S200, RG 2, RF, RAC.
\textsuperscript{101} Ferrell to Covington, 26 March 1929; Covington to Ferrell, 4 April 1929; letter from Ferrell to Covington, 10 April 1929, F107, Box 13, S200, RG 2, RF, RAC.
When we view this reform from sources outside of the Children’s Bureau, a very different narrative plays out than that we have come to expect. The Sheppard-Towner Act was indeed a critical component of building a permanent health infrastructure in the region, not as the vanguard of a nascent maternalist state but as an adjunct of the Rockefeller Foundation’s rural health development project. It was that vision that would ultimately prevail.

The county unit model for rural health made sense in the West, where money and human resources were in short supply, where providing care sometimes involved first traveling hundreds of miles of travel over poor or non-existent roads, and where cooperative efforts were imperative. After Congress repealed the Sheppard-Towner Act, the conservative Hoover administration became one of the strongest advocates of continued government support of maternity and infancy work. Hoover was no stranger to child welfare work and had already presided over the consolidation of one child welfare organization. It appeared that he would set his sights on a second—the Children’s Bureau. Hoover, however, wanted any future maternity and infancy work carried out by the United States Public Health Service, but more critically, he wanted those services provided as part of county-unit based system of general public health. Grace Abbott was having none of it, and eventually found herself in the unusual position of opposing legislation for maternity and infancy programs. Hoover’s vision then was to impose nationally the Rockefeller model that Covington had developed in the West, but as the remaining chapters explain, Hoover was slow to arrive at this position.
Chapter Six—Rationalizing Child Health

_When the Hoovers and the political henchmen who broke up the Child Health Organization are all dead and turned to dust, your work for world health will still be going, a living monument to your genius and your devotion._

—Antoinette Peterson to Sally Lucas Jean, 1948

New York’s exclusive University Club on the corner of Fifty-fourth Street and Fifth Avenue, with its polished brass lamps, English-oak paneling, and ornate Florentine-style ceilings, housed an elite fraternity. The place possessed an unmistakably masculine décor that enveloped its patrician patrons in both the cultural and material artifacts of a fictive distant past, and served as a site for memorializing their own recent imperial conquests. The structure was a temple to the triumphalist exploits of the nation’s white, Anglo-Saxon, Protestant men. The club’s library displayed busts of Roman, Renaissance, and Enlightenment notables, and its official seal depicted two young toga-draped men, their hands clasped in friendship, while behind them stood Minerva the Roman goddess of wisdom, art, commerce, and defense. Its cavernous public rooms boasted two-story vaulted ceilings, arches, and alcoves, and its ornately framed walls served as canvases for reproductions of fifteenth-century Florentine frescoes. In addition to the library, which the club members reserved for quiet study, patrons could catch up on current events in the magazine room. Other areas of the club offered an assortment of leisure pursuits suited to men who believed themselves to sit at the pinnacle of American civilization.¹ The most popular use of the club, however, was dining.² The main dining hall, “frequented by

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² Alexander, *History of the University Club*, 315.
the solid portion of the community” provided a venue for many of the club’s social and intellectual events.³

The University Club was a bastion of male privilege and homophily. Club historian James Wadell Alexander, writing in 1915, credited its existence to “the proclivity of birds of a feather to flock together.”⁴ Membership was by invitation only and both assured and reinforced the position and power of the men who frequented the club. Overall, the aesthetics, the atmosphere, and the activities in which members engaged served as a constant reminder that they were the masters of their universe and the managers of the managerial class. One recent observer of exclusive clubs aptly noted that such domains were “prime emblem[s] of male bonding . . . tree house[s] with more comfortable seating.”⁵ These private sanctuaries were also centers of closed networks of power, places for building, expanding, and spending social capital. The relationships of trust that men forged within them provided access to resources through which they maintained and reproduced their social standing and power. The University Club was a place where discretion ruled and where the rich and powerful could hold court both out of the glare of the city’s busy public restaurants and away from the observing eyes of office personnel. In addition to the large banquet room, a number of private dining rooms provided members an ideal setting for business luncheons when matters at hand required the utmost discretion and quiet.

The club hardly seemed a likely place for a serious discussion of child health policy, but the privacy and fraternal atmosphere that the University Club afforded its members was the kind of setting in which Herbert Hoover was most comfortable. On an unusually warm Saturday

³ Alexander, History of the University Club, 315-319.
⁴ Alexander, History of the University Club, 3.
morning in December 1923, acting in his capacity as president of the American Child Health Association (ACHA) and accompanied by an entourage of his most trusted associates, Hoover arrived at the club for a lunch meeting with Beardsley Ruml, the young new president of the Laura Spelman Rockefeller Memorial (LSRM). The meeting would determine the future of Hoover’s recent foray into American child-health policy. He planned to solicit Ruml for the funding the ACHA needed to implement his plan to rationalize national child health reform. The centerpiece of his scheme was to organize a comprehensive child health survey of 86 American cities. The survey would identify and analyze child health problems and provide government officials and non-state agencies with the information they needed to eliminate redundancy of effort and target locally specific issues with greater efficiency. Government spending, if any, would be kept to the minimum necessary needed to conduct research and employ the experts and technocrats needed to carry out the statistical studies. Where needed, local agencies and private organizations would then implement policies based on expert findings using the voluntary cooperation of citizens and funding from local private agencies. He did not believe that government should in any way subsidize actual programs; funding would remain the responsibility of local and, preferably, private agencies. Hoover believed that proper administration and scientific rationalism coupled with cooperative action among business leaders, rather than further expansion of what he believed was a bloated, inefficient post-war federal state, were the key to addressing the problems of a modern industrial society. Nowhere was the need for efficient administration more evident than in the fields of public health and child welfare work. He intended to use the ACHA to eliminate inefficiencies in existing child

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welfare programs and remake the association into a rationally administered clearinghouse of statistical and scientific information.

Hoover, though, was slow to recognize how the 1914 state had shifted enormous power to a new set of actors and networks not beholden to either state political machines or to the traditional seats of power in Washington. Using his position as Commerce Secretary and resting on his reputation as an able wartime administrator, he established more than 1,250 conferences and commissions to study various economic and social problems with a view to finding solutions that did not include further expansion of what he believed was a bloated, chaotic wartime government. What he was actually observing was, instead, a still fluid but fundamentally new kind of state. Nowhere was this more apparent than in Hoover’s approach to child health reform. Much of Hoover’s child health activity was driven by an awareness that the army had rejected nearly one third of all recruits during the war for health reasons—primarily linked to insufficient diet and health habits in childhood. Hoover believed the way to attack the problem was not through expansive government programs. His efforts to rationalize the movement and rid it of those he referred to as “neo-populist do-gooders whose well-meaning ignorance produced chaos” lacked the connective tissue of federal aid that had cemented the new relationship between the federal government and the states. More importantly, his administrative hubris ignored the bureaucratic networks that functioned at these newly created intersections. By the mid-twenties, Hoover not only had to confront the limits of private philanthropy and individual initiative, as others have argued, but also the limits of an older model of the state.

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For a public figure and champion of a decentralized corporatist vision, Hoover operated at the center of an insular world in which he tended to concentrate and centralize control of the projects he tackled. While serving as the Commerce Secretary (1921-1928), he was also the driving force behind a number of commissions whose goals were to rationalize government and business practices, cut waste, and enhance national efficiency. The private meeting at the University Club was emblematic of the way in which Hoover operated when he was engaged in these large public ventures. While making a high profile public display of his intentions, he did the lion’s share of his policymaking privately, preferring to operate in the background. This arrangement allowed the public Hoover to appear as the quintessential executive manager, delegating control of commissions and conferences to private groups of experts charged with studying the question at hand. However, the critical policy decisions would emanate from Hoover and his inner circle. They would hash out policies in private offices, over intimate dinners at Hoover’s table, or during meetings at the exclusive clubs to which Hoover belonged.

Hoover had mastered an administrative technique that simultaneously allowed him maximal control of policy-making endeavors, while appearing to remain no more than a disinterested facilitator. His administrative approach, if diagrammed, might resemble a group of concentric rings with Hoover at the center surrounded by a group of trusted advisors. Beyond this fraternity of confidantes, he operated through carefully vetted executive boards responsible for administrative oversight of the various projects and commissions that he championed. Executive boards were comprised of people with whom he agreed and with whom he could position himself as the logical candidate to chair the board. Hoover, or in some cases the executive board, generally appointed the rank and file board members who comprised the next

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11 Hawley, “Hoover the Commerce Secretariat,” 119.
administrative ring. Its members included men and women who were recognized experts and leaders in their fields drawn from various business, academic, and professional groups or civic, volunteer, and philanthropic concerns. These board members served as the public face of the commissions and associational efforts Hoover sponsored and may or may not have shared his particular views. Despite Hoover’s acknowledged embrace of cooperative efforts and his insistence on private rather than public initiatives, this top-down structure insured that he maintained a high level of coercive influence on policy, often using the influence of his office.

Working through his intermediaries, he monitored the proceedings and outcomes of the various commissions and conferences he supported through a careful selection of vetted subcommittee chairs. Hoover appointed men and women with whom he had worked in the past and whom he knew well. These business and political leaders, along with one or two men from Hoover’s inner circle, usually comprised the members of executive boards. They were people on whom Hoover could depend to control the scope of any public discussion and who assisted Hoover in shaping final policy decisions by either acting on, or tabling, the recommendations of the sub-committees. Executive board policy decisions typically occurred away from the public meeting and usually after a commission or conference concluded its official business. At times, there was not a lot of associationalism in Hoover’s associative state.

Despite all the publicity Hoover’s “associational” efforts received, they amounted to little more than grandstanding. Hoover, a master propagandist, played up announcements of associational conferences and cooperative endeavors, seeing to it that they received wide publicity. However, the actual policy outcomes of these gatherings only rarely received similar attention. They were devoid of any sense of controversy and usually rubber-stamped Hoover’s initial point of view. Small committees of handpicked conference attendees would issue their
final reports, often months after the event. If the authors of the final reports mentioned
controversies or oppositional viewpoints at all, they relegated them to back pages or appendices
where they remained largely unnoticed by the public. Invariably, these committees as well as the
executive boards of organizations with whom Hoover was associated always included several of
his closet confidantes, those within his inner circle of advisors.

This small fraternity of trusted men provided support for Hoover’s policies in any
committee or executive discussions associated with these cooperative ventures. When his
schedule made it impossible or perhaps impolitic to attend an event or meeting, they acted as his
proxies steering and shaping executive policies according to Hoover’s wishes and keeping him
informed of problems and controversies. This structured approach to associational policy-
making allowed Hoover to remain above the fray while simultaneously maintaining almost
coercive control of policy. This protective fraternity lessened his liability of political exposure
by taking the blame in cases where his policies were less than popular or when he needed to
quickly distance himself from controversy. His cronies also allowed him, in some cases, to
avoid directly dealing with the human impact of his policies, as in the case of people who lost
their jobs in Hoover’s pursuit of efficiency and economy. While they clearly could not shield
him from every misstep, the protected world in which he hammered out his policy decisions
would ultimately prove to be his undoing; as one historian aptly put it, “he never listened very
carefully to the citizenry he wooed.” ¹² One could make the same argument about those he placed
on commissions, committees, and executive boards.

The American Child Health Association, in the early 1920s, was one of many groups
engaged in a variety of maternal and infant health programs, pure milk campaigns, and school
and community health demonstrations. He intended to make his child health organization into a

national model for a rational, privately funded approach to the nation’s child health and nutrition problem. When Hoover and Ruml met at the University Club for lunch, the ACHA was ending the first year of an amalgamation between what at the time were two of the nation’s largest private child health organizations: the American Child Hygiene Association and the Child Health Organization. The consolidation of these two agencies had been fraught with uncertainty about Hoover’s plans and the professional jealousies among staff members as a result of the consolidation. Aware of their resistance, Hoover had done his best to tread lightly in terms of change both during the merger and for the first year. His immediate concern had been to secure the funding he needed to achieve his goals. He also used this transition period as a time to investigate the ACHA’s existing work and personnel and to compile the information he needed to decide which programs to keep and which to eliminate. He had been careful to frame any changes he intended to make in such way as not to alienate the existing staff or executive board members. Nonetheless, opposition to his leadership rumbled just below the surface. Because Hoover insisted on complete control of any endeavor to which he publicly lent his name, his inability to quiet the constant infighting and insurgencies between the two factions raised doubts in his mind about continuing his association with the group.

Rockefeller Foundation money had been critical to Hoover’s international relief efforts during the war, and the philanthropy had become something of a personal piggy bank for the social programs he championed. He was certain that if the meeting with Ruml did not go well, there would be little hope of implementing the changes necessary to achieve his larger American child health aims. Even before meeting with Ruml, Hoover had already directed that the ACHA’s executive director, Courtenay Dinwiddie, submit a formal request to the LSRM board soliciting their support for the coming year. But Hoover, unwilling to leave so critical an appeal
to a subordinate, had arranged the informal luncheon in order to make certain that Ruml understood the full extent of his plans to redirect the work of the ACHA along more rational and business-like lines. Up until that point, only Hoover’s most trusted confidants had been privy to his long-term goals. The meeting would also serve another purpose; he had not dealt directly with Ruml before, but rather with Arthur Woods, a long-time acquaintance of Hoover’s who, until Ruml took over, had been the acting director of the LSRM. The meeting would give Hoover a chance to get to know Ruml on a more personal level.

Ruml, only twenty-seven years of age, became the president of the LSRM in 1922. He was much younger than the other Rockefeller Foundation directors and part of a new generation of Rockefeller managers. He had a reputation as an “ideas man,” and he was excited about the tantalizing possibilities that social science research held for rationalizing and improving society. Ruml held a B.S. degree from Dartmouth and had earned his Ph.D. in Psychology at the University of Chicago in 1917. He spent the war years working at the Carnegie Institute of Technology with his mentor, James Angell, and associate J. B. Watson, developing intelligence tests for the Army. After the war, working for the Scott firm, Ruml successfully marketed his tests to industrial and commercial interests. In 1920, he took a job with the Carnegie Corporation, again working alongside Angell. The following year, Angell assumed the presidency of Yale University, and Ruml, recommended by both his mentor and Abraham Flexner, went to work in a temporary position for John D. Rockefeller, Jr. Ruml quickly made a positive impression on the younger Rockefeller and Raymond Fosdick, a trustee of the LSRM. John D. Rockefeller, Sr. had endowed the LSRM in 1918 to honor his wife’s memory, and the

14 Bulmer, “Philanthropy and Social Science in the 1920s,” 354.
15 Bulmer, “Philanthropy and Social Science in the 1920s,” 355.
projects that the Memorial supported were primarily programs for women and children as well as religious organizations in which the late Mrs. Rockefeller had been interested. The LSRM was the fifth foundation Rockefeller had endowed, following the Rockefeller Medical Institute; the General Education Board, the Rockefeller Foundation (out of which the International Health Board (IHB) operated), and the International Education Board. The LSRM was the smallest of the foundations, but it had a healthy capital endowment of seventy-five million dollars.\footnote{Bulmer, “Philanthropy and Social Science in the 1920s,” 351-352.} Each of these philanthropic concerns operated on similar principles, but in the early 1920s they functioned autonomously, each with its own board of directors.

During the meeting, Hoover laid out his priorities for the ACHA. They included the survey of health conditions in 86 American cities, follow-up work on the survey, a field force to assist with follow-up work, a person to act as a liaison with health officials, and a propaganda program to educate communities about their specific public health needs. The organization, once restructured, would function strictly as a clearinghouse of health information and, for a fee, would offer provide expert consultants where requested. Although Hoover initially continued several of the child health demonstrations he had inherited, even though they focused on the type of social welfare work he wanted to eliminate, they were completely supported by the Commonwealth Fund, whose donations he needed to match the LSRM contributions. He told Ruml that for any other practical programs that the staff wished to maintain, they would either have to secure funding for them or eliminate them. Hoover’s plan, therefore, excluded nearly every current category of work in which the organization had previously been involved. Once he was able to realize his aims, the ACHA would bear little resemblance to either of the original organizations. His meeting with Ruml was a success, and six days later Hoover received a letter notifying him of the LSRM’s support based on the plans they had outlined at the University Club
gathering.\textsuperscript{17} With the LSRM money secured, Hoover could now turn his attention to transforming the ACHA into the model child health organization that he envisioned. However, the transformative vision that sounded so rational and so well intentioned in the exclusive dining room of the University Club ultimately produced a lot of grandstanding and very little substance. Hoover’s plan was high-modernism at its best. It imposed a formal order from a distance but ignored the complex political, social, economic, and environmental differences that now existed at the federal, state, and municipal levels.\textsuperscript{18} Despite his reputation as a child advocate and his access to the dollars of private philanthropy, Hoover soon discovered that without the coercive capabilities he had at his disposal during the war, he confronted a very different calculus of power politics when he moved beyond his own organization’s sphere of influence. Both his war-relief efforts on behalf of children and his post-war child health work at home during the early 1920s provide an important context for the child-health policies he pursued as President. Central to that story is his relationship to the Rockefeller Foundation.

Hoover’s first encounter with the Rockefeller Boards had its roots in Hoover’s Belgian relief efforts. Hoover was in London in August 1914 when war broke out in Europe, and for two months he organized relief efforts for American travelers fleeing affected countries until a business acquaintance called his attention to an impending humanitarian disaster in Belgium.\textsuperscript{19} The German occupation of that small country drew Great Britain into the war and precipitated a severe food shortage that by October 1914 had escalated into a full-blown crisis and threatened the Belgian population with the possibility of starvation.\textsuperscript{20} Hoover approached American

\textsuperscript{17} Ruml to Hoover, 7 December 1923, Rockefeller Foundation 1922-1926, Box 45, American Child Health Association papers, Herbert Hoover Presidential Library, West Branch, Iowa. Hereafter cited as ACHA papers.
\textsuperscript{20} Nash, \textit{The Life of Herbert Hoover: The Humanitarian}, 17-20
Ambassador to Great Britain, Walter Hines Page, about spearheading a U.S.-led humanitarian relief effort to get food to the Belgian population, and asked for U.S. government assistance.

