

From New York City Industrial First Aid Rooms to Southern Cotton Mill Villages:
Lillian Wald and the Development of the Industrial Nursing Specialty, 1895-1925.

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Abstract

The purpose of this study is to describe and analyze the origins of industrial nursing, as envisioned by nurse Lillian D. Wald and other Progressive Era leaders. Building on prior research of industrial reform and corporate welfare work, this study follows the progress of the development of the industrial nursing role from Wald's inception and vision of industrial nursing practices to the experiences of rank and file industrial nurses in the South, and examines the influences that shaped those practices. This research also incorporates a case study to analyze the development of the industrial nursing role in a southern textile mill in Greensboro, North Carolina between 1895 and 1925.

The researcher used historical methods with a social history framework for the development of research questions, data collection, and data synthesis. Research questions included: (1) What are the origins of the industrial nursing specialty? (2) How did Lillian Wald envision the role of the visiting nurse in industry? (3) How did industrial nursing develop in the post-Reconstruction South, within the context of race, class, politics, and economic renewal? (4) How was the industrial nursing role applied at Cone Mills, a textile mill company in Greensboro, North Carolina? (5) How did industrial nurses operate within the corporate welfare system at Cone Mills?

Primary sources included archival data from: the New York Public Library Archives; the Smithsonian Historical Collections Lewis W. Hines Child Labor Photograph Collection; the Wirtz Labor Library at the U.S. Department of Labor; the National Archives College Park, Maryland; the University of North Carolina Southern

Historical Collection, Cone Mills Corporation Records; East Carolina University Archives; and the Baltimore Museum of Art Claribel and Etta Cone Papers. Secondary sources included published and unpublished manuscripts, books, and dissertations.

At the opening of the twentieth century, explosive growth of American industry changed how people lived and worked. Individual health suffered due to the transition to urban life and the effects of industrial work. Throughout the Progressive Era stakeholders battled over public versus private responsibility for workers' health and safety, often putting the companies at odds with state and federal government programs. Workers and reformers demanded that the employer take on the burden of providing a safe work environment. These economic changes, societal shifts, and political movements affected nurses' work. Industrial nursing's identity and agency were intricately tied to industrialization and economic growth. Nurses, led by Lillian Wald, positioned themselves to play a key role in improving the workplace. The dissertation's significance lies in the study of historical antecedents to current occupational health issues in the United States and developing countries.

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Chapter 1

Introduction, Methods, and Data

Industrial Nursing and the Rise of Corporate Welfare Programs

Concurrent with the rise of industry in the United States, was the rise of industrial nursing. Industrial nursing evolved within the public health nursing movement and was first established in northern factories and businesses in the late 1800s.¹ As the nation adopted mass-production processes in the post-Reconstruction period, industrial nursing and corporate welfare practices emerged in company towns and mill villages. Although much has been written about the textile industry and its workforce, the story of the industrial nurses in the North and South remains untold. For the most part, labor historians have ignored the dynamic role of the industrial nurse within the corporate welfare structure.² This research begins to fill this gap in southern nursing history literature while simultaneously acknowledging Lillian Wald's leadership and innovation in forwarding the industrial nursing practice in New York City and across the nation.

In the early twentieth century, industrial leaders utilized strategies, such as housing and health services, to increase the productivity of employees and encourage them to remain on the job. The owners of private industries adopted the corporate welfare system to attract new workers. They hired nurses and physicians to provide essential medical services to their employees in the industrial setting. Some of the earliest corporate welfare programs established in the large southern textile mills provide excellent examples of this system.

Public health nurse leaders, such as Lillian Wald who opened the Henry Street Settlement of Visiting Nurses in 1893 in New York City, were among the first to demand health reform and safety measures in American industry.³ Wald worked as a public health nurse and realized that the poor, industrial workers often received no health services.⁴ Wald's Henry Street Settlement visiting nurses often came in contact with the harsh realities of industrial conditions.⁵ In 1915 Wald wrote of her early experience at Henry Street, "I should like to make it clear that from the beginning we were most profoundly moved by the wretched industrial conditions which were constantly forced upon us."⁶ Thus the consequences of poor living and working conditions, prevalent throughout the Lower East side, drove Wald's desire to reform working condition, specifically child labor, long working hours, industrial accidents, and poor sanitation.⁷ Wald's work undoubtedly influenced the development of the southern industrial nurses' roles as industrialization spread to the South.