In making his case to Page, Hoover enumerated a series of reasons that would characterize his administrative philosophy throughout his time in public life. First and foremost, he wanted absolute control of the relief effort through a single central administration, which, he argued, would provide greater efficiency and avoid waste by channeling all donations to a single source, centralizing shipping arrangements, minimizing the number of personnel involved, and allowing easier tracking and accountability of expenditures. In order to avoid any accusations of profiteering, he immediately hired an outside accounting firm.\textsuperscript{21} When the American government was slow to respond with permission to carry out relief efforts, Hoover went to the press with his case, shaming the Wilson administration into providing its support.\textsuperscript{22} It worked. After negotiations with the American, German, and British governments, Page appointed Hoover to oversee the American Commission for Relief in Belgium (CRB), having been impressed with the mining engineer’s gift for logistics and administration during the handling of the refugee crisis during the first two months of the war.\textsuperscript{23}

The relationship between Hoover and the Rockefeller Board got off to a rocky start and belied the close relationship they eventually shared. Two weeks after receiving Page’s appointment to head-up the CRB, Starr Murphy of the Rockefeller Foundation had announced to the press the board’s intentions to orchestrate its own Belgian relief effort.\textsuperscript{24} Hoover was livid. He feared the Foundation’s efforts would eclipse his own and, more importantly, would diminish his control of the relief effort. Not willing to tolerate any interference with his agenda, Hoover

\textsuperscript{21} Nash, \textit{The Life of Herbert Hoover: The Humanitarian}, 30.
\textsuperscript{22} Nash, \textit{The Life of Herbert Hoover: The Humanitarian}, 21-25.
\textsuperscript{23} Nash, \textit{The Life of Herbert Hoover: The Humanitarian}, 20.
\textsuperscript{24} Nash, \textit{The Life of Herbert Hoover: The Humanitarian}, 44.
engaged in what would become the first in a series of contests between himself and the Rockefeller Foundation that would persist throughout the war. He first tried a diplomatic approach and sent Murphy a cable welcoming their participation in his relief work. They ignored him, perhaps with good reason. Hoover was still an unknown. The Foundation constantly received appeals from various organizations, most of which they politely declined to assist. Through announcements in the press, they detailed their plans to join forces with a New York-based relief organization and expressed their intention to ship a boatload of food to Belgium. At the same time, the Foundation also courted the approval of Ambassador Page, a long-time friend of the philanthropy’s efforts.25

Incensed at Murphy’s refusal to acknowledge his communications and not used to having his authority challenged or dismissed, Hoover redoubled his efforts to maintain sole control of Belgian relief, but this time he took a less diplomatic approach. He went to Page and insisted that the Rockefeller Foundation work “through him and not the other way around.”26 He told the Ambassador that a New York-based relief effort would drive off his western contributors, and, more importantly, he implied that a key contributor to the CRB relief project had insisted that his donation go solely to support shipping. In fact, the money had come with no such stipulation. Hoover explained to Page that shipments by other organizations would create waste, chaos, and inefficiency. He evidently convinced Page who sent a cable to Murphy and, without mincing words, informed him that all relief efforts must come through the CRB. In addition to his appeal to Page, Hoover publicized his fight against the Foundation in the newspapers and publically charged the Rockefeller Foundation with slowing the process. Angered at Hoover’s tactics, Murphy fired off a letter to the ambassador insisting the Foundation had no intention of

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interfering with relief shipments and would be happy to work through the CRB. Hoover had
 gotten what he wanted from the Foundation, and he did so on his terms. Despite this
inauspicious beginning, Hoover would turn repeatedly to the Foundation for aid in subsequent
humanitarian and relief efforts, and when he began his child health work, the philanthropy
became one of its chief supporters. Hoover formed a close relationship with the directors of the
Rockefeller Foundation over the next decade, and in some ways the Rockefeller board served as
a personal piggy bank for Hoover’s projects. Most importantly, it was an alliance that each side
shaped and sculpted in response to their respective understandings of the still evolving state.

The Belgian relief work launched Hoover’s public career, and his successful
administration of the CRB led President Wilson to appoint him as head of the U.S. Food
Administration. His wartime work quickly made Hoover a household name. He built on that
reputation to continue his European relief work, broadening the CRB-like efforts to include
Eastern Europe and later Russia. Hoover conducted the Eastern European campaigns under the
banner of the American Relief Association (ARA) for which Congress allocated 100 million
dollars. Once congressional support of the ARA work ended, Hoover and a group of close
associates privatized the organization and continued to raise substantial money from private
donors. The ARA also became a primary financial contributor to the ACHA once Hoover turned
his attention to the health and welfare of American children in 1919. The ARA continued to
support the organization until its liquidation in 1935.

Hoover embraced American child health work at a moment when the limits and
boundaries of the modern state were still very much in flux. The field was both crowded and
controversial, because at the time, the Sheppard-Towner Bill was still making its way through


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Congress, and there was growing opposition from conservatives to the new federal aid programs. Therefore, it is necessary to understand Hoover’s child health work as part of this post-war conversation about the exercise of state power represented by the new federal aid programs and not simply as a logical extension of his European relief efforts for children, however well-meaning. Hoover was among those who believed that, “the war had left the country with an over-centralized federal government.”\(^{29}\) His willingness to accept congressional largess on behalf of children who were victims of war did not carry over when he turned his attention to the problems facing American children. Hoover believed that the health problems of American children were matters of federal concern only as they affected the nation’s productivity and ability to field a healthy fighting force. While he thought government had a role in solving national problems, whether labor issues, production concerns, or public health, he believed government should function as “primarily coordinator, mediator, and information dispenser, not as a coercive or restrictive force.”\(^{30}\) Financing programs to ensure healthy children was a matter of local concern and parental responsibility, and his approach to child welfare work in the United States reflected his general philosophy of government.

Hoover’s experiences in Europe and as head of the wartime Food Administration informed his American child health work. Hoover fervently believed that poor nutrition in the formative years of childhood contributed to health problems of adults, and he attributed the problem to parental ignorance rather than poverty, choosing to ignore the relationship between a family’s diet and their economic circumstances.\(^{31}\) He was convinced that if well-informed and efficiently organized volunteer organizations simply educated parents about proper diet and


hygiene, the diseases that plagued the nation’s children would disappear. He believed government aid was unnecessary and that volunteer agencies working in concert with local health professionals were the solution. Paradoxically, despite his advocacy of local volunteer organizations, Hoover also advocated that a single national child health association, privately financed, should administer such efforts. Here too, his wartime powers informed his assumptions. First, his success at private fundraising for the children of war convinced Hoover that the same approach would work to address the problems of children at home. However, he failed to recognize that the coercive power he had enjoyed both in his role as administrator of European relief and as head of the War Food Administration had not only made his earlier achievements possible but allowed him to impose his will on those working for him. He believed that his success was the result of an outpouring of volunteerism driven by propaganda and publicity campaigns. In his post-war work, he lacked the coercive power of the state. The volunteerist fantasy he nurtured evaporated when confronted with post-war economic realities, which demanded that he draw on a distinctly different and, for Hoover, less comfortable set of talents to effect the changes he desired.

His proposals contained little that was new and reflected the discussions underway among the myriad groups interested in public health policy. His idea of government as clearinghouse revisited the argument that the agricultural colleges had unsuccessfully put forth in the earlier debates over the Hatch and Smith-Lever Acts. Groups like the IHB, working with state and national health professionals, were already experimenting with standardizing public health programs, and the medical profession had been doing the same for medical schools since the release of the Flexner report. By the time Hoover engaged the American child-welfare forces, the Children’s Bureau had been conducting formal regional surveys for nearly a decade,
had made a convincing case for government aid, and had been providing both advice and expertise to local communities. Hoover’s fee-for-service plan clearly indicated a lack of understanding of the financial situation facing state and local governments, particularly in the West and South, where such assistance was most needed. What he essentially was advocating was a privately funded counterpart to the Children’s Bureau, which at the time was gaining support for the Sheppard-Towner Act, and would further expand what Hoover viewed as an already bloated federal government. Hoover seemed oblivious to all of this activity as he scouted about for an organization from which he could build his super-agency.

Nonetheless, American child welfare agencies clamored for Hoover’s attention because of his relief efforts for the children of war-torn Europe. On his return to the United States, he served a stint as vice-president of the National Child Welfare Association in 1919. The group had already been active for a decade before Hoover became associated with the group. Dr. Josephine Baker, director of New York City’s child hygiene bureau, the first publicly supported municipal child health agency, had organized the volunteer association in 1908 as an outgrowth of her public health work for the city.32 The group coordinated the activities of local child and infant health associations working to improve infant mortality rates through milk purity campaigns and pre-natal clinics for the immigrant poor. The Child Welfare Association also attempted to educate young women about infant and childcare through the creation of “Little Mother Leagues.”33 By the time Hoover joined the group, many of its members sought federal support for such programs and were actively lobbying Congress for the passage of the Sheppard-Towner Act. While Hoover applauded their aims, he did not support their demands for, or their

33 John Duffy, The Sanitarians, 208-209.
primary dependence on municipal and state-level public financing.\textsuperscript{34} Therefore, after his term as vice-president ended, he distanced himself from the group because he ideologically opposed the organization’s advocacy of publicly funded child welfare programs.\textsuperscript{35}

Hoover then focused his attention on a second organization that Baker had also been instrumental in founding with a group of physicians in 1909—the American Society for the Study and Prevention of Infant Mortality (AASPIM). The AASPIM had been the first national organization of its kind devoted to systematically improving women’s and infants’ health through local voluntary efforts. They focused on reducing maternal and infant mortality, they advocated pre-natal care for pregnant women, and they promoted the pasteurization of milk and birth registration.\textsuperscript{36} As president, Baker changed the organization’s name to the American Child Hygiene Association (ACHA) in order to reflect the group’s emphasis on both women’s health and that of children of all ages, not just infants and preschool children.\textsuperscript{37} The rechristened group interested Hoover because it closely matched the kind of national organization he had envisioned organizing.\textsuperscript{38} He gravitated towards the ACHA because medical professionals had founded, administered, and staffed the organization and, unlike the national child welfare association, the group focused narrowly on the medical aspects of child-health problems. Another attraction for Hoover was that the ACHA’s work centered on providing support for community-based and privately funded health education programs. This was precisely the direction Hoover hoped to shift child health work—to local communities and away from the federal government. He

\textsuperscript{34} Giglio, “Voluntarism and Public Policy between World War I, 432.
\textsuperscript{35} Clements, The Life of Herbert Hoover: Imperfect Visionary, 162.
\textsuperscript{36} James N. Giglio, “Voluntarism and Public Policy between World War I,” 431.
\textsuperscript{37} In 1922 the name of the American Child Hygiene Association will be changed to American Child Health Association. The acronym for both organization’s is the same. Any reference to the group prior to 1922 will reference the earlier organization, all references beyond that date will reflect the activities of the consolidated group. The records for both groups are part of the papers of the American Child Health Association.
believed that the ACHA had the appropriate foundation on which to build his nationally administered, privately funded, and decentralized child-health organization. The organization’s leaders invited him to address the group’s annual meeting in 1920, and after he articulated his vision for a national agency, the board asked him to serve as its president. Hoover happily accepted the organization’s top job and immediately set out to enlarge and rationalize its sphere of activity.\footnote{Phillip Van Ingen, 6 December 1921, American Child Hygiene Association 1921 November-December, Box 1, ACHA papers.}

Hoover’s engineering background informed his managerial approach to the organization; he first wanted figures and finances, which revealed a paucity of funds. When he took over the ACHA, it had an annual budget of $63,000 that came largely from individual memberships ranging from $5.00 up to $200.00 for a lifetime membership. The Commonwealth Fund and the American Red Cross were the two largest donors.\footnote{Minutes Executive Committee Meeting, 2-5 November 1921, American Child Hygiene Association 1921 November to December, Box 1, ACHA papers.} In the first year, his goal was to increase the organization’s budget to $150,000.\footnote{Van Ingen to Stetson, 28 November 1921, American Child Hygiene Association 1921 November to December, Box 1, ACHA papers; H.C. Walker to W.L. Brown, 12 December 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.} He had Dr. Phillip Van Ingen, who at the time was the executive director, draft appeals to the Carnegie Foundation, the Commonwealth Fund, and the Laura Spelman Rockefeller Memorial Fund (LSRM), a division of the Rockefeller philanthropies. The results of the fund-raising drive proved disappointing. Citing earlier commitments, the Carnegie Foundation offered only half of the requested $10,000.00. The Commonwealth Fund only provided $7500.0 of the ACHA’s $10,000.00 request, and their donation was contingent on the organization’s obtaining an additional $40,000.00 from other sources. Hoover had much grander expectations for the LSRM. He was confident that he could count on them for $150,000.00, but after carefully crafting a letter of appeal, he was stunned to
discover the LSRM granted the ACHA only $10,000.00. While the lower than expected contributions from the first two philanthropic organizations were disappointing, the response from the LSRM devastated Hoover’s ambitions to turn the ACHA into the nation’s leading privately funded child health organization. He did not have to wait long to discover the reason for their parsimonious response, and it went to the heart of one of the first problems Hoover hoped to address, the redundancy of child health groups. Apparently, the Rockefeller board was concerned that the ACHA was simply duplicating the work of a similar agency the LSRM was already supporting the Child Health Organization (CHO).

Not long after Hoover received the disappointing response to his fundraising appeal, Dr. Emmett Holt, executive director of the CHO, contacted ACHA director Philip Van Ingen. Holt was acting at the behest the LSRM. The LSRM board asked him to determine if there was an overlap in the work of the two groups and whether the two groups might consider consolidating as a single organization. Van Ingen insisted that there was no overlap. He told Holt that the ACHA was primarily concerned with pre-natal and infant health, whereas the CHO’s work focused on health education for school age children. When Holt reported to the Rockefeller Board, he noted the “the Child Hygiene Association is excellent and well worth supporting,” but he was less certain about a possible consolidation of the two groups. Katherine Davis of the LSRM did her own investigation of the ACHA, and her report also noted that consolidation might be a problem due to an “incompatibility of temperament of the leaders of [the CHO] with those of the American Child Health Association.” But if Holt expressed reluctance regarding

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42 Van Ingen to Hoover, 16 February 1922, American Child Hygiene Association, 1922 January-June 1922, Box 1, ACHA papers.
43 Van Ingen to Holt, 10 February 1922; Memo to Executive Committee re: financial support, 16 February 1922, American Child Hygiene Association, 1922 January-June 1922, Box 1, ACHA papers.
44 Holt to Rockefeller, Jr., 13 February 1922, F4, Box 1, 3.01, Laura Spelman Rockefeller Memorial collection, Rockefeller Archive Center, Sleepy Hollow, New York. Hereafter cited as LSRM papers.
45 Davis to LSRM Board, 4 January 1922, F4, Box 1, 3.01, LSRM papers.
the question of consolidation, Hoover did not. Once Hoover understood that the LSRM would look favorably on the consolidation of the two groups, he called a meeting of his executive board and, without consulting Holt or the CHO board, set plans in motion to combine the two organizations.\textsuperscript{46} Hoover would soon discover it was not going to be an easy process.

The CHO was an unlikely target for Hoover, because, despite its focus on private funding and its professionally trained medical staff, the organization’s origins were squarely in the social welfare wing of child health work and was an outgrowth of the child-health work of a left-leaning and somewhat controversial organization called the People’s Institute, that worked with immigrant groups on the lower eastside of New York. Had it not been for the LSRM’s desire for a consolidation of the two agencies, it is unlikely that Hoover would have expressed any interest in merging the two organizations. Hoover’s interest in acquiring the CHO was primarily a means to end, a way to obtain the Rockefeller financing.\textsuperscript{47}

The officers of both the ACHA and the CHO did not share Hoover’s sudden enthusiasm for consolidation, and they were not particularly interested in joining forces. However, both organizations were having a difficult time financially in the post-war economy, and they could ill-afford to lose the LSRM support. Hoover also contemplated absorbing a third organization, with ties to the CHO, the National Committee on Child Labor. Had he succeeded in bringing this last group under the umbrella of his own organization, he would have harnessed the forces of the three largest children’s organizations. The National Committee on Child Labor rebuffed Hoover’s overtures, but he did manage to convince the CHO’s Holt that his plan for

\textsuperscript{46} Van Ingen to Hoover, 16 February 1922; Bolt and Jean, 23 March 1922; Van Ingen to Hoover re: special committee of the ACHA; Van Ingen to Hoover, 3 May 1922, American Child Hygiene Association, 1922 January-June 1922, Box 1, ACHA papers.

\textsuperscript{47} Richard Bolt and Lovejoy conference, 25 February 1922; Monthly report, 2 March 1922, American Child Hygiene Association, 1922 January-June 1922, Box 1, ACHA papers.
consolidation made sense. Holt, aware that John D. Rockefeller, Jr. supported the idea, reluctantly agreed to go along.

Although Holt seemed resigned to the proposed amalgamation of the two groups, the CHO’s director, Sally Lucas Jean, vehemently opposed the idea, and she would become a thorn in Hoover’s side and the source of an insurgency from within.\textsuperscript{48} When Hoover approached Holt about consolidating the ACHA and the CHO, Jean had been the founder and the director of one of the nation’s leading child health organizations.\textsuperscript{49} After Hoover took the reins of the CHO, she found herself head of a division in an organization with which she had only reluctantly agreed to work out of deference to Dr. Holt. Not only was she suddenly no longer an officer in the organization, but she occupied a position subordinated to an executive committee comprised of people she did not know, did not like, and who showed little interest in or appreciation of her accomplishments. From Jean’s perspective, Hoover not only took over her organization, but he intended to eliminate the most successful aspects of her program. The insurgency she led within Hoover’s newly consolidated organization was a response to what she perceived as an attack on the health program that had been the heart and soul of the CHO and the central focus of her life’s work.

After a summer of negotiations in 1922, the executive boards of the ACHA and the CHO had outlined a framework for combining the two groups, but the wording in the agreement they drew up left ample room for changes Hoover had in mind. The amalgamation committee

\textsuperscript{48} Van Ingen to Hoover, 23 May 1922, American Child Hygiene Association 1921 November to December, Box 1, ACHA papers.
\textsuperscript{49} Jean, the driving force behind the founding of the Child Health Organization (CHO) came of age when Victorian mores and notions of respectability still shaped most women’s lives, and their relationships to men often determined women’s opportunities. This was true of Jean’s early career and, as such, has obscured her personal activism and achievements. While the CHO’s titular executive head was Emmett Holt, its original organizer, was Jean. She respected and admired Holt, but in terms of the organization, his role had been largely a supportive one; Jean essentially needed his backing to give the CHO legitimacy with medical professionals at a time when she believed a nurse without connections to a well-respected physician had little chance of succeeding in the kind of endeavor she undertook. See Sally Lucas Jean, Autobiography, F12, Box 2, Series 1, SLJ papers.
decided that a single executive head would administer the new organization, and that the executive board at the outset would include two members from each organization. The ACHA staff assured Holt that the work of each organization would be undisturbed, but “would probably not be permanent” and would be “readjusted . . . after careful study and experience has shown what will probably be the best method.”

Despite Jean’s vocal objections, the group decided to move forward with the planned consolidation, which they would finalize in January 1923. They named the new organization the American Child Health Association (keeping the familiar acronym ACHA) and asked Hoover to serve as the group’s President. He had not only orchestrated a consolidation that would gain him the support of the LSRM, but he had successfully positioned himself to construct what he envisioned would become the nation’s leading child health organization. He had very definite ideas about the changes he needed to make. He had said little about his intentions during the merger period, and when pressed about his plans, he responded carefully in order to avoid alarming the existing staff and to maintain the support of the existing board members. Jean’s initial uneasiness about the planned consolidation might not have seemed so unwarranted had Hoover been more forthright in his articulation of the direction he intended to pursue.

Hoover publicly announced the pending consolidation of the two groups at the last official meeting of the American Child Hygiene Association in October 1922. During this speech he outlined more clearly the contours of the changes he was contemplating. The objectives of the new ACHA did not entertain any direct education of parents or any hands-on work with children, but proposed serving the health needs of children through “scientifically

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50 Undated confidential memo, American Child Hygiene Association, 1922 January-June 1922, Box 1, ACHA papers.
According to Hoover, the new group would support local community-based institutions, thus avoiding “the shifting sands of centralization,” by providing statistical and scientific research to local agencies. The new ACHA, he averred, was intended to be an educational institution, but not one that “train[ed] the individual, the child, or the parent,” but agencies. His speech, though still comfortably couched in phrases familiar to most child-welfare advocates, represented a radical departure from the earlier work in which both the ACHA and the CHO had been engaged. His plan outlined a direct challenge to the type of child welfare groups that supported the Children’s Bureau and its advocacy of an expanded federal role in child health activities.

As Hoover stepped into his role as president of the newly constituted ACHA, the future of the Sheppard-Towner Act as well as the fate of grants-in-aid remained uncertain. The ACHA consolidation was playing out against the backdrop of the constitutional challenge to federal aid programs in the Mellon case. In his speech, Hoover made no overt mention of either the Children’s Bureau or the Sheppard-Towner Act. Nonetheless, implicit in his message was a clear opposition to any centralization of child welfare work in a federal bureaucracy. He was careful to underscore the ACHA’s intent to work through scientifically trained professionals and institutions. He drew a clear distinction between the aims of his agency and the embattled program of the Children’s Bureau. In so doing, he addressed one of the sharpest critiques raised by opponents of the Sheppard-Towner Act who had characterized the legislation as a plan to “employ female celibates to instruct mothers.” Although Hoover was careful to distinguish the

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51 13 October 1922 Press release, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
52 13 October 1922 Press release, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
53 13 October 1922 Press release, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
54 Congressional Record, 67th Cong., 1st sess., 1921, pt. 3: 8759-8764.
aims of his organization from the controversy surrounding the contested Sheppard-Towner legislation, it is unlikely that he saw any need to target either the legislation or the Children’s Bureau. Not only were the limits and nature of the new state still being contested, but so too were the lines between the more social-welfare oriented child health groups and the medical profession. Even within the medical fraternity itself, the lines between public and private remained quite fluid and were not yet as well defined as they would become later in the decade.

Convincing potential donors of both the soundness and rightness of the direction in which Hoover intended to lead the organization was his primary concern in the waning months of 1922. Therefore, his choices at that point had more to do with his own plans for restructuring the organization and meeting his donors’ demands, than with either the wishes of the medical lobby or his personal dislike of publicly funded aid. The first order of business for Hoover was to put the organization on a firm financial and administrative footing. During his speech at the annual meeting in October he had announced that he had successfully solicited a larger contribution from the Commonwealth Fund, which had agreed to support demonstration programs in three cities for five years, but to put his planned expansion into action he needed far more substantial support. Hoover sought major financial backing from the two groups that had supported his war relief efforts: the American Relief Administration (ARA), the organization through which he had administered his European work, and the LSRM, confident that he could now address their earlier concerns. Combined, these two philanthropic groups would provide the major funding for Hoover’s ACHA project.

Hoover appealed first to his close friends and business partners running the ARA. He knew that if he first gained their support of his plans, he could make a stronger case to the Rockefeller Board. The ARA was completing its Russian relief work and liquidating the
European organization. He contacted his long-time friend and business partner, Edgar Rickard, and suggested that the ARA turn its attention to the health needs of American children. Hoover proposed that the ARA take on the work of fundraising and publicity for the ACHA.\textsuperscript{55} Hoover suggested they could go back to the donors who had given so generously to the war-relief effort for additional revenue. In response, Rickard asked Hoover what role he envisioned for the ARA in the new organization. Did he want the ARA to provide temporary assistance for the ACHA or did Hoover intend to turn the new organization into a subsidiary of the ARA?\textsuperscript{56} Subsequent correspondence between Hoover and Rickard indicates clearly that, from the start, Hoover had every expectation that the ARA would take over the administration of the ACHA.\textsuperscript{57}

Hoover then turned his attention to securing substantial funding from the LSRM and made his intentions plain in a letter to acting director Arthur Woods, with whom he had worked on previous occasions. He told Woods that he contemplated some very definite changes in the management of the ACHA. He planned to “alter the proposed executive committee so as to include three of four men from the American Relief Administration . . . who will give it the first quality of practicality and business sense.”\textsuperscript{58} Hoover explained that he intended to bring in his own people to administer the organization, and to that end, he added Rickard to the ACHA’s executive committee along with Edward Flesh and George Baker, who would serve as the organization’s comptroller and publicist respectively. Flesh and Baker were also business associates. Hoover also brought in Frank Page, son of British Ambassador Walter Hines Page. These men had worked along side Hoover during his Belgian relief efforts, his work in central

\textsuperscript{55} Hoover to Edgar Rickard, 28 October 1922, American Child Health Association 1922-1923, ACHA papers.
\textsuperscript{56} Frank Page memorandum, 24 November 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers; see also Clements, \textit{The Life of Herbert Hoover: Imperfect Visionary}, 165.
\textsuperscript{57} Memo regarding the need to protect Hoover and ARA responsibility, 24 November 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
\textsuperscript{58} Hoover to Woods, 22 December 1922, F1, Box 1, S3.01, LSRM papers.
Europe, or his time as head of the food administration. In short, these men were extremely loyal to Hoover. He assured Woods that he had every confidence they would tackle the American child health work with “the same service, the same efficiency, and the same punch” they had provided during the war.\textsuperscript{59} Hoover apparently convinced Woods, and the LSRM appropriated $100,000 for the fiscal year 1923, with the understanding that the ACHA would match every “one dollar to be paid for every three dollars secured from other sources.”\textsuperscript{60} The one for three split reflected not only the Rockefeller Foundation’s cost-sharing policy, but also their earlier experience with the Rural Organization Service in 1914, where they had provided the sole source of support for the short-lived USDA program. Even though the ACHA was a private rather than a public concern, remembering the debacle over funding the Rural Organization Service in 1915, the Rockefeller Board did not want to put itself in the position of being the “largest subscriber” again. Hoover assented to the cost-sharing arrangement; he was happy to have secured a financial base from which he was confident he would be able to solicit further support of other large donors.

Dealing with the existing personnel of the two organizations during the consolidation posed more of a challenge to Hoover than the task of financing the new one. Having enjoyed the coercive powers that accompanied the crisis of war in his earlier endeavors, Hoover found that compelling the cooperation of the ACHA and CHO staffs required a level of diplomacy he had not needed in his administration of the war relief work. Just weeks before finalizing the consolidation, he learned there was already trouble in the ranks that stemmed from his decision to bring his ARA buddies into the ACHA. Hoover used the financial arrangements with the LSRM as justification for adding the ARA personnel to the new ACHA. These men were

\textsuperscript{59} Hoover to Woods, 22 December 1922, F1, Box 1, S3.01, LSRM, papers.

\textsuperscript{60} Ruml to Rickard, 18 January 1923, F1, Box 1, S3.01, LSRM, papers.
devoted to Hoover and acted as a protective buffer between him and the existing personnel of the old ACHA and CHO. As he implemented his plans for the new organization, they could be trusted to carry out his directives, allowing him to operate in the background, particularly at times when the changes he intended to make became controversial or unpleasant. The fictive distance he put between himself and the day-to-day operations of the ACHA was a calculated move for Hoover. Should he decide the organization was not worth the political risk, it would allow him to bow out gracefully from the group without the political taint of having failed to accomplish his goals. Until Hoover was sure that he would have both unquestionable control and absolute loyalty of the staff, he operated largely through his ARA intermediaries who protected their “Chief” from potential controversy. At the same time, his lieutenants were more than willing to allow Hoover to bask in the limelight of the organization’s successes. Hoover also had a practical need for this protective fraternity because during the time Hoover was organizing his child health work he held the post of Commerce Secretary. He was a busy man. He trusted his ARA lieutenants to run the day-to-day operations of the ACHA while he was largely free to attend to his duties in the Commerce department.

As Hoover’s handpicked and ARA-run executive board hammered out the details of the consolidation plans in late 1922, the animosities between the staff members of the two organizations only increased. Hoover was not used to having his authority questioned. He found there were members of both the ACHA and the CHO who were not willing to comply quietly with his policy directives, but much of the initial dissent emanated from a single source—Sally Lucas Jean. She had opposed the idea of a single administrative head for the two organizations from the beginning, but when the ARA people arrived in Jean’s New York office and began to

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61 Frank Page memo, 24 November 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
rifle through her papers, ostensibly to ascertain the state of affairs within the organization, she became convinced that Hoover, despite his assurance to the contrary, intended nothing less than a complete take-over of the ACHA. Jean voiced her fears to members of the board who confronted Hoover about the addition of ARA personnel. Hoover dismissed these concerns when asked, and he assured board member Florence Wardell that ARA did not intend to “take any hand in the functions of [their] association.” He assured Wardell that the ARA’s only interest was in ascertaining the scope of Jean’s work in order to put together the strongest possible fund-raising appeal. Hoover, attempting to put the best possible spin on events, explained that in turning the task of fundraising over to the ARA, Jean would have more time to concentrate on the day-to-day work of the health education division.

Jean was unconvinced by Hoover’s explanation to Wardell. Working through Emmett Holt, she asked that the board agree to a list of demands that expressly defined the scope of her authority and also reflected her mistrust of both the ARA and ACHA personnel. She wanted the Committee on Health Education to include only existing CHO members. She insisted that the new organization have a separate division of Health Education with its own budget. As director of the division, she wanted control of its budget and expenditures. With the approval of the executive committee, she also demanded the freedom to set division policy and choose her own staff. The board assented to her demands, but she would later discover that in practice they had agreed to very little. In other words, Jean did everything in her power to maintain both control of the day-to-day operations of her division and protect her right to do so.

Jean’s insurgency spread to others involved in the amalgamation group who also questioned the necessity of the ARA personnel. With just weeks until the final consolidation,

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62 Hoover to Wardwell, 2 December 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
Hoover made another attempt to allay their fears. He arranged a meeting between the ARA’s George Baker, who would handle the ACHA’s public relations arm, and Holt, Van Ingen, Jean, and ACHA medical director, Courtenay Dinwiddie. Van Ingen and Dinwiddie were part of the original ACHA contingent, while Holt and Jean represented the old CHO group. Baker noted that on his arrival it was clear that “Jean was in charge.” He told the group that the addition of ARA personnel was in response to the Rockefeller Foundation’s concerns that the ACHA had only medical professionals on the executive board and that if they were to consider making the kind of financial commitment Hoover requested, they wanted men with a business background on the board as well. The LSRM personnel, he explained, were familiar with the administrators of the ARA who had cooperated with the Foundation during the war. Appointing the ARA personnel was not only expedient, he continued, but made sense given their history of contributions to the war relief work. While he insisted that in order for the organization to attract substantial donors of similar quality the ARA must be involved, he did not mention Hoover’s intended changes in the management of the new organization.

Van Ingen and Dinwiddie, both of whom had worked with Hoover for a year by this time, seemed satisfied with Baker’s explanation, and Holt seemed willing enough to go along with the plan. Jean, however, was not buying the ARA publicist’s explanation. She proceeded to argue with Baker about everything from the need for the ARA personnel to the quality of stationary for invitations to a fund-raising dinner Hoover planned to hold. She rattled off a list of complaints. She was particularly incensed over the ARA’s invasion of her office and complained that they refused to tell her what they were doing, that they “never consulte [d] her,” and that they could

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63 Baker Memo, 28 December 1922, American Child Health Association 1922-1923, ACHA papers.
64 Baker Memo, 28 December 1922, American Child Health Association 1922-1923, ACHA papers.
not possibly understand “what her work has been or was to be.”\textsuperscript{65} Baker offered to withdraw the ARA people if she preferred, but at this, Jean backed down. Nonetheless, Jean’s animated protestations eventually provoked an exasperated Van Ingen to point out that she should simply let the ARA folks go about their business while she went about hers. Baker, in what might be characterized as a divide-and-conquer strategy, later told Van Ingen and Dinwiddie privately that Jean had little use for anyone’s work but her own and viewed the affiliated organizations (ARA and ACHA) as “useless appendages” that “ought to be let go.”\textsuperscript{66} He concluded his report of the meeting with the observation that it was Jean “who ke[pt] a little undercurrent of worry alive in the minds of the two doctors and Mr. Dinwiddie.”\textsuperscript{67} In Baker’s estimation, Jean was the source of unrest, and the consensus among Baker, Van Ingen, and Dinwiddie was to try to pacify Jean as much as possible until she learned her proper place in the new organization. The consolidation finally took place in January 1923, but it did little to quiet Jean’s opposition.

Initially, the two groups, in the interest of economy, shared a single office in the building that had formerly housed the CHO, but this arrangement meant that both the ACHA and ARA folks found themselves working on Jean’s home turf. Her continued attempts to control the activities of the organization created a deepening divide among the constituencies of the three groups. Frank Page assessed the atmosphere in the offices as toxic. He described Van Ingen as “frothing at the mouth” because Jean treated members of his staff like stepchildren, making for what he Page termed an “unhealthy condition.”\textsuperscript{68} He noted that Baker had already moved the publicity folks out of the building “because they [could not] get along with Jean,” and he charged that she was likely the cause of an ARA physician’s permanent departure from the new

\textsuperscript{65} Baker Memo, 28 December 1922, American Child Health Association 1922-1923, ACHA papers.
\textsuperscript{66} Baker Memo, 28 December 1922, American Child Health Association 1922-1923, ACHA papers.
\textsuperscript{67} Baker Memo, 28 December 1922, American Child Health Association 1922-1923, ACHA papers.
\textsuperscript{68} Page to Herter, 17 January 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
organization. “What she wants to do is run the show,” he asserted. Page noted that Jean’s insistence on having things her way had increased tensions and that if not addressed could spell real trouble in the future. In Page’s estimation Jean’s division was “unbusinesslike” and her outspokenness left the former “hygiene people” feeling as though they were forced to attend meetings “in the camp of the enemy.” The solution, he suggested, was to set Van Ingen’s and Dinwiddie’s contingent up in separate offices. That way, he suggested, Jean could carry on her work without continually disrupting the plans of the organization.

Page’s remarks underscore that from the beginning Hoover viewed Jean’s division as peripheral to his overall aims and believed that isolating her from the rest of the staff would quell the immediate insurgency so that he could move forward with his plans for restructuring. For the moment, pacifying Jean would be sufficient. The ACHA personnel, therefore, moved into separate offices for the time being.

Hoover’s handling of the Jean situation through his intermediaries was his way of avoiding potentially controversial decisions during the first couple of years. During this time, he was still assessing existing programs and personnel and wanted to concentrate his personal efforts on securing the organization’s finances. He continued to avoid direct confrontations with personnel by working through his ARA partners. His cronies also took responsibility for the initial changes in staff responsibility and the elimination of programs. When he put his buddies on the organization’s executive board, he claimed he did so to allay LSRM concerns over the organization’s lack of business-savvy administrators. In most of these instances, though, he was actually the instigator of change and his ARA officers were actually acting on his direct orders or expressed wishes.

69 Page to Herter, 17 January 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.  
70 Page to Herter, 17 January 1922, Amalgamation of Child Health Organization for ACHA 1919-1923, Box 1, ACHA papers.
The resentments and jealousies among the personnel were not limited to Jean. Two of the ACHA officers, Courtenay Dinwiddie and Dr. Richard Bolt both with long-standing ties to the organization would find they, too, had no place in the new ARA-run ACHA. The two managers also had strong connections to the types of child welfare organizations from which Hoover wanted to distance the ACHA. Dr. Richard Bolt, the medical director, was the first of the managerial personnel to leave after the Hoover takeover. Bolt had been with the ACHA before the amalgamation but he was also deeply wedded to the state-expanding agendas of the Public Health Service and the Children’s Bureau. Immediately after the consolidation, Bolt sent Hoover a number of lengthy proposals suggesting that Hoover seek cooperation with both top public health professionals and their affiliated organizations. Bolt also worked closely with the Children’s Bureau, and in more than one instance, he suggested the ACHA support the Sheppard-Towner work in the states. Hoover was uninterested in either of these proposals. Bolt was already frustrated with the apparent lack of direction in medical policy under the new ARA administration. By the summer of 1923 it was clear that Hoover was casting about for a new medical director who had no ties to existing child-welfare crowd and their programs and would fall in line with his plans to restructure the ACHA. When Bolt questioned the executive director, Courtenay Dinwiddie, about his role in the new administrative structure, Dinwiddie offered him the position of Associate Director, which was essentially a demotion. Bolt was flabbergasted and appealed the decision directly to Hoover, writing that he did not wish to continue in a “secondary position . . . with no clear-cut definition as to duties and responsibilities.”

Hoover’s response was simply that he “must support the [executive] Director of the organization.”

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71 Bolt to Hoover, 11 August 1923, Bolt, Richard A., Box 24 personnel, ACHA papers.
72 “Tentative Sketch of Steps to be Take to Interest the Medical Profession in Child Health Work and to Secure their Cooperation,” January 1923, Medical Services 1923-1928, Box 21, ACHA papers; Bolt to Dinwiddie,
Hoover’s response was a bit disingenuous, because his ARA pals made it clear they had little confidence that Dinwiddie or any of the existing staff were capable of carrying out his plans. In a July 1923 memo, ARA administrator Rickard told Hoover, “Without going in to too many details, I very much fear that your ambitions, as far as this organization is concerned will never be fulfilled by the present administration. I doubt if Dinwiddie or any of the staff are fundamentally equipped to understand the centralize method of administration, and furthermore, do not seem to have the courage or initiative to carry out the plans as outlined by you at the last Executive Meeting.”73 In backing Dinwiddie’s decision, however distasteful that might have been, Hoover was able to avoid having to elaborate any further on the changes he intended to make that would effectively eliminate many of the current ACHA programs and staff. Hoover wanted Bolt gone and took the position that should Bolt resign, there was simply one less member of the existing staff with whom he had to contend. Although there was no official letter that indicated precisely when Bolt left the organization, he requested a nine-month leave in April 1924, and by 1925, he had joined the faculty in public health at the University of California at Berkeley and served as a consultant to the Children’s Bureau from 1924 to 1937.74

Bolt’s departure also provided Hoover a convenient justification to undertake a search for a new medical director who would be more disposed to the direction in which Hoover wanted to move the organization’s health division. In September 1923, Hoover brought in a physician serving in war department’s Medical Corps, Lt. Colonel Henry Beeuweks to act as an efficiency expert. His task would be to provide Hoover with an objective assessment of the ACHA’s existing medical personnel and programs, but he also intended to use the opportunity to recruit

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73 Rickard to Hoover, 26 July 1923, Rickard, Edgar 1924-1925, Box 28 Personnel, ACHA Papers.
74 Richard Arthur Bolt Papers, Online Archive of California, online biography, http://www.oac.cdlib.org/findaid/ark:/13030/tf1p30055c/admin/#bioghist-1.7.4, accessed online July 16, 2013.
the army physician for a permanent position with the ACHA. He likely was acting on a recommendation from the Rockefeller Board, because at the time, the IHB was also courting Beeuwkes for a yellow fever research position, but his wife apparently was not happy about the prospect of such a dangerous appointment.\textsuperscript{75} While the Rockefeller Foundation was attempting to convince Beeuwkes’ reluctant wife, Hoover quietly spoke to the Secretary of War about releasing Beeuwkes for the study, couching his request as a matter of critical interest to the war department.\textsuperscript{76} The Secretary of War accommodated Hoover’s request and issued orders directing the doctor to study ACHA’s medical operations. It is clear that Beeuwkes was not enthusiastic about his new assignment, and his sudden appearance brought another round of questioning from the existing ACHA medical personnel. Again Hoover deflected responsibility to his cronies. He told Dinwiddie that it was the ARA that had insisted on hiring the physician to provide them with a “comprehensive picture of the [child health] problem” in order to determine where to apply their money and time most effectively.\textsuperscript{77} Hoover requested that Dinwiddie provide Beeuwkes with every accommodation as he completed his work.

Hoover’s less than frank dealings with the existing staff were calculated to avoid disrupting any significant existing revenue streams or associations that might prove potentially helpful to his larger aims for the ACHA, rather than outright deception. This was particularly true of his toleration of Courtenay Dinwiddie. Despite the stated ARA misgivings about Dinwiddie’s administrative capabilities, the Rockefeller money was contingent on Hoover’s ability to raise matching funds from other donors. Therefore, he was particularly careful in his

\textsuperscript{75} Rickard to Hoover, 26 July 1923, Rickard, Edgar 1924-1925, Box 28 Personnel, ACHA Papers; Rickard to Hoover, 21 August, 1923, Rickard, Edgar 1924-1925, Box 28 Personnel, ACHA Papers.
\textsuperscript{76} Hoover to Secretary of War, 4 September 1923, Beeuweks, Col. H. 1923-1925, Box 24 Personnel, ACHA papers.
\textsuperscript{77} Hoover to Dinwiddie, 14 September 1923, Beeuweks, Col. H. 1923-1925, Box 24 Personnel, ACHA papers.
dealings with Dinwiddie, who was intimately connected with another key donor—the Commonwealth Fund. Dinwiddie, like Bolt, was part of the old ACHA contingent and as part of the consolidation Hoover appointed him to serve as the new ACHA’s executive director. In addition to his administrative duties Dinwiddie acted as liaison between the ACHA and the Commonwealth Fund and supervised a number of Commonwealth-funded child health demonstrations through the ACHA. In January 1923, the ACHA took over the supervision of an existing demonstration in Mansfield, Ohio and added two small urban areas: Fargo, North Dakota, Athens, Georgia, and to projects in rural Rutherford County, Tennessee and Marion County, Oregon. 78 While neither Hoover nor his ARA partners were particularly enamored of Dinwiddie, whom they were aware was a source of significant opposition to Hoover’s reorganization plans, they also understood that should Dinwiddie leave the ACHA, it was likely that the Commonwealth money would go with him. 79 Therefore, although Hoover and his partners were not enthusiasts of demonstration work, or Dinwiddie, they tolerated both because the Commonwealth Fund provided a significant source of revenue with which to match the more important LSRM money. 80 Hoover also saw the demonstrations as a means to another end; they provided an opportunity to develop a prototype for a nationwide health survey to assess health conditions.