As the South recovered from the financial devastation of the Civil War, businessmen sought to modernize the southern economy. The southern states with their abundant resources and limited labor laws were in an excellent position to attract manufactures. Industrialists established large textile mills throughout what was known as the rural Piedmont South, an area stretching from central Virginia through central Alabama.⁸ The textile industry reshaped the broken agricultural economy of the South into successful manufacturing regions. As the southern textile industry grew, the demand for labor increased; by 1900, mill recruiters, having exhausted the local labor supply, traveled to rural regions of Appalachia to recruit poor whites. As entire families, and single men and women moved to the regions near the textile mills seeking work, the mill

owners built villages around the mills to house the influx of migrating workers.⁹ Cone Mills in Greensboro, North Carolina, was one of many textile villages that appeared in the state between 1895 and 1925.¹⁰

Mill recruiters attracted widows and single mothers desperate for work. Historian Patricia Hill wrote that in North Carolina, “By the mid-1910s 34.2 percent of women and 37.3 girls ten years or older worked for wages outside of the home.”¹¹ Even after the Sheppard-Towner Act of 1921 created mothers’ aid benefits for needy women in North Carolina, two out of three mothers worked to supplement their state support. This research focuses primarily on white families, who made up the majority of the southern textile mill workforce. While white women worked in the textile mills making up more than half of the textile labor in North Carolina, most mills excluded black women, leaving them in domestic service positions and agricultural jobs.¹²

The convergence of a large industrial population into textile mill towns created social, public health, and safety concerns. Mechanization of the spinning and weaving process and worker fatigue introduced factory workers to a host of serious injuries. Public health concerns included health education, contagious diseases, village sanitation, and access to care for the working poor. Social concerns included the exploitation of workers through long hours and low wages, and the overuse of child labor.¹³

Noticing that poor health of their employees and worker discontent negatively affected industrial productivity, mill owners sought solutions. To improve productivity and maintain a healthy workforce, owners established welfare departments in the mill villages. Some mill welfare departments included doctors, nurses, and social workers and

provided a variety of health services. Nurses played a key role in these corporate welfare systems.

Research Design, Methodology, and Scope

Traditional historical methods with a social history framework were used for the development of research questions, data collection, and data synthesis. Research questions included: (1) What are the origins of the industrial nursing specialty? (2) How did Lillian Wald envision the role of the visiting nurse in industry? (3) How did industrial nursing develop in the post-Reconstruction South, within the context of race, class, politics, and economic renewal? (4) How was the industrial nursing role applied at Cone Mills, a textile mill company in Greensboro, North Carolina? (5) How did industrial nurses operate within the corporate welfare system at Cone Mills?

This dissertation research used a grass-roots and multi-lens approach in order to examine the perspective of the nurse, other members of the mill's industrial welfare department, the mill workers and families, and the mill owners.¹⁴ The study included supporting photographic evidence from the Cone family archival data, including hundreds of photos of the mill villages in North Carolina. Examining individuals and groups illustrated how nurses responded within the context of their circumstances. Nurses operated within a complex matrix of race, class, and gender in the southern corporate welfare systems and they too left their mark on the social structure.

This research is organized chronologically and topically. The study encompasses the time period 1895 to 1925 because the mills pertinent to this research were established in the mid-1890s and became financially successful enough to support welfare

departments and nurses in the following decades. The end point for this research study is 1925 because welfare programs declined in the 1920s due to a shift away from welfare departments to personnel management departments. Also this time period after World War I marks the end of Progressive Era reform, and due to this paradigm shift the industrial nursing role changed. In addition, the economic depression of the 1930s suppressed industry and limited the availability of industrial nursing positions.

This research used primary sources from the Lillian Wald collection on American industrial nursing and sources related to industrial welfare departments in southern textile mills. This study fills a gap in nursing and women's history literature related to women's work in corporate welfare programs in the early twentieth century.

Data from Cone Mills near Greensboro, North Carolina, were used to highlight a practical example of southern mill culture. This particular example provided a unique case study for several reasons. First, Cone Mills developed during a time of economic opportunity in North Carolina following the Civil War. Second, unlike their contemporaries, mill owners at Cone routinely hired both white and black employees for mill work. Third, the Cone brothers established a large industrial welfare department with nurses and a female welfare director on staff. Finally, it was feasible to study Cone Mills because primary data exists documenting the work of industrial nurses and welfare workers over several decades. Although Cone Mills does not represent the welfare practices of all North Carolinian cotton mills, it provided an excellent social history case study regarding the development of industrial nursing in the South.