The philosophy underlying the Commonwealth demonstrations shared some similarities with the early IHB work. The Commonwealth Fund conducted their demonstrations on a cost-sharing model intended to act as a stimulus for permanent programs. However, unlike the IHB model, the Commonwealth Fund bore the all the initial start-up costs. Commonwealth

79 Memorandum for Chief, 26 March 1924, Dinwiddie, Courtenay 1923-1924, Box 27, ACHA papers.
80 Beeuwkes’ Report to Hoover, 31 December 1923, Beeuweks, Col. H. 1923-1925, Box 24, Personnel, ACHA papers.
demonstrations had a built in obsolescence, and were limited to a term of five years with the expectation that local support would increase and outside support would decrease. The demonstrations had a flexibility that recognized that local conditions often shaped priorities and projects and allowed considerable variation in methods, rather than a standardized one-size-fits-all model. The similarities between the IHB and Commonwealth Fund demonstrations ended there. Their demonstrations never expanded beyond the original five locations and only intended them to be experimental models that other communities could emulate. While the agencies associated with the child-health demonstrations cooperated in some fashion with local officials, local women’s groups, school boards, and parent-teacher organizations conducted the programs. The project funded consultants who offered advice, provided medical equipment to schools, prepared literature for use in classrooms, and assisted teachers in health curriculum development. The money also subsidized the cost of public health nurses and local physicians who assisted at community clinics.81

The demonstrations were also extremely limited in terms of geography, focused only on the selected cities and counties that were part of the demonstration and their success was difficult to assess. Part of assessing the influence of the program at all is that the Commonwealth projects occurred concurrently with the Sheppard-Towner Act, and except for the pilot project’s attention to school age children, the two programs supported similar work and engaged many of the same organizations. It is likely, therefore, that there was crossover between the work the Commonwealth Fund did and that of the Sheppard-Towner Act. Unlike the IHB, however, Commonwealth Fund workers did not operate through direct partnerships with state or federal

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health officials, but through private agencies. Therefore, the Commonwealth Fund officials were not embedded in the actor networks connected to the new federal agencies. Although Dinwiddie kept in contact with local officials and those who headed the private organizations in the project cities and counties, the extremely localized nature of these contacts prevented him from acquiring any significant influence in national health policy discussions.

Hoover and Dinwiddie had very different ideas about what the nature of ACHA’s involvement in the Commonwealth-funded demonstrations and in microcosm illustrate the difference between Hoover’s approach to child health reform and other contemporary child health and welfare organizations. The Commonwealth Fund supported programs at the grassroots that provided medical assistance, equipment, and education directly to people in the communities it served. Hoover, however, wanted ACHA efforts through the demonstrations to be no more than a means of collecting statistical information by which he could assess, rather than change, community health conditions. From Hoover’s perspective, change was the responsibility of local groups. His long-term goals were strictly research-focused and did not include supplying equipment, subsidizing medical personnel’s salaries or any direct work with the public. Instead, Hoover wanted expert medical professionals, sociologists, psychologists, and statisticians whose job would be to train and advise local health organizations in efficient administration of community health programs and the collection of statistical information. He intended to use the Commonwealth demonstrations as small-scale prototypes for the national organization he intended to construct out of the ACHA. In the process, however, he drew the ire of Commonwealth President and ACHA donor, Barry Smith and aggravated existing tensions with Dinwiddie, who opposed strongly Hoover’s plan to eliminate work with the public.
Hoover charged ahead with his planned survey, but rather than working through Dinwiddie who supervised the demonstrations, he sent in his own men to oversee the operation. Hoover had the ARA people set up a division of research under the direction of George Palmer, who put together field teams consisting of a male and female physician, a male psychologist, and a female statistician. Dr. Beeuwkes accompanied the group as well. The teams would visit the demonstration location to assess health conditions, local agency effectiveness, and the level of official interest in addressing local health problems. Palmer put together a standard form so that all the survey teams would collect the same information and would provide a uniform set of statistical information easy to collate and report. The forms, though compiled by physicians, were a one-size-fits-all approach and provided a pre-determined and subjective set of health concerns and practices, but made no provision for variances shaped by local socio-economic, political, or environmental conditions.

The survey also underscored the degree to which Hoover really had not engaged people at the grassroots as part of his planning. As the Fargo survey began, there was immediate resistance from local officials who opposed having the teams questioning school children. Palmer’s teams initially had little cooperation from local people but discovered quickly that just mentioning Hoover’s name in connection with their work opened doors. Indeed, Beeuwkes suggested in his report to Hoover that he capitalize on his name recognition to publicize his program. The physician wrote of the lack of interest among local officials the group had encountered, “Naturally there is as yet little to indicate a strong desire for our assistance and advice,” and he advocated that Hoover use his influence “to stimulate a desire for

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82 Palmer to ACHA medical committee and Board of Directors, 26 September 1923, F Demonstrations General 1923-1924, Box 7, ACHA Papers.
improvement.”

Beeuwkes’ in a remark that echoed the IHB model with which he was likely familiar, also suggested that Hoover “think about” appropriating the Sheppard-Towner money to supply directors for Commonwealth maternity and infancy clinics as an ARA project.

Hoover’s attention, however, was focused on planning a different project: a survey of eighty-six medium sized American cities that he hoped would provide an inventory of child health work throughout the nation that local agencies could then use to effect change. The survey would become the centerpiece of his goal to rationalize child health work, but first he had to secure the financing from the LSRM. It was at this point that he had arranged the meeting with Ruml.

December 1923 marked a turning point in Hoover’s administration of the ACHA. After his successful meeting at the University Club, Hoover was now free to put his plans for the national survey on the fast track. Beeuwkes submitted his initial assessment of existing ACHA personnel and programs. He singled out Dinwiddie as a weak administrator and “the main fly in the ointment,” but he noted that Dinwiddie was well-liked by the ACHA staff and other public health officials and “had the full confidence of the Commonwealth officials.” For those reasons, Beeuwkes recommended against making any changes at the present time, but suggested that Hoover increase Van Ingen’s responsibilities as he would likely “devote himself to developing the organization along the constructive lines” that Hoover had in mind. Beeuwkes also took aim at Jean’s health education division, reporting that the administrators had allowed to “develop out of all proportion to its place in Hoover’s grand scheme. He suggested that Hoover could gain immediate economies by reorganizing that division and replacing individual secretaries with a smaller stenographic pool.” He also noted what had been obvious to most

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83 Beeuwkes to Herter, 4 February 1924, F Demonstrations General 1923-1924, Box 7, ACHA Papers.
84 Beeuwkes to Herter, 4 February 1924, F Demonstrations General 1923-1924, Box 7, ACHA Papers.
85 Beeuwkes to Hoover, 31 December 1923, Beeuwks, Col. H. 1923-1925, Box 24 Personnel, ACHA papers.
members of the organization, that, in general, the staff was suspicious of the ARA people and opposed to Hoover’s reorganization plans.86

The problems Beeuwkes cited in his report had become all too apparent following Hoover’s meeting with Ruml when Hoover, having secured the LSRM money, directed Dinwiddie to slash the bloated 1924 ACHA budget. Dinwiddie realized that Hoover’s instruction also signaled that the ARA agenda was now very much in control of the ACHA. The original ACHA officers were no longer free to carry on as usual, and this shift in administrative power came to a head in a battle over the budget. Dinwiddie fired off a letter to Hoover explaining that the cuts would be impossible and would disrupt both current obligations and personnel. He argued that cutting the budget so drastically would have dire consequences for the staff, many of whom, he argued, had relocated their entire families and could not simply be put out of work. He asserted further, that such drastic cuts asserted would demoralize the remaining staff and cause them to question the long-term fiscal integrity of the organization. Dinwiddie was confident that the staff could raise additional monies needed to keep current programs running, but that fundraising in December would be fruitless. Dinwiddie insisted Hoover give him additional time to solicit supplemental donations. Hoover’s response was non-committal and had a paternalistic tone. He reminded Dinwiddie that the ACHA could only base a budget on the money they could already count on. He allowed that perhaps he had overreached by laying all the responsibility for the cuts on Dinwiddie’s shoulders and suggested the need for a meeting of the executive committee to discuss the matter before the New Year.

Beeuwkes, mindful of Dinwiddie’s connection with the Commonwealth Fund and its financial contribution suggested to Hoover that it might not be wise to disrupt that relationship.

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86 Beeuwkes to Hoover, 31 December 1923, Beeuweks, Col. H. 1923-1925, Box 24 Personnel, ACHA papers.
just now. Hoover agreed to raise the 1924 budget by an additional $80,000, but he designated specific amounts where the Dinwiddie could increase the budget. The increases, however, remained contingent on the receipt of additional funding. Hoover reminded him that should he fail to procure the additional dollars, severe year-end cuts would follow. The exchange between Hoover and Dinwiddie over the budget only underscored Rickard’s and Beeuwkes’ assessments of Dinwiddie as weak manager who was generally unsupportive of Hoover’s reorganization plans. Moreover, Beeuwkes’ also made it clear that neither the ARA nor Hoover were yet committed to seeing the ACHA project through if they could not have complete control over policy. Beeuwkes’ report concluded with the caution that, “if the future achievements of the ACHA do not justify the whole-hearted confidence and co-operation of that section of the Directorate represented by the ARA Children’s Fund, Inc. a complete withdrawal of the financial support of the latter would be indicated, after the year 1924.” Hoover pushed into the new year, still hoping to make Beeuwkes a permanent part of the ACHA and he requested an extension for the still reluctant physician’s services from the Secretary of War. The secretary agreed to continue the arrangements, but citing concerns over the legality of the plan told Hoover he would only authorize an additional six months. After that time, he would expect Beeuwkes’ return to the War Department.

Hoover then put Beeuwkes in charge of planning and oversight of his central program: the 86 Cities Survey. Beeuwkes designed the Survey to assess how local communities measured up to a set of best practices as a model for a standard and uniform program of public health and redefined the mission of the ACHA. The 86-city survey became the vehicle Hoover used as a framework to streamline the organization’s operations and, he hoped, the nation’s public health.

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87 Beeuwkes to Hoover, 31 December 1923, Beeuwkes, Col. H. 1923-1925, Box 24 Personnel, ACHA papers.
activity. To carry out the program Hoover carefully selected a group of expert health officers who distilled the nation’s public health problems down to a discrete set of scientific and social practices that would serve as a standard for community public health programs. His goal was to provide local officials and legislators with the statistical evidence with which they could measure their communities and then use this information to solicit legislative and voluntary support for local health programs based on a nationally recognized set of best practices.

Hoover would find, however, that simply knowing where the problems were was not enough. The 86-Cities Survey was a plan rooted in the fantasy that just as during the war, Americans voluntarily would come together and out of sense of duty and patriotism. Just as they had ‘voluntarily’ “Hooverized” their households and communities to meet the challenges of a wartime economy, Hoover believed naively that if Americans understood the child health problems facing their communities, they would once again draw on the same spirit of volunteerism. The ACHA would educate local communities using the kind of propaganda campaigns that had worked well during the World War I, and local officials would have access to cutting edge scientifically conducted statistical surveys the 86-city survey would provide. He ignored the degree to which the coercive power of the wartime state shaped the period’s so-called volunteerism. The centralized plan he proposed also overlooked how, in most instances where volunteer agencies were actively working to improve local health conditions, it was not because of civic-spirited volunteerism. Rather these activities, more often than not, were the direct result of federal subsidies and the cost-sharing programs of the Public Health Service, the Federal Extension Service, and the Sheppard-Towner Act.

Indeed, when formulating his planned survey, Hoover was reluctant to engage the federal agencies most active public health work, insisting instead such activities should be the purview
of voluntary agencies and not the federal government. The effect of his reticence to engage key sectors of the federal government will be discussed at greater length in chapter six, but more immediately the scope of the survey was also problematic. The study had focused on medium sized urban and industrial cities and ignored the populations in the nation’s peripheries, where the lack of sanitary and medical infrastructure was most critical and where the federal programs offered state and local officials material assistance. Most of the cities in the planned survey lay along rail lines in the industrial belts of the East and Midwest and in the port and industrial centers of the South and California. Hoover included only two western cities outside of the Golden State and beyond the 100th Meridian: Pueblo, Colorado and Butte, Montana, both significant centers of mining. The survey ignored the rural areas of the South and West where the biggest challenges to health remained an endemic problem.

The survey marked an important shift in the work of the ACHA, and set in motion a chain of events that transformed the organization by the end of 1924. All of the rumblings and tensions Hoover had faced since first taking over as president of the ACHA resurfaced as he rolled out the 86-cities survey at the expense of the more traditional child health work in which the organization had been involved. The first development occurred in late January, when news reached the staff that Emmett Holt, who was away in China, had suffered a massive coronary and died. With Holt dead, Jean lost her mentor and a dear friend, but she also lost the person who had provided a mediating presence during the consolidation. When the executive board presented the final budget for 1924 to the staff, the cuts hit Jean’s division hard, reducing her budget from $111,940 to $70,000.

Apparently, at Dinwiddie’s prompting, C.E.A. Winslow, a prominent New York public health pioneer and executive board member attempted to address the shortfall, but was

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88 Telegram, 15 January 1924, Holt, L. Emmett, Box 27 Personnel, ACHA papers.
Unsuccessful. Unaware of the nature of Hoover’s negotiations and agreements with Ruml, Winslow wrote a letter to the LSRM board’s Arthur Woods explaining the severe cuts Hoover had made in the budget and requested additional Rockefeller support. Winslow’s letter implied that Hoover’s dealings with the staff and executive board had been deceptive, and that he had not made clear his intentions to end the long-time health education programs on which the original officers had built both organizations. Winslow was highly respected in public health circles, and the accusatory tone of Winslow’s letter prompted Woods to contact Hoover about the situation. The Commerce Secretary explained that he had “deliberately reduced certain portions of the work . . . and increased expenditure in directions that we have mutually agreed were well worthy of the purpose. He told Woods that he “did not believe it is for the good of the cause that the [money] should be volunteered at this time.” Once informed that the LSRM had already contributed all they intended for the year, Winslow, apparently disgusted with Hoover’s duplicity, resigned his chairmanship of the Health Education Committee. Dinwiddie had also contacted the LSRM regarding the apportionment of money designated for Commonwealth demonstration follow-up work. Dinwiddie’s action seemed to further complicate the careful agreements that Hoover and Ruml had negotiated, and Hoover feared that Dinwiddie’s accusations may have compromised the ACHA’s credibility, and by extension Hoover’s credibility, with the LSRM.

Despite Hoover’s pleas, Beeuwkes declined the secretary’s request to take a fulltime position as the organization’s medical director and in April 1924 asked the Commerce Secretary to return him to his war department duties. Beeuwkes was bored with the assignment, and the

89 Hoover note, 29 April 1924; Hoover to Crandall, 1 May 1924, Rockefeller Foundation 1922-1926, Box 45, ACHA papers.
90 Arthur Woods to Hoover, 15 April 1924, F Rockefeller Foundation 1922-1926, Box 45, ACHA papers.
91 Woods to Hoover, 15 April 1924, Rockefeller Foundation 1922-1926, Box 45, ACHA papers.
92 Hoover note, 29 April 1924, Rockefeller Foundation 1922-1926, Box 45, ACHA papers.
Rockefeller Foundation’s offer to engage in yellow fever research held far more appeal for him than child health surveys. He told Hoover that he had served his usefulness, citing as well his inability to work with “the sentimental types” that populated child health work. As Beeuwkes departed, Richard Bolt, Hoover’s medical director, requested a nine-month leave of absence. In the interim, Hoover assigned Samuel J. Crumbine to the temporary position of medical director. This was a critical move on Hoover’s part. Crumbine would provide Hoover with important connections to state level networks of health officers. Though he initially hired the long-time Kansas public health commissioner to assist Bolt, Hoover also knew that Crumbine had strong ties to the regional bureaucratic networks of health professionals. Moreover, he had recently served as president of the Conference of State and Territorial Health Officers and, in fact, combined his policy-making position for that organization with his ACHA work. Although it was not obvious at the time, Crumbine was just the man Hoover needed.

Jean was the next to leave. Her marginalization within the new organization was amplified with Holt, Winslow, and Bolt gone. Faced with a now skeletonized budget and what she considered impossible conditions, Jean resigned her position in June 1924 taking with her eight members of her staff including Lucy Woods Collier. Jean’s resignation had a demoralizing effect on the remaining staff. Dinwiddie insisted that the ACHA Board publish a resolution recognizing Jean’s pioneering child health work, and he campaigned for a severance package for the CHO founder and one of her long-time associates. The Hoover contingent only grudgingly accepted his request. After Jean’s resignation, only Van Ingen and Dinwiddie remained from the original management staff of the pre-consolidation organizations.

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93 Beeuwkes to Hoover, 27 May 1924, Personnel Beeuwkes, Col. H. 1923-1925, ACHA papers.
94 Dinwiddie to Herter, 15 August 1924, Dinwiddie, Courtenay 1923-1924, Box 27 Personnel, ACHA papers.
Hoover’s troubles with the so-called sentimentalists was not over yet, and by September 1924 he seemed ready to end his rocky relationship with the ACHA, or more likely he was ready to call their bluff in an effort to command absolute control of policy. Van Ingen seemed more than willing to go along with Hoover’s restructuring, but Dinwiddie remained tied to ACHA’s original model and continued to vocalize his strong opposition. His discontent affected the rest of the staff. Morale within the ACHA was at an all time low, and most of remaining nurses and office personnel feared that further cuts would threaten their jobs. These tensions boiled over in September when it was clear that the additional money, which Dinwiddie had insisted during the budget battle that he would be able to raise, failed to materialize. Without the additional money, staff fears of severe cuts became almost certain.

The ACHA’s personnel problems and financial shortfalls had clearly worn on Hoover. While it is clear from the evidence that his closest associates understood he intended to leave the organization, if things did not go as planned, he still had a personal stake in terms of his reputation and future political aspirations in making the consolidation and 86-city survey a success.95 For Hoover it was a matter of which course of action would least damage his future plans. Following September’s board meeting, ARA Comptroller Edward Flesh urged Hoover to “go through with [his] original determination to quit the ACHA altogether.”96 Flesh argued that Hoover could cite the lack of staff cooperation and their inability to control spending as justification for his decision to leave without damaging his reputation. Flesh argued that the ARA could create their own organization through which they could accomplish the projects Hoover had in mind without “the annoyance, worry, and with less expense than he had

95 Memorandum for Chief, 26 March 1924, Dinwiddie Courtenay 1923-1924, Box 27 Personnel, ACHA papers.
96 Flesh to Hoover, 15 September 1924, F Hoover, Herbert, 1923-1931, Box 27 Personnel, ACHA papers.
encountered in trying to work through the organization. Hoover followed the comptroller’s advice, but he couched his decision in terms of temporary necessity, citing the press of his official duties. He was unwilling to make a permanent break, which suggests that his resignation was a bit of political theater. He likely anticipated that when news of his pending resignation reached the board, he would be immediately bombarded with pleas from supporters to remain as president. And that is exactly what happened. Not surprisingly, Hoover agreed to stay on but only if the ACHA also agreed to his terms.

Accordingly, Hoover laid out a list of demands that consolidated his power over the organization’s policy-making boards and personnel. He placed Flesh in the position of treasurer and asked the board to amend the association’s by-laws to allow for vacancies in the chairmanship, presidency, and vice-presidency, which he would fill at a future time. This gave Hoover total control over all the top policy positions, and he used his new authority to further strengthen the ARA presence on the executive board and top administrative positions. In three years, using only private money, he had substantially increased the ACHA’s financial support, and through a combination of attrition and the elimination of programs he deemed superfluous to his aims, he was finally on the verge of constructing a model of a rational, scientifically-based, efficient, and privately-funded child health organization.

One problem remained to be solved—Dinwiddie. The executive director continued to criticize Hoover’s policies, albeit less openly, after the resignation crisis. Oddly enough, Dinwiddie was among those who entreated Hoover to remain as ACHA president. After the crisis, however, Dinwiddie’s credibility with the staff evaporated. His complaints fell on deaf ears and no longer elicited either sympathy or support from the remaining employees. They

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97 Flesh to Hoover, 15 September 1924, F Hoover, Herbert, 1923-1931, Box 27 Personnel, ACHA papers.
98 Hoover to Hamill, 16 September 1924, F Hoover, Herbert, 1923-1931, Box 27 Personnel, ACHA papers.
understood that regardless of what they thought of the overall direction of the organization, it was Hoover’s influence with both the ARA and the LSRM that kept them employed, and without him, the organization would likely fail. Therefore, those still at their jobs in the fall of 1924 were willing to adapt to the impending changes.

Not only were they unsympathetic to the executive director’s continued whining, they actively rebuffed his further attempts at subterfuge. In October, Van Ingen called the managers together and requested their budgets for 1925. He reminded them that they could only propose projects for which they already had secured final commitments. Dinwiddie, however, implied he had other ideas about the budget but waited until after the meeting to voice his opinion to Van Ingen and to Aida De Acosta Root who managed publicity for the organization. Root was a not only a close friend of Hoover’s, but had an unusual level of personal access to him. She wasted no time in putting Dinwiddie in his place. She explained, in no uncertain terms that “he ought to understand that he and the other members of the staff were paid employees and could not, in the greatest stretch of the imagination, consider themselves as dominating the policy of the organization.”99 Failing to get any traction with Van Ingen, the incident signaled to Dinwiddie that it was perhaps time for him to move on as well.

Hoover was undoubtedly relieved to hear a few weeks later that Dinwiddie had negotiated a fulltime position as head of the Commonwealth demonstrations, but that the work would continue to come through the ACHA. Dinwiddie’s departure marked a turning point in Hoover’s takeover of the ACHA. The ACHA budget, largely supported by the ARA and the LSRM, even with cuts, was nearly five times what it had been when he took over as president. The organization’s work no longer centered on work with the public, but focused on efforts to

99 Unsigned letter (likely Rickard) to Hoover, 31 October 1924, Hoover, Herbert, 1923-1931, Box 27 Personnel, ACHA papers.
spread a rational model of organization building for local agencies. In 1925, the organization’s future looked bright, indeed, and allowed Hoover to appeal to a coalition of local, state, and federal Progressives, while maintaining a largely conservative position within that group.

Even before news of Dinwiddie’s resignation reached him, Hoover had quietly initiated a search to find a new executive director. Both Rickard and Hoover agreed it was time to end the ACHA relationship with the Commonwealth Child Health demonstrations that tied them to Dinwiddie. To find a replacement, he sought the counsel of several of the directors of the Rockefeller Foundation’s IHB division: Dr. George Vincent, who at the time was president of the IHB; Dr. Frederick Russell, a former Brigadier General in the Army medical corps who was now involved in yellow fever research for the IHB; and Vernon Kellogg, a member of the IHB board of directors.\(^{100}\) While the Rockefeller directors were happy to assist Hoover with his search for a replacement, they requested that he keep their involvement in the matter confidential. The candidates the Rockefeller board members suggested, however, declined repeated offers, and Hoover requested any further assistance they might be able to offer.\(^{101}\) In the interim, Hoover asked Crumbine, who had been quietly serving as medical director to temporarily assume the position. Crumbine had been involved in the initial 86 City surveys and was responsible for maintaining the organization’s ties with local public health officials. The former Kansas health commissioner was somewhat reluctant to take on the job and believed he could better serve the organization through his relations in the field, but agreed to the temporary placement. Although Crumbine did not know it at the time, he would hold the position until the

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\(^{100}\) Online Biography, Frederick Fuller Russell, National Library of Medicine accessed 22 July 2013 at http://oculus.nlm.nih.gov/cgi/f/findaid/findaid-idx?c=nlmfindaid;id=navbrowselink;cname=findaid-idx;cc=nlmfindaid;view=reslist;subview=standard;didno=russell546;focusrgn=bioghist;byte=30741614

\(^{101}\) Hoover letter, 5 December 1924, Rockefeller Foundation 1922-1926, Box 45, ACHA papers.
ACHA administrators liquidated it in 1935. More importantly, he would serve as Hoover’s strongest link to the bureaucratic networks driving health policy in the peripheries.

After a tumultuous year, all seemed suddenly right in Hoover’s insular world of elite men’s clubs, statistical analyses, and high-modernist planning, but during the period Hoover spent gaining control of the ACHA, public health activity across the nation had lost the volunteerist character he championed in his associational approach. When he first took over the ACHA in 1921, Harding had not yet signed the Sheppard-Towner Act into law, and the IHB was still experimenting with a variety of public health efforts throughout the South. The state of Massachusetts had not yet challenged the new relationship between the federal government and the states inherent in the grant-in-aid programs in the courts. Public health work remained a hodge-podge of impulses that ranged from the well-organized municipal programs in the urban East to the catch-as-catch-can efforts run by local volunteers and political hacks in the rural West. By 1925, when Hoover finally controlled the ACHA, the landscape of public health work had undergone a tremendous change. States received infusions of federal funds from the Sheppard-Towner Act, the county unit campaigns of the IHB, and cost-sharing projects through the expanding Public Health Service. The need for states to support fulltime public health work was gaining legitimacy through the advocacy of the Public Health Service and the efforts of groups like the American Public Health Association and Conference of State and Provincial Health Officers. Their activity largely followed the IHB cost-sharing model and as much as possible coordinated efforts with IHB projects to avoid duplication. The twin engines of local knowledge and federal funds fueled the activities of this new set of political actors.

Hoover would find that the struggles he had faced internally while attempting to reorganize the ACHA were a microcosm of the contests playing out between several factions
within the medical profession. Contests raged over the boundaries and limits between public and private medicine, and these professional contests were part of a much broader conversation about the exercise of power between the states and the federal government and between the state and society. After spending three years trying to bring order to the “scattershot” efforts of the child health workers within the ACHA, his 86 City survey and follow-up work contemplated a similar imposition of rational order on the nation’s child health efforts writ large. As Hoover battled to construct privately funded alternatives to expanding federal agencies, in both social welfare and economic sectors, the insular nature of Hoover’s administrative style obscured the changes in the very nature of the new state itself. He would soon find that the expansion of the federal government under the grant-in-aid programs had empowered a new set of political actors embedded in the connective tissue of a new federal-state relationship, not easily dislodged.
Chapter Seven: The Nature of the Modern State

This thing, what is it in itself, in its own constitution? What is its substance and material? And what its causal nature?

—Marcus Aurelius, Meditations VII

More than two hundred angry women stormed a small sub-committee meeting during the 1930 White House Conference on Children. In the course of one rancorous evening, the women and their allies successfully halted President Hoover’s carefully orchestrated transfer of the Children’s Bureau’s maternity and infancy work to the Public Health Service—or so it seemed. Scholars of women’s history who have addressed the White House Conference stand-off have characterized this event as small victory for the Children’s Bureau. In a momentary show of women’ solidarity, Grace Abbott and her allies stood up to the “medical lobby” and forced them to back down.¹ In recounting this event, historians have argued that women reformers believed the President’s plan was a thinly veiled attempt to take over what they viewed as their “natural” sphere of influence—child welfare. The Sheppard-Towner Act had provided women greater access to the federal political arena and was the foundation on which they had intended to build and control an expansive program of social welfare protections for women and children. For Abbott and her supporters, this moment was nothing less than a battle for the future of women’s and children’s health. They believed that if the Hoover administration succeeded in shifting the maternity and infancy programs to the Public Health Service, it would arrest the momentum of two decades of women’s political action. Such an outcome threatened to reduce the Children’s

Bureau’s focus on “whole child” advocacy to a truncated program focused strictly on the medical aspects of that work. To that end, most of the historical narratives that reference this event frame Hoover and the American Medical Association (AMA) as antagonists in a decade-long gendered drama to dismantle a nascent maternalist state. Scholars have evaluated this apparent show of female solidarity at the White House conference as a short-lived, pyrrhic victory for maternalists, ephemeral in its effect. Unable to fight the combined forces of a conservative administration and a self-interested medical profession, this stand-off signaled the beginning of the end of women’s dominance in Progressive child welfare policy.

In reality, Hoover viewed the women’s protest as more of an annoyance and a distraction than a serious political threat. Congressional hearings subsequent to the White House conference, however, show that beyond the question of gendered contests for control of national welfare policy, the very nature of this new form of federal and state relations remained contested. Why Hoover supported the public health service expansion has been a matter of significant speculation among scholars, but explanations seldom range beyond a weak congress, the machinations of an antagonistic executive branch, and an amorphous and ill-defined medical lobby. This is due, in part, to the central place of the Children’s Bureau in these accounts. Existing narratives reflect the perspectives and responses of a close-knit homogeneous group of

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women whose views did not necessarily reflect, or take into account, the opinions or the experiences of the rank and file members of women’s organizations. Because of such an intense focus on this single group of women, and the sources they left behind, scholars have tended to lionize both the power of the Children’s Bureau, as an institution, and the power of its supporters all out of proportion to their actual political influence. Deep fractures existed among women’s groups at the time of the Sheppard-Towner repeal. Not all of them supported the Children’s Bureau and fewer understood the realpolitik behind local maternity programs. While the Children’s Bureau was able to generate successful grassroots letter writing campaigns, both the agency and its supporters no longer wielded power within the professional circles driving policy after Sheppard-Towner’s repeal. Consequently, by the end of the 1920s, the agency had become more viable as a political symbol than as an actual political force.  

This chapter offers a fresh account of the White House Conference and the subsequent congressional battle to transfer maternity and infancy work to the Public Health Service that is less centered on the Children’s Bureau and more focused on the grassstops. It will examine the role that state public health professionals, acting in concert with the Rockefeller philanthropies, played in re-shaping Hoover’s earlier public health policies and those he pursued as President. I argue that Hoover’s plan to transfer maternity and infancy work to the Public Health Service was not a calculated plan to wrest these health programs from the Children’s Bureau; Hoover was not acting at the behest of the AMA, and his actions were not, as others have argued, a triumph of private charity over public provision. Rather, he was responding to an immediate crisis facing

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5 Theda Skocpol assessing the strength of women’s organizations at the time of the White House Conference acknowledged that while organized womanhood remained strongly supportive of the Children’s Bureau, some large-constituency maternalist groups weakened as early as the mid-1920s. See Skocpol, *Protecting Soldiers and Mothers*, 518-519.

6 Historian Judith Sealander, has similarly argued that “the Children’s Bureau was more an accidental victim of Hoover’s ideas about agency reorganization than his direct target” She asserted that Hoover’s “real
the coalitions of western and southern state health officers following the repeal of the Sheppard-Towner Act. His goal was to institutionalize nationally a system of public health development that was already de facto policy on the nation’s periphery. Moreover, he predicated his policy choices on the model that state-level public health officers had developed in conjunction with the Rockefeller International Health Board (IHB) using the federal maternity funds under the Sheppard-Towner Act. By the mid-1920s, using the cost-sharing model of the 1914 state, these red-tape fraternities had established and defined a clear set of policies that imposed limits and boundaries on a public health system that since the late nineteenth century been quite fluid.

Hoover’s opposition to big government and expansive bureaucracy has been well-documented, but one of the ambiguities of the White House Conference that has puzzled historians is why, if Hoover opposed the expansion of the state, he would have supported transferring the maternity and infancy work to the Public Health Service. Historian Robyn Muncy has observed that Hoover seemed to be acting against his own principles and “would have opposed maternal and infant health programs in any agency.” His seemingly paradoxical support for expanding the Public Health Service had to everything to do with his relationship to the Rockefeller managers, because the engine driving Hoover’s public health efforts was tied directly to his ability to secure funding from the Rockefeller Foundation.

Although Hoover sometimes solicited funds from one or more of the other foundations to fund or supplement projects, it was his relationship to the Laura Spellman Rockefeller Memorial (LSRM) and Beardsley Ruml that shaped the scope of his social policy activity throughout the 1920s. Because the Rockefeller Foundation insisted on operating in the background and through objective” was making the Department of Interior “a kind of super-cabinet agency.” See Sealander, Private Wealth, 155.

7 Muncy, Creating a Female Dominion, 148, emphasis in the original text.
other established institutions, historians have overlooked the central role the Foundation played in shaping the events of post-repeal politics and this has obscured the correlation between Hoover’s approach to social policies and the willingness of the Rockefeller Foundation to support them financially. The LSRM provided Hoover with the financial backing to reorganize the American Child Health Association (ACHA) and with the funds needed to produce the 86-city survey, which was arguably the only significant material achievement of his child health work. As the LSRM moved away from health work in the mid-1920s to focus solely on funding institutional social science research, Hoover followed their lead. LSRM dollars also financed his next signature project, the commission on social trends. Both his health survey and his study of social trends were in keeping with his view that government’s role in social issues should be limited to fact-finding for the states rather than funding state level programs, and he was able to draw on financing for these activities from the Foundation. While we have long understood Hoover’s take on government’s limited role, we have not quite recognized how thoroughly he relied on private foundation support to build a kind of quasi-state capacity.

The IHB’s role at the White House Conference directly influenced his support for the Public Health Service’s plan and reflected the policies that health officials and the IHB had shaped on the periphery for most of the 1920s. The proposal was limited and specific, reflecting his general opposition to increasing federal subsidies. He supported the development of a rural health infrastructure using a county-unit model as the centerpiece of a comprehensive community public health program. More critically, financing for the plan was tied directly to continued Rockefeller partnerships with state health officials. In contrast to the programs other foundations had experimented with in the East, the plan Hoover supported at the conference, and the legislation he sent to Congress, reflected how most of the states in the South and West had
actually used the maternity money and employed the model public health officials had established. Ultimately, both Hoover’s earlier aim to established a privately funded clearinghouse with the American Child Health Association and Abbott’s plans to make the Children’s Bureaus a comprehensive federally funded welfare agency foundered, in different ways, on the shoals of a top-down model of federal-state relations. In both cases, their vision did not reflect the conditions at the grassroots or account for the ways in which the modern state empowered bureaucratic managers at the grasstops.

Hoover had not been an easy convert. His resistance to the expansion of federally funded public health programs was a casualty of his experience as Coolidge’s coordinator of disaster relief during the 1927 Mississippi River Flood. Once again, he turned to the Rockefeller Foundation for financial assistance in Red Cross relief efforts. During this crisis, Hoover found himself at loggerheads with Rockefeller managers over the method of relief. The Foundation, though willing to contribute quietly, insisted on working through a shared partnership between the IHB, the Public Health Service, and state and local health officers. Foundation managers refused Hoover’s request for a lump sum donation to the Red Cross disaster fund and insisted instead that the better course of action was to expand their existing system of permanent county-units to flood-ravaged states. Following a brief standoff between the Rockefeller managers and Hoover, the IHB plan prevailed, and he became a champion of the county-unit model, so much so that several historians have attributed the county-unit idea to Hoover.9 Although initially resistant, health officials convinced Hoover that county units offered a rational, scientific, and

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efficient administrative model for local public health programs. The plan seemed a workable compromise between the privately-funded, high-modernist approach he had taken with the American Child Health Association and outright federal funding. The cost-sharing basis of the county unit plan encouraged local contributions and control with limited federal investment. More critically, Hoover’s embrace of the red-tape fraternity’s model brought the political power of state-level bureaucratic networks to bear on national health policy; it informed his public health policies as president and became a catalyst for the 1930 White House Conference.

Public Health Service physicians played a central role at the contested White House conference, but the role of the American Medical Association is more ambiguous, as was the organization’s relationship to the Hoover administration. Moreover, because historians have placed significant emphasis on the AMA as a driving force behind Hoover’s policies, they have missed the central role the Rockefeller Foundation played in this story. The apparent male solidarity medical professionals displayed at the White House Conference in 1930 masked an internecine history of what had been, and in some ways remained, a contested relationship between local, regional, and national physicians as well as between public health physicians and their counterparts in private practice. There was no monolithic AMA, no singular “interest” of male physicians bent on undermining the role of women in maternal and infant health.

The fraternal forms that state and national public health officials drew on in shaping the policies of the 1920s had a provenance dating back to the 1880s. One of the problems that plagued Hoover’s early relationship with public health officials was his failure to understand that public health officials had a long history of networked political activism and policymaking at local, state, national and international levels. Although, public health physicians had always acted within the boundaries of orthodox medicine, they understood their interests as critical to
the nation’s health but distinct from, and at times antagonistic to, the interests of private and clinical medical practitioners.\textsuperscript{10}

During the first two decades of the twentieth century, the APHA and the AMA had split into distinct camps. Both organizations shared definitions of what constituted orthodox medicine and most public health physicians were also members of the AMA. Nonetheless, by the 1920s the practitioners of public health medicine remained part of a marginalized medical subfield. During this time, they waged a fight for legitimacy and respectability from the broader medical fraternity. Private practice physicians, however, nervously eyed the expanding budget and scope of the Public Health Service activities and harbored fears that the agency’s growth portended the coming of state medicine. Their concerns were not altogether unfounded since a number of European countries had instituted forms of social insurance before World War I.\textsuperscript{11} Therefore, the relationship between the Public Service and the AMA, though generally cordial, remained tenuous until more concrete spheres of influence crystalized in the mid-1930s.

Public health physicians, despite their efforts to police the boundaries of professionalism and distance themselves from popular public health organizations, continued to have a credibility problem in some quarters of the medical fraternity into the 1920s. They experienced difficulties attracting medical students to the field because many within the profession perceived public health work as less legitimate and certainly less lucrative than other medical specialties. Leading public health physicians underscored the extent of the problem when they met in conference in 1922 to discuss the future of their profession. Shortages of qualified public health physicians were an on-going problem and limited efforts to develop public health programs. A central focus

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of the 1922 conference was how to improve their professional standing, and of equal concern was the need to attract medical students to the field. At the 1922 meeting, Edwin Jordan, a professor of bacteriology at the University of Chicago, presented a recent survey of 461 medical students that reflected the ill-defined nature of public health work and questioned its legitimacy as a profession. Jordan had surveyed two schools with professional public health programs, Johns-Hopkins and Harvard, and two schools without one, the University of Chicago and the University of California at Berkley.