The information for the case study of Cone Mills was collected from social workers notes, nursing reports, textbooks, period journal articles, personal letters, and

women's clubs minutes, as well as sources related to allied health and physicians' work. Research data including the music of mill workers, mill advertisements, and photographs illustrated everyday life and health in mill villages. These sources provided insight into the role and identity of the industrial nurse as well as the context of time and place in which they operated.

Background and Significance of This Project

In the late 1800s, New England textile manufactures began to lose profits as competition from southern manufactures increased. Owners in New England were unable to compete with companies in the South where workers' age and work hours were not limited and where textile unions did not disrupt production. By the early 1900s, many northern textile mills relocated to the South for economic survival.

The southern textile industry, vibrant in the first half of the twentieth century, declined markedly over the last two decades of the twentieth century in a manner that warrants comparison to the afore mentioned industrial relocation of the early 1900s. For example, in July 2003, a Kannapolis, North Carolina based textile firm laid off 5,450 workers.¹⁵ In December 2000, Cone Mills began closing their manufacturing plants in the United States and relocated to South America and Asia. Cone executives stated, "We've got to go there" in order to supply denim clothing makers who had also "moved production" overseas.¹⁶ This move cut thousands of jobs and benefits to workers in the Piedmont South. Historically large manufacturing firms had provided comprehensive health care benefit packages and on-site medical clinics to their employees (known in the

early 1900s as “corporate welfare”), but as industries closed or relocated overseas workers lost this health care delivery and benefits system.

Human hardships are frequently associated with deindustrialization and capital relocation.¹⁷ Today, both businessmen and individual states continue to shape the movement of companies. Indeed, with economic globalization, manufacturing industries continue to relocate from one nation to another in search of the best economic conditions for optimal production. Workers are left behind with poor job prospects and the loss of company benefits. Conversely, individuals living and working in the newly established locations are vulnerable to lax or non-existent health and safety regulations.

The workers in developing countries face the same challenges that Southern mill workers faced a century ago. They are optimistic about the prospect of new work opportunities and the ability to provide for their families, but they are forced to sacrifice their well-being in order to obtain the benefits of their employment. Annually, 317 million accidents and 2.3 million deaths occur world-wide that are related to the victims’ occupation. Developing countries suffer the greatest number of casualties and women, children, and migrant workers are the most at risk for exploitation by employers. The consequences of work related disease, injury, and death place heavy burdens on families.¹⁸

Although workers’ health and safety standards in the United States have significantly improved in the twentieth century, the standards in developing countries are minimal, reflecting the occupational dangers of the late nineteenth century. According to the World Health Organization (WHO) only 15 percent of workers worldwide have access to occupational health services. Internationally thousands of work related

casualties occur daily resulting in the staggering fact that a worker dies from a work-related disease or accident every fifteen seconds.¹⁹

Asia-Pacific countries currently produce 70 percent of the world's clothing and textiles. The textile industry is critical to grow the emerging economies of these nations. The World Health Organization (WHO) estimates that two-thirds of workers worldwide still face living and working conditions that violated labor standards established by the leading global agency the International Labour Organization (ILO). Governments do not invest in these standards because they value economic development over workers' health and safety. They do not want to risk losing buyers if their costs increase due to implementing safety and health regulations.

Healthcare providers and policy makers today face the challenge of improving preventive health care and access to care in vulnerable, underserved working populations.²⁰ The World Health Organization (WHO) and International Labour Organization (ILO) partnered in the early twenty-first century to improve access to care and increase preventive health services for underserved workers. Additional barriers to the achievement of health equity include distance from health services, and the lack of safety regulations in the work environment.²¹

Public and occupational health nurses are well positioned to address access to care disparities in economically depressed regions of the United States and underserved international workers. The 2010 Institute of Medicine Report (IOM) on the Future of Nursing recommends that nurses, "Expand opportunities for nurses to lead and diffuse collaborative improvement efforts," and "The Centers for Medicare and Medicaid Innovation [suggests] the use of nurses in expanded leadership capacity to improve health

outcomes.”²² The American Association of Occupational Health Nurses (AAOHN) has partnered with international labor and health organizations to improve the infrastructure and delivery of preventative health and safety services.²³ Nurses should be equal partners in leading innovative change to promote safe and healthy working conditions in the United States and abroad.