Fueling public health policy throughout the 1920s was Public health physicians’ desire to be taken seriously by other medical doctors. The federal and state health officers devoted a great deal of their energy to allaying the private physicians’ fears that public health programs posed a threat their economic interests. Of the 461 medical students who responded to the survey, only 103 said they would consider a career in public health medicine. Students unwilling to consider a public health option gave several reasons. Twenty three percent of the students surveyed were unable to name any schools offering professional training in public health medicine, although the program at Johns-Hopkins had opened 1915. Eighteen percent cited their desire for direct contact with patients. Fifteen percent cited the political character and instability of most public health positions. One respondent, who thought public health medicine a “most desirable field,” concluded “the fact that it is tied up with politics makes it undesirable as far as I am concerned.”¹² Nine percent of the students cited insufficient earning potential considering the high cost of medical training. Another nine percent cited the perceived “lack of independence.”¹³ A number of these respondents referenced their military experience. One such student argued

¹³ Jordan, Future of public health, 76.
he had “endured the life of a private in the army . . . and would not look forward to a lifetime of always recognizing a superior officer and being forced to ‘drive’ subordinates.” Others equated the lack of independence with working for a salary.

Responses from students who rejected public health careers also questioned the legitimacy of the field. Some believed it was just a part of a physician’s broader medical practice; they saw no need for public health as a specialized branch. Others cited the perception that public health physicians were those who “were not good medical men,” were unable to earn a living outside [the public health service], and stated that public health was not a career “the better medical men” pursued.\textsuperscript{14} One student suggested that a career in public health might be something to fall back on, “if I fail in my ambition.”\textsuperscript{15} A Harvard student in the school’s public health program plainly stated the problem: “The medical profession does not itself take public health and preventive medicine seriously.”\textsuperscript{16} The survey underscored that few medical students viewed public health as a promising career field.

The AMA institutionally, along with private physicians who practiced primarily in urban areas, continued to eye the Public Health Service and any federal health agency engaged in health-promoting activity suspiciously, fearful that any expansion of the federal medical initiatives posed a potential threat to the economic interests of private medicine.\textsuperscript{17} The organization patrolled closely the borders of what was appropriate public versus private medicine. Just as the AMA had waged a vigorous campaign in the \textit{Journal of the American Medical Association} against the Sheppard-Towner Act, their official position on any attempt to resurrect the measure remained unchanged well into the early 1930s, and this included

\textsuperscript{14} Jordan, \textit{Future of public health}, 76-79.
\textsuperscript{15} Jordan, \textit{Future of Public Health}, 80.
\textsuperscript{16} Jordan, \textit{Future of Public Health}, 79.
\textsuperscript{17} Paul Starr, \textit{The Social Transformation of American Medicine}, 185.
transferring the maternity programs to the Public Health Service. As far as the AMA was concerned, expansion of public health work beyond research and quarantine measures threatened an equally dangerous form of government medicine and a violation of the police powers of the states. The AMA, however, had a tendency to preach to the choir. Their campaigns, confined to the pages of medical journals, resonated primarily with their core urban constituency; outside of this group they remained just one of a number of important health interest groups whose programs, demonstrations, and admonitions filled the pages of the popular press. Because the organization tended to protest primarily to their core constituency, their positions had minimal influence on rural physicians and the public. Therefore, the AMA’s ability to effect change beyond their urban members was marginal.

Nowhere was the AMA’s failure to connect to rank and file physicians reflected better than in their much-cited campaign against the Sheppard-Towner Act. A significant number of physicians viewed the federal maternity act as an opportunity, rather than a threat, because while the law permitted medical personnel to cooperate with reformers to provide diagnostic examinations, if health workers detected any problems, they referred the mothers and children to local medical professionals for treatment. As a result, the Sheppard-Towner Act in most cases actually increased the number of patients local physicians saw. Private practices also expanded as more women sought prenatal care for themselves and well-baby check-ups for their children. Dr. J. H. Mason Knox, Jr., a leading public health physician and ACHA board member writing in the *Journal of the Southern Medical Association* put the economics of the matter succinctly: “If enterprising methods of salesmanship can increase almost indefinitely the absorption of Ford cars, of various soaps, chewing gums and crackers, why are we so backwards in securing an

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18 Dr. William C. Woodward, Legislative Counsel AMA, Committee on Interstate and Foreign Commerce, 71 Cong., 3rd Sess., Hearings on S. 255 and H.R. 12995 *for the Promotion of the Health and Welfare of Mothers and Infants and for other Purposes*, 1931, 155-156.
increased absorption of health?” 19 Public health physicians and rank and file private physicians in rural areas, for whom making a living solely through the practice of medicine remained an uncertain proposition, found the market rhetoric appealing. The pages of regional medical journals reflected a disconnect between the AMA leadership and the work-a-day local doctors. To be sure, the pages of regional and state journals contained jeremiads against the Sheppard-Towner Act, but they also printed arguments praising the measure. Dr. W. A. Mulherin, a pediatrician from Augusta, Georgia, agreed with Knox’s “Fordist” assessment this way: “Americans are undersold on health. Ford, of course, has money to sell automobiles, but we have not. We have the Sheppard-Towner Act, and the money can be forthcoming. It must be expended judiciously or it will stop.” 20 Mulherin’s point not only underscored the tough economic conditions rural physicians faced, but it is telling that for him the Sheppard-Towner Act was less a women’s reform than a welcome source of money. As such, local physicians and local bureaucrats and politicians understood federal programs in a much different light than either the AMA establishment or the Children’s Bureau.

Rural and small-town physicians stood to gain significantly more from the effects of federal programs than did their urban counterparts, many of whom practiced in wealthier states with operational public health infrastructures. Physicians in rural areas of the West were lucky to have even a small hospital at their disposal. More often than not hospitals were distant, and a single physician served an area covering hundreds, sometimes thousand of miles. If the Chicago-based AMA establishment saw the Sheppard-Towner Act in simple economic terms, so too did rural physicians, albeit from a different perspective. The AMA’s insistence that rural

communities would solve the problem if only they paid physicians properly and provided amenities for their families ignored the political, economic, and social issues that shaped local economies and health conditions confronting local health officers.\footnote{21} Despite the medical association’s vigorous campaign against the maternity act in the pages of \textit{JAMA}, rural physicians, particularly those tied to the state’s public health offices, applauded and supported its effects and later worked to replace the maternity funds. Rural physicians in private practice were cognizant of the direct correlation between the attention that the Sheppard-Towner Act focused on medical care for mothers and infants and their rising bank balances. Rural physicians understood that they benefitted directly from the increase in general public health programs that the federal funds fostered. Local physicians were also unlikely to view the maternity act as a threat because, in most states, it was state public health officials, themselves well-respected and well-known physicians, rather than laypersons, who directed the programs and personally benefitted from them. These distinctions seemed to be lost on the urban-based AMA, and they have been lost on historians who have relied primarily on the AMA’s perspective.

Because of local health officers’ embrace of the federal maternity program, the AMA did not limit their propaganda campaign just to defeating the Sheppard-Towner Act; they also expended a lot of ink attempting to keep public health officials in their proper place as well. \textit{The Journal of the American Medical Association (JAMA)} and state medical publications contained articles attacking the work of public health physicians and disparaging or questioning their educational background, medical training, and professional credentials. Physicians in government service or attached to corporate entities were frequent targets, in some cases with good reason.\footnote{22} In the few articles that grudgingly allowed public health officials some

\footnote{22} \textit{Congressional Record, 67th} Cong. 1\textsuperscript{st} Sess., 1921, 61 pt. 8:7927.
legitimacy, they cautioned them against crossing the line between public and private medicine and asserted “that the curing of defects belong to the private practice alone.” Other journal pieces employed a distinctly didactic tone and warned that where properly administered, the “full time health officer will not in the least interfere with the family physician's work; in fact, he will increase it.” AMA publications consistently distinguished separate spheres of influence between private and public medicine, using the pages of their journals to stake out their turf. One author likened other public health practitioners and all the other organizations that populated the crowded health arena but operated independently of the AMA to so many technicians, artisans, and unskilled laborers who wanted to build a house without an “adequately educated, experienced, and trusted architect.” The “architects” in this instance were AMA-sanctioned private physicians. These types of articles were typical of the medical establishment’s attempts to use propaganda to monitor the borders of private medicine. The message to public health officialshammered home time and again in AMA journals was to know your place, and to stay in it. The expansion of federal aid for rural public health development, national park sanitation, and other interagency federal health programs during the 1920s continuously blurred the lines that delimited exactly where that “place” was.

When Hoover entered the public health arena in the early 1920s as Commerce Secretary, he was oblivious to the fraternal connections that had long existed between the Public Health Service officials and the grassroots health networks. Confident of the logic and correctness of his own plans, he made a series of gross miscalculations when he engaged the public health fraternities. At both the national and state level, public health officers were more concerned with increasing their professional legitimacy rather than furthering the kind of voluntarist efforts on
which the Hoover program relied. Hoover not only lacked medical expertise, he was also an outsider. He got off to a rather inauspicious start with public health officials when he announced plans for his 86-city survey, the centerpiece of his American Child Health Association (ACHA) program. As noted in the last chapter, Hoover intended to use the survey to identify what health problems existed in the cities surveyed and provide that information to local health officers. He was preaching to the choir.

Hoover needed to look no further than the ACHA executive committee before he encountered resistance to his proposal. Dr. Charles Winslow, a respected Yale professor, who at the time was both a member of the ACHA executive board and leading member of the American Public Health Association (APHA), protested to Hoover during a December 1923 meeting that the APHA and the Public Health Service had already initiated similar surveys. Winslow “made an urgent plea” that any such work should be coordinated with those groups, and he alluded to a meeting the Surgeon General had scheduled the following week to insure coordination among health organizations. Dismissing Winslow’s concerns, Hoover stated that he expected to attend the surgeon general’s meeting and insisted that not only was the nation’s chief physician supportive of his plans, but that he had promised Hoover full cooperation with the ACHA survey. Winslow, however, persisted and attempted to get the ACHA board to agree to a resolution promising coordination with other groups, but, outnumbered by Hoover lieutenants, Winslow’s pleas fell on deaf ears. After a tense discussion between Winslow and Hoover’s men, the executive committee voted on and carried a motion “to make every effort” to coordinate work with the APHA, the Children’s Bureau, and the Public Health Service.²⁶ In reality, the measure of that effort was likely to be how well the other groups acceded to Hoover’s plan and not the other way around.

²⁶ Financial E.M. Flesh Files, Minutes of Meetings 1923-1924, Box 12, ACHA papers
Hoover never made it to the Surgeon General’s meeting. Rather, as was his style when the potential for “unpleasantness” loomed, he sent his proxies instead. The eclectic group consisted of: two of Hoover’s close associates, Christian Herter and George Palmer; Col. Henry Beeuwkes, who, at the time, was on loan to the ACHA from the war department; Samuel J. Crumbine, who joined the ACHA as Director of Medical Service but in this instance also represented the Conference of State and Provincial Health Authorities of North America; and the ACHA executive director, Courtney Dinwiddie, for whom Hoover had little regard. Apart from Hoover’s people, the meeting attendees comprised a who’s who of 1920 health officials, representing the Public Health Service, the American Public Health Association, the Red Cross, the National Health Council, the American Social Hygiene Association, the Council on Health and Pubic Instruction of the American Medical Association, the Bureau of Legal Medicine of the American Medical Association, and the National Committee on Mental Hygiene. Also in attendance was John Ferrell of the Rockefeller International Health Board. Only two of the attendees were women: Elizabeth Fox of the Red Cross and Grace Abbott of the Children’s Bureau. A majority of these people would eventually hold key assignments on White House Conference committees, but on this occasion, most of them perceived Hoover’s group as unwelcome interlopers. As Hoover likely anticipated, the meeting was not pleasant. The representatives of other public health organizations took umbrage at the ACHA’s planned survey and commented repeatedly on the unilateral nature of Hoover’s refusal to consult other health organizations before undertaking the 86-city survey. In addition to what they considered a wasteful duplication of efforts, they argued that ACHA officials lacked the kind of credibility with local officials that the APHA, Public Health Service, and IHB enjoyed. Moreover, they warned that repeated attempts by multiple organizations to get similar information from local
officials could result in a backlash against all outside health organizations and disrupt current

good relationships between federal and state health officials.27

Hoover’s proxies responded with surprise at the animosity directed at their plans, and, reflecting the arrogance of their president, proclaimed their willingness to have any of the

organizations cooperate with the ACHA.28 Beeuwkes charged that the Public Health officials

held “certain misconceptions” about ACHA intentions, insisting that they had no intention of “going out alone,” but wanted to cooperate, to find appropriate field personnel to conduct the survey, and to compile a questionnaire that reflected the concerns of all the various

organizations.29 What the ACHA delegation left unstated was that cooperation would likely be on Hoover’s terms. The audacity implicit in the ACHA’s offer to allow other groups to work

with them did not sit well with the assembled attendees, all of whom had been involved in public health work long before Hoover arrived. Nor did it end well. The Surgeon General insisted that

the Public Health Service intended to carry on with its survey and invited those organizations willing to help to join them. Hoover’s lieutenant, Herter, stated that it would be impossible for the ACHA to follow such a plan and that he doubted the ACHA could use the LSRM funds in such a manner. After further heated discussion and a brief meeting intermission, the assembly voted that any agency wishing to cooperate with the Public Health Service was welcome to do so.

An exchange between Hoover, the Surgeon General, and Treasury Secretary Andrew

Mellon belied Hoover’s earlier claim to Winslow that his survey had the full support of the

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27 Palmer and Dinwiddie to Conference of Certain National Voluntary Associations with the U.S. Public Health Service on Public Health Administration Studies and Surveys, 5 December 1923, Public Health Service 1923-1924, Box 29, ACHA papers.

28 Emphasis mine.

29 Beeuwkes to Conference of Certain National Voluntary Associations with the U.S. Public Health Service on Public Health Administration Studies and Surveys, 5 December 1923, Public Health Service 1923-1924, Box 29, ACHA papers.
Surgeon General. On the contrary, Cumming bristled at Hoover’s hubris and his refusal to leave the survey to the Public Health Service. Hoover informed him that he intended to carry out the 86-city survey and asked him to acknowledge that the “the Surgeon General’s office entirely approves of the efforts of the Child Health Association in this matter.”30 An indignant Cumming told the Commerce Secretary that not only would his survey duplicate efforts, but his proposal amounted to a blatant intrusion on the Public Health Service’s turf.31 Clearly, Hoover’s interest in controlling the survey outweighed, in some instances, his fabled reputation as champion of consolidation, efficiency, and associationalism.

Used to having his way, Hoover did something that was also typical when he failed to get what his wanted from someone—he went over Cumming’s head. Hoover fired off a letter to Treasury Secretary Andrew Mellon explaining that the ACHA planned a survey of 86 cities and that all he wanted was an endorsement to local officials from the office of the Surgeon General who refused to cooperate. Hoover failed to mention that his organization planned to duplicate earlier work or that a majority of top health organizations opposed the ACHA’s unilateral approach. Instead, he informed Mellon that the ACHA had secured substantial funding in order to conduct the survey and inquired whether he should return the money to the donor—something Hoover was highly unlikely to do. Such a statement was pure bluster and posturing rather than a serious inquiry. After making it clear that he had the money to move ahead with his plan, he chastised the treasury secretary, stating that it was bad policy to expand federal action when private money was available. In closing this completely disingenuous communication, he told Mellon, “Cumming has been most sympathetic” but then observed that he can hardly blame the Surgeon General for his inability to tell the well-funded volunteer groups from those “without

30 Hoover to Cumming, 11 December 1923, Public Health Service 1923-1924, Box 29, ACHA papers.
31 Cumming to Hoover, 19 December 1923, Public Health Service 1923-1924, Box 29, ACHA papers.
adequate resources.” With combined funding from his private charity, the American Relief Administration, and additional financing from the Laura Spelman Rockefeller Memorial, no other organization had either the freedom to act or the budget to match the ACHA.

Not getting the response he wanted from Mellon, Hoover engaged in a further bit of intrigue. He apparently made some inquiries to find a more amenable replacement for the current Surgeon General. Katharine Davis of the Rockefeller Foundation sent Hoover a letter suggesting a friendlier candidate for surgeon general. Hoover passed the recommendation on to both Interior Secretary Hubert Work as well as Mellon. If, as it appears, Hoover wanted to foil Cumming’s reappointment, he failed to accomplish that goal. The surgeon general was a widely respected career Public Health Service officer. He was a Wilson appointee to the top job and had roots that ran deep in both U.S. and International public health circles. He had spent significant time in Europe throughout the war for the U.S. Navy and was at Versailles where he spent time with his old friend and Virginia countryman, Dr. Cary T. Grayson, who happened to be Woodrow Wilson’s personal physician. Cumming not only withstood the Hoover challenge but also maintained his position as the nation’s lead health officer through three Republican administrations, including Hoover’s, and served through the end of FDR’s first term before resigning the post in 1936.

Well-funded and determined to secure a place at the public health policy table, Hoover pushed ahead with the 86-city survey but left the day-to-day logistics of carrying it out to his medical director, Samuel J. Crumbine. His appointment distanced the ACHA executive board

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32 Hoover to Mellon, 20 December 1923, Public Health Service 1923-1924, Box 29, ACHA papers.
33 Davis to Hoover, 31 December 1923; Hoover to Davis, 3 January 1924; Hoover to Mellon, 3 January 1924; Herter to Work, 4 January 1924; Mellon to Hoover, 7 January 1924, Public Health Service 1923-1924, Box 29, ACHA papers.
members from the project, but likely avoided further confrontations with public health personnel. Unlike Hoover and his ARA lieutenants, Crumbine had social and political capital with public health officers at both the state and national level. Crumbine had served as the Kansas State Health Commissioner for twenty-four years before joining the ACHA, and at the time of his appointment was the sitting president of the Conference of State and Territorial Health Officers. Once Crumbine resigned his position as Kansas' state health officer, he could no longer remain president. In response the conference executives appointed him an honorary member, and he continued to have an executive-level working relationship with group. Therefore, he was well acquainted with grasstop health officers and understood the long-time close relationship that existed with the Public Health Service. He was also familiar with the IHB’s county-unit program and had a working relationship with both Covington and Ferrell from his days in Kansas. Hoover initially hired the former Kansas State Health officer to publicize and sell the ACHA’s work to local health officials because he enjoyed the confidence of Public Health Service officials and grasstop bureaucrats; he was an able culture broker and eventually played a far more important role than Hoover had initially intended for the Kansas physician—insuring the success of the 86-city survey.

The survey itself, published in 1925, was the most tangible accomplishment of Hoover’s child health work. Study in hand, Hoover intended to provide consulting services to the states for a fee and to conduct follow-up work in the survey cities. This effort fell flat in states already struggling to match federal funds for various grant-in-aid programs. Even with Crumbine’s influence, Hoover remained oblivious to the economic realities local health officials

36 Memo of meeting between Frank and Rickard, 5 January 1926, Laura Spelman Rockefeller Memorial, 3.01, F2 American Child Health Association, Box 1, Rockefeller Archive Center, Sleep Hollow, New York. Hereafter cited as, LSRM, RAC.
faced. He also apparently resisted any formal association with the IHB, although it is not completely clear why. The most likely reason was his staunch resistance of any kind of federal aid to the states that was a significant factor in county-unit development. Hoover had the luxury of believing that private philanthropy alone was sufficient to address local child and public health problems, because when he needed to raise support, he had only to dash off a carefully crafted letter to the Rockefeller Foundation and the money would be forthcoming. But even that was about to change.

More than any single influence on Hoover’s child health work was his dependence on the LSRM. With the emergence of a new generation of Rockefeller managers in the 1920s, the Rockefeller Foundation itself was in the throes of a major reorganization. The LSRM under Beardsley Ruml shifted away from the assortment of causes it had supported since 1918 to focus instead on the institutionalization of social science research. More critically for Hoover, Ruml ended LSRM funding for both education and public health work, leaving that work to the General Education Board and IHB respectively. In part, the goal was to end redundancy in programs across the divisions of the Rockefeller Foundation, but it also reflected a broader shift in policy to a focus on funding institutional research rather than programs at the grassroots. The issue divided the Rockefeller managers, and although the final reorganization of the philanthropy would not occur until 1928, the consequences for the ACHA were immediate. Just as Hoover had assessed the administration and finances of the ACHA when he first took over, Ruml also spent his first couple of years as LSRM president getting his bearings and putting together his plan to shift the Memorial’s focus to social science research. During that period, Hoover was able to use his personal cachet and relationship with Ruml and the other Foundation managers to

37 Frank to Ruml, 27 December 1924, LSRM, 3.01, Box 1, F1, RAC.
maintain LSRM’s support of the ACHA. Ruml agreed to underwrite the ACHA’s 86-city survey, in part, because he shared Hoover’s passion for statistical surveys. But when Hoover went back to the well in December 1925 for $90,000 to fund survey follow-up work in 1926, the board only agreed to provide $50,000, with the understanding that it would be their final contribution.39

Hoover for the first time confronted the limits of the private philanthropy that had propped up his fantasy in the sufficiency of private contributions as a means to finance solutions to the nation’s increasingly complex social problems. Despite Hoover’s best attempts, after 1926 the LSRM board refused any further support for his child health efforts. The loss of LSRM funds left the ACHA dependent on ARA donations and the small amount of monies the group’s publications generated. The loss of Rockefeller money resulted in a marked curtailment of the ACHA activities. These changes introduced a different dynamic to the relationship between Hoover and the Rockefeller Foundation managers, who for the first time since taking on the ACHA work refused his request. Once he lost the LSRM funding, Hoover remained only tangentially associated with the ACHA. He turned over the executive management of the child health work to the ARA managers and Crumbine, who now served as the organization’s executive director and oversaw the day-to-day running of the operation. With the organization facing with a significantly smaller budget, and with Hoover’s attention focused on a run for the presidency, the overall influence of the ACHA waned.

Then it started to rain. Months of epic rains and a winter of heavy snow had blanketed the nation’s mid section from the Great Plains to the Ohio River Valley throughout the autumn and winter months of 1926-1927. In the spring of 1927 rivers throughout the Mississippi drainage

39 Ruml to Rickard, 12 March 1925, LSRM, 3.01, F2 American Child Health Association, Box 1, RAC.
system spilled out of their banks and by April threatened to inundate the city of New Orleans.  

If the flood portended disaster for millions living along the river’s swollen banks, it was a serendipitous turn of events for Hoover and his presidential aspirations. President Coolidge appointed the Commerce Secretary to manage the disaster. The emergency was a situation tailor made for Hoover’s managerial style, one that highlighted his talents as an administrator and logistician. At his command, once again, was the coercive power of federal government to compel compliance with his policies. He had carte blanche when it came to the public purse and the kind of heart-wrenching, emotional stories needed to convince Americans to contribute generously to disaster relief efforts. For Hoover, the flood was a crisis made to order. He was about to confront the unintended but inevitable consequences that can occur when humans either fail to recognize or ignore the potential impact their activities can have on non-human nature. More critically, in terms of policy, the flood also forced him to confront the nature of the modern state.

Despite the close relationship Hoover had maintained with the Laura Spelman Rockefeller Memorial, he remained strangely uninterested in the work of the IHB, despite the obvious child-health focus of the ACHA. There is evidence that Ferrell had discussed the possibility of taking over the work of the ACHA with Hoover with the intent of shutting it down in 1924, but Hoover apparently declined. Hoover’s lieutenant, Edgar Rickard seemed to have steered him away from any engagement with the IHB work. Soon after Hoover’s meeting with Ferrell, Aida de Acosta Breckinridge, who was in charge of the ACHA’s public relations department, sent Rickard the following assessment of Ferrell: “Dr. Ferrell is a very quiet, retiring, conservative person lacking in magnetism or forcefulness of personality and a poor

public speaker but very sound professionally and technically and universally respected and liked by public health officials throughout the country through his relationship with them as organizer of county health units under the auspices of the Rockefeller Foundation. He was previously an epidemiologist in one of the Southern states. He cannot be considered an ‘eminent’ man but a safe and sound person.”

Three years later, Hoover again encountered John Ferrell. This time, however, the IHB’s national director was not so easily dismissed.

Hoover was in the midst of relief efforts following the 1927 Mississippi Flood when, once again, he appealed to the Rockefeller Foundation for assistance. This was before he first became keenly aware of the extent and the nature of the IHB’s partnership with state health actors. Although Hoover has been credited with developing the county-unit idea, what transpired in the first few days of June 1927 suggests that not only was this not his idea but that he was not familiar with how this program worked. The Mississippi flood experience was a critical turning point in shaping Hoover’s subsequent health policies and the plan he supported at the White House conference in 1930. It was during this calamity that Hoover had his first real encounter with the IHB and the county-unit idea.

Faced with coordinating relief efforts for the Mississippi Flood, Hoover met with George Vincent, president of the Rockefeller International Health Board in New York, to request the Foundation’s assistance. Hoover was seeking an outright financial contribution from the Rockefeller Foundation for disaster relief that did not require matching funds. The Foundation had made such non-matching contributions to Hoover’s World War I relief work. However, in follow-up correspondence, Vincent explained that since the war, the Foundation had moved

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42 Root to Rickard, 22 December 1924, Personnel, Breckinridge, Mrs. Aida de Acosta Root 1923-1924, Box 24, ACHA papers.
away from disaster assistance, trusting that the American people could be counted on to respond generously on such occasions. The Foundation believed that their money could be spent more effectively “for aiding fundamental services of public health and medical education.”\(^{44}\) He explained that one of the fields in which the Foundation had an interest was in the establishment of permanent full-time county health units, and that the Board might look favorably on a request to assist in relief efforts that way. Vincent added that while he believed the Board would be willing to help, they would prefer no public announcement of aid or disclosure of any dollar amount they might contribute, stressing again the Foundation’s wish to remain in the background of these types of efforts and work through the local people at the county level. He told Hoover that the IHB already had people working in the affected areas (Ferrell and Covington, his western director, had been canvassing the flooded area since April) and would be willing to entertain requests from state and county officials along the lines of establishing permanent fulltime county units. In this way, not only would there be immediate relief for areas devastated by the flood, but in the long term counties would have an on-going means of addressing the health of local populations. Vincent further allowed that given the extraordinary circumstances and the likelihood that the counties were in no position to contribute to the establishment of a new unit, the Foundation would be flexible when it came to their usual cost sharing expectations.\(^{45}\) Hoover understood Vincent to say that state officials should apply individually for assistance from the Foundation, but that was not Vincent’s intent at all. Nor was it the response for which Hoover was looking.

\(^{44}\) Vincent to Hoover, 1 June 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44, Commerce Papers, Herbert Hoover Presidential Library, West Branch, Iowa. Hereafter cited as HHPL.

\(^{45}\) Vincent to Hoover, 1 June 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44, Commerce Papers, HHPL.
Ferrell and Surgeon General Hugh Cumming were already in New Orleans planning a
strategy to address the health aspects of the crisis. Cumming convened an emergency conference
of key health professionals at the St. Charles hotel in New Orleans on Sunday, 5 June in order to
work out a cooperative plan of relief to address long-term health problems that might arise as
people began to return to their homes. The day before the meeting he met privately with Ferrell;
Dr. John McMullen, a senior Public Health Service surgeon; Dr. Redden, National Medical
Officer for the American Red Cross; and several Public Health Service officers working with
Cumming. During the meeting, the men decided that the way to move forward was through the
establishment of permanent county health units “on the customary basis of a character such that
the state and county, with limited outside aid, might maintain permanently.” Cumming agreed
to the plan pending final approval of Treasury Secretary Mellon, and the Red Cross’s
representative, Reddin, also enthusiastic, would take the proposal to his superiors. In short, they
would address long-term flood relief using the IHB model and coordinate their efforts with local
health officials and grasstop actors. Their plan served two purposes; it would address the
immediate health concerns stemming from post-flood conditions, and it would provide an
opportunity to expand their on-going work, the establishment of new permanent full-time
county-units. Cumming asked Ferrell “to formulate what to [him] would seem a sound working
arrangement for the consideration of himself, the Red Cross, and the State Health Officers.”

The following day Ferrell, Cumming, and a number of Public Health Service personnel
met with the state health officers gathered at the hotel to present their plan. In attendance at the
meeting were Dr. William Reddin, public health nurse Malinde Havey of the American Red
Cross, Oscar Dowling of the Louisiana State Board of Health, state health officers from Indiana,

46 Memorandum, 4 June 1927, Mississippi Valley Flood Relief Work, 1927 May-June, Box 396,
Commerce Papers, HHPL.
Kansas, Missouri, Kentucky, Tennessee, Mississippi, J.N. O’Neill, sanitary engineer for the Louisiana state health department, and Valeria Parker of the American Social Hygiene Association. Local health officers provided individual assessments of conditions in their locales, and then Ferrell addressed the conference. After commending the state health officers for the work already completed, he pointed out that while the Red Cross was the right organization during moments of disaster, long-term local health programs were the responsibility of both federal and local government.

Ferrell laid out an eighteen-month plan for establishing permanent county units, which, he pointed out, local officials in cooperation with the IHB and the Public Health Service had implemented successfully in over 300 counties (primarily in the West and parts of the South). Ferrell acknowledged that in ordinary circumstances the states and counties would provide fifty percent of the funding, with the remainder contributed on a temporary basis by either the federal government or the IHB. He acknowledged that under the straightened financial conditions resulting from the flood, such a scheme would be impossible. He proposed that for the first year the Red Cross might absorb twenty to sixty percent of a county’s cost, usually twenty-five percent of the total, as a part of their disaster relief, which would reduce the amount the county had to come up with, even if that meant borrowing the money. Likewise, the state could find its portion, also twenty-five percent, using judicious cutbacks in other programs to either fund or provide a significant portion of its share. The difference between the actual cost of establishing the units and what the counties and state could manage to come up with would be shared by the Public Health Service and the IHB. Ferrell also explained that given the multi-state scope of the proposed program, it would require a central administration to oversee the establishment and staffing of the new units. The state health departments, the Public Health Service and the IHB
would cover the administrative costs. He added that if the burden of administration proved too much for even the states to bear, the Public Health Service and the IHB would provide the additional money.

Ferrell’s proposal also included a scheme of cost-sharing to locate, train, supervise, and equip personnel “capable of doing high-grade work.”

Ferrell’s plan, then, essentially reflected the IHB model with some temporary adjustments in the cost-sharing aspects to accommodate the disaster conditions. Conference attendees adopted a resolution agreeing to Ferrell’s proposals “as the best plan for meeting this vast problem.” The IHB, working as it always had, through a negotiated process with local officials and the Public Health Service, took the lead in coordinating post-flood health projects. This model was likely not new to the state health officers associated with the Conferences of State and Territorial Health Officers, and the flood, though devastating, presented state health officers an opportunity to expand their activities in states where parsimonious legislatures would otherwise have resisted calls for larger health department appropriations.

Neither Hoover or James Fieser, Vice-chairman of the American Red Cross, were familiar with the county unit model, and they failed to share the conferees’ enthusiasm for Ferrell’s plan expressed in the resolution. Fieser argued that the Red Cross could not use its disbursements to supplement county or state budgets, as called for in the plan. The agency could only use its funds for disaster relief and nothing more. Fieser contacted Hoover and explained that he was unable to comply with such a request. Hoover also received word of the outcome of the Surgeon General’s New Orleans conference from George Vincent, president of the IHB.

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47 Memorandum, 5 June 1927, Mississippi Valley Flood Relief Work, 1927 May-June, Box 396, Commerce Papers, HHPL.
48 Memorandum, 5 June 1927, Mississippi Valley Flood Relief Work, 1927 May-June, Box 396, Commerce Papers, HHPL.
Hoover, unfamiliar with the county unit work, instead wanted the IHB to provide direct
correction to the Red Cross funds. He sent Vincent a telegram protesting that while he knew
that “in supplication for aid one cannot dictate what should be done,” he not only found the plan
“unworkable from the point of view of Red Cross resources” but also expressed doubt that the
states and the counties could contribute anything at all.\textsuperscript{49} Moreover, Hoover responded by doing
what he usually did when he did not get what he wanted—he went over Vincent’s head to
Raymond Fosdick, asking him to discuss the situation with Mr. Rockefeller. He told Fosdick
that while he “did not wish to override Mr. Vincent’s judgment,” he simply did not understand
the urgency of the situation.\textsuperscript{50} Hoover wanted the Foundation to reconsider their policy and
consider a direct contribution to the Red Cross disaster fund. Fosdick, however, backed Vincent.
He told Hoover that Mr. Rockefeller would not intervene, and he added that the county-unit
scheme “was a fine technical program” and his own investigation of the situation suggested that
states had already assented to the requisite contributions. Fosdick suggested that Hoover meet
with Dr. Fredrick Russell, president of the Rockefeller Foundation, and that he would be happy
to explain “recent developments.”\textsuperscript{51}

After Hoover’s failed appeal to Fosdick, Vincent tried a second time to explain IHB
policy. He graciously acknowledged Hoover’s “wide experience and extraordinary ability in
relief work,” but explained that the IHB had a long history with the county-unit approach and a
working relationship with both the Public Health Service and state health officers. All, he
pointed out, were “heartily in favor of the plan worked out in New Orleans.” “While to you the

\textsuperscript{49} Hoover to Fosdick, 10 June 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44,
Commerce Papers, HHPL.

\textsuperscript{50} Hoover to Fosdick, 10 June 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44,
Commerce Papers, HHPL.

\textsuperscript{51} Fosdick to Hoover, 10 June 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44,
Commerce Papers, HHPL.
machinery that it is proposed to used may seem complicated,” he continued, “it is . . . precisely
the [method of] organization which has long been in existence and which operates smoothly and
efficiently.”

Vincent explained that finding appropriately trained personnel was a greater
concern than finding money. To that end, he explained, the Rockefeller Foundation set up a
public health training facility in Indianola, Mississippi, to supplement their existing center in
Andalusia, Alabama. He told the commerce secretary that the Foundation would bear the entire
cost of training new personnel in an effort to address the overwhelming need in flood-damaged
counties. Hoover, though, remained unconvinced but at least agreed to meet with Vincent’s
superior, Rockefeller Foundation President Frederick Russell.

The red-tape fraternity’s plan to manage the disaster by establishing additional county
units throughout the South was a critical extension of the state-building work these actor-
networks had carried on in the periphery for more than a decade. The meeting with Russell was
a turning point for Hoover. After he and Fieser met with Russell and Vernon Kellogg of the
Rockefeller Foundation, and heard them out, Hoover agreed to go along with the New Orleans
plan. More significantly, thereafter he became a champion of the county-unit concept. It was
during this crisis that the county unit model gained traction with national policy-makers, and the
success of the program convinced Hoover that the cost-sharing and planned obsolescence of the
IHB model offered a credible and, more critically, temporary means of using government and
philanthropy to assist the states in developing public health programs. Moreover, it did so in a
way that seemed to guard against the federal dependency Hoover so feared; aid to any single unit
was limited to three to five years. The flood experience signaled a paradigm shift in the public
health policy of the Hoover administration. More important, the use of deficiency appropriations

52 Vincent to Hoover, 17 June, 1927, Mississippi Valley Flood Relief, Rockefeller Foundation, Box 44,
Commerce Papers, HHPL.
provided a means of sustaining county unit funding without having to engage in the fraught process of getting new public health legislation through both houses of Congress. The lessons of deficiency appropriation funding learned during the disaster were not lost on Hoover and would prove to be the key to Hoover’s ability to maintaining the continuity of county-unit programs for the rest of his administration.

During the disaster relief efforts, Cumming received the Treasurer’s permission to take the $262,000 dollars that Congress had designated for epidemic control in 1928 and use it towards the establishment of county-units in the flood-affected areas instead.53 Given the severity of the crisis, the shift of funds from one purpose to another encountered no congressional resistance. In January 1928, the Surgeon General seized the opportunity the disaster presented to continue the Public Health Service’s contribution to additional county units, not by introducing new legislation in Congress but through supplemental appropriations to the agency’s annual budget. Budget appropriations hearings were much different from legislative hearings. They took place before a small subcommittee; no witnesses appeared but the agency managers to justify their requests for increases to the committee. There were no lobbyists and no press reports of the testimony. The content of the hearing was of a kind we might find on CSPAN in the middle of the week in the middle of the night. The tone of these hearings was relaxed and friendly and, given the scope of federal agency budgets which could run thousands of pages, the committee tended to move quickly from one item to the next if the agency head of bureau chief offered a plausible explanation for the requested increase. What is important to understand is that although a committee member might grill the witness on a particular line item,
requests for budget increases received significantly less scrutiny than normally would in a legislative hearing.

The Public Health Service budget that the surgeon general submitted for fiscal year 1929 contained a line item for an additional $145,000 over and above the usual appropriation for the rural sanitation bureau. This request increased the budget of the rural sanitation division from $85,000 to $230,000 in a single year. Members of the subcommittee questioned the item. Assistant Surgeon General Draper, who was responsible for rural sanitation, related the emergency plan developed in New Orleans the year before. He explained the Public Health Service carried out relief work through the establishment of permanent full-time county units. He provided details about how they funded the units and who participated, and he explained that the work of the previous year remained unfinished due to a shortage of trained personnel. After grilling Draper further, the committee realized that the intended work went beyond the usual definition of disaster assistance. Nonetheless, they approved the request but warned that they were granting the money on an emergency basis. As a result, without fanfare, and in the course of one subcommittee meeting, Cumming and Draper won a nearly 160% increase in the rural sanitation budget, significantly expanding the Public Health Service’s ability to engage in county-unit work far beyond what the previous budget had allowed. Draper appeared before the committee again in May 1928 asking for an additional emergency appropriation of $117,000, which he received, in order to continue county health work for the first six months of the fiscal year beginning July 1, 1929. This brought the total increase in the rural sanitation budget to over 325% of the pre-flood appropriation. Given the circumstances, the increase was easily justified.

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However, in granting the request, committee member William Wood suggested to his colleagues, “the only trouble is we are establishing some very dangerous precedents by doing this sort of thing.” Draper assured the committee that this additional appropriation would allow the Public Health Service to fulfill its commitment to the New Orleans plan.

Though not an overwhelming concern at the time, such crisis-based budget increases would become a powerful tool for quietly expanding the administrative capacity of the Public Health Service. Initially, the surgeon general justified these annual increases as responses to the flood, but, quickly, the success of the county unit program in the disaster response itself became justification for further federal expansion of the program to other areas of the country.

Following the repeal of the Sheppard-Towner Act in June 1929, Hoover and the Surgeon General turned to deficiency appropriations to replace the federal funds the maternity act had generated that had been critical to maintaining the county-unit programs in the periphery.

Shortly after Hoover took office, the drive to expand the county unit system became bound up with Grace Abbott’s fight to save, and later to resurrect, the Sheppard-Towner Act and western state health officers’ need to replace the federal maternity funds that threatened to collapse the region’s nascent health infrastructure. In the two years leading up to the repeal of the Act, Children’s Bureau supporters had already introduced six bills in Congress, without success. Hoover, now sold on the county-unit system, firmly supported the continuance of maternal and infant health programs, he was equally clear that they should be part of a comprehensive county health program. Rather than support a reinstatement of the original

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56 House. Hearing before the Committee on Appropriations on Second Deficiency Appropriation Bill for, 1928, 70th Cong., 1st sess., April, 1928, 468.
Sheppard-Towner Act, he did what he always did when he wanted to popularize his policies: he called a conference of experts with the goal of building support for a rural health program that included maternity and infancy work as part of a comprehensive county-unit program. In June of 1929, he made plans for a White House Conference on Children.