This historical analysis of the factors that contributed to occupational health and safety disparities among marginalized groups in the past will inform modern decision makers regarding the provision of health and nursing services to areas experiencing economic hardship and inadequate healthcare services. It may be especially relevant to geographic areas where industry has declined in recent years as well as for workers in developing countries facing the same challenges that plagued Southern workers in the early 1900s.

Data Sources

Data were collected from the following primary sources.

1. Wirtz Labor Library, the U.S. Department of Labor Washington, DC. The Wirtz Labor Library houses historical data related to U.S. Labor. These collections provided quantitative data regarding the demographics, industries, and occupations specific to textile mill towns in the South during the research time period.
2. Smithsonian Historical Collections, Lewis W. Hines Child Labor Photograph collection. Photographer Lewis W. Hines traveled extensively in southern mill towns in the early 1900s and documented child labor and working conditions in textile mills.

- The Hine's collection provided context and primary images from the mill towns during the time period specific to this historical study.
3. New York Public Library Archives (NYPL). The Lillian Wald papers provided information on Wald's work with the development of the industrial nursing specialty. (Research Call Number Mss Col 3201). The National Civic Federation (NCF) papers provided context and background on the development of private corporate welfare programs in the South during the Progressive Era (Research Call Number E-10 1349). This collection was analyzed for specific connections between the NCF and southern manufacturer associations, and the development of industrial welfare departments.
 4. National Archives and Records Administration (NARA). The NARA College Park, Maryland location houses several record groups that are pertinent to this historical study.
 - a) The Council of National Defense (RG 62). The Council of National Defense established an active subcommittee on home defense nursing specific to the industrial sector during World War I. The industrial nursing subcommittee actively surveyed industrial establishments throughout WWI and gathered quantitative and qualitative data related to industrial welfare and nursing departments throughout the America.
 - b) The National Public Health Service (RG 90) included information on the industrial nursing discipline as it relates to the National Organization of Public Health Nursing. This record group also contains American Red Cross Reports and surveys from southern textile towns.

- c) Records of the Bureau of Labor Statistics, 1885—2004 (RG 257) provided quantitative data regarding the demographics, industries, and occupations specific to textile mill towns in the South during the research time period of interest.
- 5. University of North Carolina, Chapel Hill. Wilson Library Southern Historical Collections. The Cone Mills Corporation records (Collection #05247: Box 5.1, Folder 1208 Nurses, 1240-1242 Welfare Reports; Box 2.1 Welfare Report, Folder 1913). The papers of Harriet L. Herring (Collection #04017) included correspondence with textile mill superintendents and research materials on North Carolinian mill villages
- 6. University of North Carolina, Greensboro (UNCG). The UNCG library holds the correspondence of Pearl Wyche, the first director of welfare work at Cone Mills.
- 7. East Carolina University (ECU). Joyner Library Greenville, North Carolina. Elihu A. White Papers, 1830-1931. This collection contains the monthly and annual reports on welfare work for Cone Mills.
- 8. Baltimore Museum of Art. Baltimore, Maryland. Claribel and Etta Cone Papers, 1885-1949. This collection included correspondence between the Cone sisters and Moses and Ceasar Cone, founders of Cone Mills, Greensboro, North Carolina. Claribel Cone, a Baltimore physician influenced the Cone brothers' to develop the industrial welfare department and hire Pearl Wyche, the first female welfare director.
- 9. American Textile Museum, Lowell, Massachusetts. The American Textile Museum contains primary data sources related to the development of American Textile Manufacturing beginning in the early 1800s. Collections housed here provided background and context for the rise of industrialization in the North.

10. Greensboro Historical Museum, Greensboro, North Carolina. Bernard Cone

Photograph albums. Collection digitized and website “Textiles, Teachers, and Troops” opened April 8, 2014. Available online: <http://library.uncg.edu/dp/ttt/>

Although the history of American labor, both in the North and South, is well documented, the history of corporate welfare programs especially in northern industries has emerged only in the last twenty years. But even this recent focus does not highlight the work of medical departments in general and industrial nurses in particular.²⁴ Secondary sources related to southern industrial welfare programs provide limited background information on the work of these nurses.