As with any project he undertook, Hoover looked for private funding and a trusted friend to run the affair on whom he could count to carry out his policies. He turned to the ARA to fund the conference and named his secretary of Interior Ray Lyman Wilbur as conference coordinator. Hoover and Wilbur shared a close and lifelong friendship dating back to their days at Stanford. Wilbur was a physician and former president of the AMA. Historians have emphasized Wilbur’s ties to the AMA as a casual factor in Hoover’s plan to transfer maternity and infancy work to the Public Health Service, but in terms of institutional representation, the AMA representatives were a late addition to the 1930 planning committee. Moreover, the conference planners initially had excluded them. Pre-conference correspondence among the principal planners shows that the conference planners only reluctantly added AMA representatives after much discussion.58

Moreover, their eventual inclusion was the conference organizer’s attempt to avert any potential AMA opposition that might otherwise result if the planners ignored them. This is a case where distinctions among the various medical fraternities are critical for understanding how policy played out. A number of physicians, who happened to be AMA members, served on Conference committees, but they generally had stronger professional connections to the bureaucratic networks embedded in public health cost-sharing initiatives and also strongly supported further expansion of the IHB county health unit model. Subsequent to the White House Conference, a

58 Rickard to Barnard, 18 September 1929, White House Conference on Child Health Correspondence General 1929, Box 47, ACHA papers.
number of these physicians would find themselves opposing the AMA’s position on legislation for rural and maternal health as it made its way through Congress.

This type of resistance to AMA representation also does not seem to support the idea that Wilbur, as chairman of the White House conference was acting at the behest of the AMA. His loyalty to Hoover notwithstanding, Wilbur’s position as secretary of Interior suggests he may have had more immediate reasons to support the transfer of maternity and infancy work to the Public Health Service. When he took the helm of Interior, Wilbur inherited an Indian Service under attack from reform groups, and he did so in the middle of a major Indian agency reorganization. During the 1920s, the Indian Health Service became the focus of intense criticism for the horrific conditions on Indian reservations and boarding schools, the result of nearly fifty years of failed assimilation policy. Wilbur’s predecessor, Hubert Work, also a physician and past president of the AMA, took over the Indian Health Service after the Teapot Dome scandal. Commissioner Work sought the assistance of the Public Health Service to reorganize the archaic and dysfunctional medical service. Through bureaucratic fiat, the Surgeon General detailed Dr. Marshall Guthrie of the Public Health Service to serve as Chief Medical Director of the Indian Health Service. Guthrie attempted to improve the level of professionalism in the service. He increased salaries, provided opportunities for career advancement, and offered broader better benefits.59 When took over, he established four medical districts, each with it own field supervisor who served as a liaison between the IHS, state health officials, and Public Health Service personnel. The Public Health Service, for the first time, detailed their nurses to work cooperatively in states where there were significant Indian populations. While Guthrie professionalized the personnel of the service, conditions improved little in Indian country.

These cooperative arrangements between the Public Health Service and the Indian Health Service followed a form of cost-sharing as well, but instead of using a public-private partnership, they relied on the existing budgets of the two federal agencies. By 1926, the Public Health Service detailed their nurses to do maternity and infancy work among Indians, with the Indian service assuming the cost of their salaries. As part of his efforts to professionalize the Indian Health Service personnel, Secretary Work held a series of meetings in January 1926 to invite cooperation of professional health organizations. Through these efforts the county-unit model spread to the Indian Health Service. One of Commissioner Works first meetings was with IHB director John Ferrell. Work wanted the IHB’s assistance in revamping health care delivery in Indian Country, but after the USDA-GEB controversy, the philanthropy declined to work directly with any federal agency. Ferrell, however, suggested the Indian Health Service cooperate with state health officials where county units existed in locations with significant Indian populations. Work followed Ferrell’s advice, and later that month convened a meeting to set up a cooperative health program modeled on the county-unit system. In attendance at the meeting were Grace Abbott of the Children’s Bureau, Ferrell, of the IHB, the state health officers of Oklahoma and New Mexico, and their child hygiene directors.60 Subsequently, in at least four western states, maternity and infancy work had been part of cooperative efforts between the Public Health Service, the Children’s Bureau, and the state health departments where there were significant Indian populations. When Wilbur took over as Secretary of the Interior, he continued the efforts to professionalize the Indian Health Service, which involved cooperation and resource sharing among the state health officers, the Public Health Service, and the Children’s Bureau.

60 Memorandum, 8 January 1926, F13, Box, 2:200, RF, RAC. Note: Between the Work and Wilbur administrations, Roy Owen West served a seven-month term from July 1928 to March 1929 before Hoover replaced him with Wilbur. Despite Work’s attempts to improve conditions in Indian country, it was too little, to late and Work resigned under pressure from Indian reform advocates in July 1928.
Therefore, it is reasonable to conclude that Wilbur, as chairman of the White House Conference, was not doing the bidding of the AMA but was supporting a program of which both he and Hoover both approved and with which they already had direct experience.

The repeal of the Sheppard-Towner Act hit county unit programs in the West particularly hard, and they looked to the Hoover administration and the IHB to address the situation. The loss of federal funds threatened to collapse the region’s nascent health programs. By 1929, western health departments had become dependent on the federal Sheppard-Towner funds not only to continue maternity and infancy work, but more critically because those funds, in combination with IHB contributions, had been instrumental in developing comprehensive county-based health programs. The principal state bureaucrats who comprised local and regional bureaucratic networks, and who were wedded to the Rockefeller International Health Board’s county-based model, first appealed to Platt Covington, John Ferrell, Surgeon General Hugh Cumming, and Assistant Surgeon General Draper in an effort to replace the lost federal funds. In response to both state bureaucrats and their own field personnel, the surgeon general appealed to Hoover to find a way to make up the federal shortfall. Cumming likely already had discussions with Ferrell, but the Foundation insisted that requests for assistance would always have had to come from outside the Foundation. In early August, Hugh Cumming visited Hoover at his presidential retreat in the Shenandoah Mountains. There, he sought, and received, the president’s permission to appeal to the Rockefeller Foundation. On August 27, 1929, Fredrick Russell, president of the Foundation had a confidential meeting with Cumming. Russell

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61 A.N Crain to Ferrell, 8 October 1928, F52, Box 6, 247(1928), RG 2, RF, RAC; T. B. Beatty to Ferrell, 10 September 1928, F56, Box 7, 250(1928), RG 2, RF, RAC; Park Jenkins to John Ferrell, 11 August 1927, F3667, Box 289, 1.2, RG 5, RF, RAC; Ferrell to Covington, undated letter, F107, Box 13, S200, RG 2, RF, RAC; A.N Crain to Ferrell, 8 October 1928, F52, Box 6, 247(1928), RG 2, RF, RAC; T. B. Beatty to Ferrell, 10 September 1928, F56, Box 7, 250(1928), RG 2, RF, RAC; Park Jenkins to John Ferrell, 11 August 1927, F3667, Box 289, 1.2, RG 5, RF, RAC.
proposed increasing the rural health portion of the Public Health Service budget to $500,000 for fiscal year 1929-1930 to make up for the lost maternity funds, and, in return, the Rockefeller board would match the increased federal appropriation in order to continue the establishment of new rural health units. Hoover, attempting to address the crisis at the state level, agreed to Russell’s proposal and directed Surgeon General Hugh Cumming to request the increase.62 At the very time that the White House Conference was underway, the surgeon general testified before a House appropriation hearing in 1930. He confidently stated that the Rockefeller proposal to cooperate with the Public Health Service and the states would be the recommendation of the public health section report, and that an agreement to that effect had been reached between himself and the Foundation during “an informal conference.”63 Cumming appeared to have little sense of the firestorm that the recommendations would set off when Abbott and her supporters learned of the subcommittee report. Not only had the plan to transfer maternity and infancy work to the Public Health Service long been on the table. Secretary of Labor, James Davis, had informed Abbott of this plan when it was still in the formative stages.

Prior to the 1930 White House Conference, Hoover already had much of what he wanted. For the two years between the repeal of the Sheppard-Towner Act and the first battles over reinstatement leading to the 1930 White House Conference, western and southern states had continued to develop new county health units based on informal agreements between the IHD (formerly IHB), the surgeon general, state health authorities, and the Hoover administration. The principals involved had concluded their negotiations informally and enacted their policies through bureaucratic fiat, and they were based on the model of federal-state relations that red-

62 Cummings to Hoover, August 27, 1929; Hoover to Cumming, August 28 1929, Presidential Papers, Maternity Legislation Correspondence 1929-1930, Box 195, HHPP.
tape fraternities had developed and fine-tuned since Congress passed the Smith-Lever Act. Working through their long-established bureaucratic networks, public health officials at the grasstops used increases in their existing budget appropriations to effectively maintain continuity of county-unit programs throughout the congressional battles of the early 1930s. The primary difference in funding county units after June 1929 was that the source of the federal contribution came from requested supplements to the Public Health Service budget rather than from the Children’s Bureau. Cumming continued to justify his budget increases as crisis-based stop-gap measures. What was needed was new legislation that would provide support for county units suffering from the loss of the Sheppard-Towner funds. When the Hoover administration proposed legislation to replace the lost maternity funds, it reflected the what he knew was already in place at the grassroots—a public private partnership between the IHB and the Public Health Service based on the comprehensive county-unit model of which maternity and infancy work was a part.

Reconsidering the events that occurred at the 1930 White House Conference from a viewpoint other than that of women reformers provides a fresh interpretation of this important moment. The White House Conference, itself, was typical of what Hoover did when he wanted a public endorsement of a policy he supported—he called a conference and gathered experts. In this case, he wanted to institutionalize the county-unit model with which he became acquainted with during his experience with the flood. Not only is there not any evidence that as an institutional force Hoover—or Wilbur—acted on behalf of the AMA, there is also little evidence that Hoover paid enough attention to the Children’s Bureau that it would have occurred to him to target the agency. On the contrary, Hoover, working as he usually did through intermediaries, Secretary of Labor James Davis and Edgar Rickard, had attempted to gain Abbott’s support for
the county-unit model a year before the conference. Abbott at first insisted that while such a plan might work in the rural backwards states of the South and West, but she argued that public health in the East did not function on a county basis. She suggested that the Children’s Bureau control maternity programs in the East, while the Public Health Service continue to manage the states where county based health existed. She was uncompromising and scheduled a meeting with Hoover. Hoover, convinced that the county-unit model was workable on a national basis refused Abbott’s compromise suggestion. Unable to persuade Abbott, Hoover responded to her much as he had to Sally Lucas Jean, Courtenay Dinwiddie, and anyone else who did not comply with his policy goals: he ignored her and plowed ahead with his plans.

The White House Conference reflected Hoover’s administrative style in other ways as well. As in his earlier child health work, Hoover financed the conference with private money. Part of it came from the ARA Children’s Fund and part from the Rockefeller Foundation, although the philanthropy’s contribution was used to finance state-level cooperation with the Public Health Service and local health authorities. In planning the White House Conference, Hoover, as always, placed his closest confidants in positions of power. In this case he appointed Wilbur, his Secretary of the Interior, conference chairman. Wilbur, himself a physician, was not only a member of the medical profession, but through his work as Interior secretary, he was already familiar with the county-unit idea Hoover favored and supported the inter-agency cost-sharing programs between the Public Health Service and Indian Health Service. The executive committee of the conference over which Wilbur presided was also controlled by medical professionals with whom he had established long-term relationships and who for the most part had been central to state-level activities in principal conference positions. In the final analysis,

64 Davis to Hoover, 29 November 1929; Abbott to Davis, 25 November 1929, Maternity Legislation Correspondence 1929-1930, Box 195, Hoover Presidential Papers, HHPL.
the policy outcomes which Hoover supported were not new; they mirrored the \textit{de facto} policies already operational in places where the Sheppard-Towner Act had functioned less critically as a “women’s reform” than as a funding tool for broader state-building activity.

Scholars who have assessed the post-repeal efforts to resurrect the Sheppard-Towner Act concur that both Hoover’s and Abbott’s legislative attempts ultimately failed, but that was not really the case. Although Congress failed to pass new legislation continuing the purposes of the maternity act, by working within the agencies and committees of state itself, Hoover, in concert with the Rockefeller managers and public health officials, maintained the maternity and infancy programs using annual supplemental increases in the existing Public Health Service budget. This line item remained a regular part of the Public Health appropriation until the passage of title VI of the Social Security Act in 1935 eliminated the need to fund this item annually. Under Titles V and VI, Congress institutionalized programs \textit{already in place} and already under the administration of state health officials. Moreover, local health officials would maintain administration of the programs much as they had been doing on the periphery since the early 1920s. Despite all the conjecture historians have offered regarding why Hoover was suddenly willing to support the expansion of the Public Health Service, given his well-publicized preference for private over public solutions, the debate has centered primarily on who he supported rather than what he supported.\footnote{Chepatis, “The First Federal Social Welfare Measure,” 278; Costin, \textit{Two Sisters for Social Justice}, 167; Kimberly S. Johnson, \textit{Governing the American State: Congress and the New Federalism, 1877-1929} (Princeton: Princeton University Press, 2007), 151; Ladd-Taylor, \textit{Motherwork}, 189; Lindenmeyer, \textit{A Right to Childhood}, 103; Muncy, \textit{Creating a Female Dominion}, 146.} But in this instance, to understand what he supported holds far greater explanatory power about his actions, because in almost every detail, save the source of federal funds, the legislation that Hoover eventually championed mirrored the way in which local bureaucratic networks had used the Sheppard-Towner Act as a state-building
mechanism in western and southern states. His willingness to embrace an expanded role for the Public Health Service was not a decision he arrived at easily, but was forged through a series of contested fraternal relationships with a host of public health officials and the Rockefeller managers.
On Capitol Hill, a few miles from where President Hoover’s White House Conference on Children was underway, a six-member house subcommittee convened a hearing on the treasury appropriation bill for the fiscal year ending 1932. In an exchange that could not have lasted more than fifteen minutes, Assistant Surgeon General W. F. Draper, who was responsible for rural health and sanitation programs quietly outlined for the small committee his office’s plan to continue carrying out child-health services as part of comprehensive county-based health units. The program that he defined that day was based on a grant-in-aid cost-sharing formula between the Public Health Service, the Rockefeller Foundation, and state health officers. Draper quietly asserted that “the great conference going on here in Washington,” would produce just such a recommendation.¹ The sedate appropriation hearing could not have provided a more marked contrast to the unrest broiling under the surface among Abbott and her supporters across town. Apart from providing a different perspective on the events that unfolded that day, these two meetings place in stark relief what red-tape fraternities understood about where power was centered after 1914 in a way that Abbott’s coalition did not. Grants-in-aid altered the landscape of state-building and shifted policymaking to a new set of political actors who functioned largely apart from the familiar centers of power in Washington and party politics.

Using agricultural development, medical professionalization, and women’s reform as my lens through which to understand the political and social processes that shaped the modern

administrative state, I have argued two main points in this dissertation. My first point is that the modern state can not be understood apart from the grant-in-aid template developed in the southern agricultural programs of Seaman Knapp and later institutionalized in the Smith-Lever Act. The act was far more than just a watershed piece of farm legislation; Smith-Lever represented a paradigm shift in American statecraft. Grants-in-aid legislation matched Congress’ newly expanded power to tax under the sixteenth amendment with an equally expanded power to spend. Legislators, using a broader and more abstract interpretation of the general welfare clause could now fund federal aid projects for anything they could reasonably justify as contributing to overall welfare of the nation. Grants-in-aid became a formula for the rapid expansion of the modern state.

The mandatory cost-sharing aspect of grants-in-aid was a second important departure from earlier aid legislation with two important consequences: it expanded the level of federal control to shape the broad outlines of the new statutes Congress passed based on this model of state-building, and it tied state-level actors to federal programs in a way that earlier federal aid legislation had not. The details of implementing federal programs after 1914 were left to the federal agencies and the states. Federal actors, however, could only shape the broad outlines of a particular programs; the states remained free to implement programs at the state-level—and they did, but not always in the way Congress or even federal actors had envisioned. Therefore, while grants-in-aid increased federal power, it shifted enormous power to a new set of state-level managers who became powerful political actors in their own right.

The second point I have argued in this dissertation is that the modern state facilitated the rise of a new class of highly-mobile, autonomous, bureaucratic managers who become the core group of actors who shape modern state policy, and whose activities force us to reconsider where
power is centered, after 1914. They were part of a managerial workforce whose activities were shaped as much by the new state structure as they were by broader cultural changes in American society. This highly mobile segment of the bureaucratic workforce spent more time in their cars than in offices and conducted substantial portions of their business through a vigorous correspondence. When they met they often did so in places outside the usual office settings and board rooms—often in places associated with male leisure activities.

The importance of this new class of managers can not be understated. Scholars have made much of the power of “interlocking directorates,” the implication being they acted as quasi-conspiratorial cabals of backroom dealing makers. This has not been borne out in my research. Neither the board of the Rockefeller Foundation, nor the executive board of Hoover’s American Child Health Association were part of the core group of people around Hoover who actively shaped his policies. Hoover’s policymaking and his well-known use of commissions, associations, and conferences served only as so much window dressing for policies that he and his inner circle had negotiated and defined elsewhere. Hoover’s policies were decided in places like Rapidan, in the Shenandoah mountains or the University Club in New York City. Likewise, the policies of the fraternal coalitions shaping health policy took place in Montana fishing cabins, after associational meetings.

These fraternal coalitions had a much earlier provenance in the fraternal organizations and associationalism of the nineteenth century, where a small elite leadership defined memberships and policies, not in open floor debates, but small meetings apart from the rank-in-file members. Hoover’s associative state was only a later iteration of a form of corporate activism. The job of the core-members was to sell a program to the rest of the membership. Public Health officials followed a similar protocol at the meetings of the American Public Health
Association and the Conference of state and territorial health officers as did the American Medical Association. In the late twenties and the early thirties the presidents of the American Public Health Association and the Conference of State and Provincial Health Officers were members of the group who had met together in the Madison River fishing cabin. If they did not serve in office, they were the keynote speakers at national and regional meetings, who defined for the rank-and-file the policy agenda of the respective organizations they addressed. While red-tape fraternities exploited existing patterns of male sociability, they developed in response to a number of emerging new cultural patterns in American culture more broadly and were a distinct and new adjunct of the modern state.

More critically, red-tape fraternities also had a critical impact on the advances women were making in the early twentieth century. While they made important in-roads in federal agencies and board rooms of private and public organizations, they remained excluded from the male homosocial venues that the core policymakers who comprised red-tape fraternities used as alternatives to increasingly feminized workplaces and associations. As such, women like Abbott, though able to generate letter writing campaigns to members of Congress from a broad spectrum of women’s organizations, operated largely outside of the informal networks that developed the capacity to shape policy in the modern state. The consequences of this culture of exclusion meant that as the 1920s drew to a close, despite an increasingly visible female presence as heads of agencies, members of boards, and embedded in strong homosocial networks of their own, they found themselves increasingly locked out of formal power politics. Red-tape fraternities need to be recognized by scholars because they force us to reassess how successful Progressive Era female reformers were.
A frequent post-script in the historiography of the Sheppard-Towner Act focuses on women’s contributions in framing the child-welfare programs of Title V of the 1935 Social Security Act. The women outlined a bold expansive program to address the social problems of women and children and designated that the Children’s Bureau was the appropriate agency to administer them. In the end, however, the programs they advanced were sculpted and refined along the lines of the cost-sharing model that had now served as the basis for federal cooperation with the states for two-decades. Nowhere was this truer than for the health programs under Title V of the Social Security Health reforms, which reinstated maternal and infant health programs, but this time the agency designated to administer them was the United States Public Health Service. Title V does not, however tell the whole story. It is Title VI that suggests the framework in which they would play out—as part of a comprehensive, county-based system of public health. Title V, in other words, can not be understood apart from Title VI, because the health programs of the Social Security Act effectively institutionalized the county-based system that red-tape fraternities had shaped and maintained throughout the 1920s. The same holds true for most of the expansive programs that survived the 1930s. To understand the state that was put in place in 1935, it is first necessary to understand the state put in place in 1914.

As for prognostications on the ACA . . . well, the pages of a history would hardly be the place.

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