Herring’s 1929 *Welfare Work in Mill Villages*, instrumental in writing this dissertation, covered the history of welfare work in 60 percent of the manufacturing plants employing two-thirds or 66,178 of the 97,575 textile workers in North Carolina.²⁵ Herring wrote that corporate welfare in southern textile industries mirrored earlier welfare work in northern states with, “typically southern features.”²⁶ Indeed, the history of welfare work in North Carolina textile mills is not a consistent narrative, but a story of the needs of individual mills. The development of welfare programs depended heavily on the sentiments of the owner, the type of product and its marketing, the type of workers, the rural or urban location of the plant, and the response of employees to the work.²⁷

Herring identified four major conclusions from her study of the history of welfare work in North Carolinian textiles. First, the elaborate nature of formal welfare work in North Carolina was exaggerated. In reality, out of a multitude of mills only three or four established substantial welfare programs. Second, these same three or four mills perpetuated the idea that this type of work was the norm in North Carolina. Herring

found, however, that small measures of informal welfare work were far more prevalent. “This may be philanthropy, it may be paternalism, it may be the much sought after personal touch in industry, it may be unwarranted interference, and control. One may hate it or use it, admire it or scorn and despise it, according to his point of view of his experience with it,” she wrote. Herring’s third conclusion was that public opinion regarding welfare work in the state and the South was positive and just. Finally, there was a tendency on the part of mill owners to join with the state department of public health for the development of their programs. This was significant because at the end of the Progressive Era the public health infrastructure in North Carolina was strong enough to take some of the burden of health promotion away from smaller mill establishments. Close examination of these southern characteristics is important to the analysis of welfare workers’ roles in the South.²⁸

The seminal works of Jacquelyn Hall *Like a Family: The Making of a Southern Cotton Mill World* and Edward Beardsley’s *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* do not provide specific details about nursing roles.²⁹ Both studies referred to Herring’s work which only devoted a total of seven pages to the specific responsibilities of nurses in cotton mill villages of North Carolina.³⁰ None the less, these secondary sources provide valuable information related to the context in which industrial nursing emerged. Each study established the vulnerability of workers in Southern textile mills and the necessity of corporate welfare, thus setting the scene for the story of nurses’ work.

The researcher examined additional secondary literature to understand how and why corporate welfare departments developed, and to determine the role of welfare workers

within the corporate structure. The relationship between employers, employees, and welfare workers was explored in the context of business and economics. In her book, *The Business of Benevolence: Industrial Paternalism in Progressive America*, Andrea Tone provided an updated examination of corporate welfare programs in the United States. Tone explores and interprets the structure and impetus that established company welfare programs. Tone's study analyzed the motivations for creating corporate welfare programs, but described little about health benefits or medical departments.³¹ Nikki Mandell, in *The Corporation as Family: The Gendering of Corporate Welfare 1890-1930*, moves from Tone's foundational research to analysis of the female welfare worker's role and relationship within organizations. Mandell identified the ambiguous role of female welfare workers during the Progressive Era and argued that at times welfare workers were given complete control and authority over welfare programs. Yet just as it had given the workers control, the company could as swiftly retract and redirect the power. Mandell identified this tension between the welfare workers' mission and the goals of the company which employed them. However, the historiography of medical departments and nursing care created by these corporations lacks synthesis in these studies. The work and agency of welfare workers and nurses has only recently been explored.³²

Jill E. Cooper analyzed the history of welfare work, specifically medical departments at AT&T Telephone Company between 1913 and 1940 in *Keeping the Girls on the Line*. Cooper found that physicians in the AT&T medical department functioned as personnel directors and health care providers. The medical department served the economic and benevolent needs of the company. She argued that the medical department

served a twofold benefit to the company: it kept the almost all female workforce working, and legitimized the employment of women.³³

Historian Patricia Hill's article, "Invisible Labors: Mill Work and Motherhood in the American South," records her study about a group of female physicians in a South Carolina mill town during the 1930s. The article examined both the benefits of company-sponsored sick care and the restraints of social hierarchies within the mill-village setting. Hill's study identified a duality between the physicians' work with women and children and their failure to challenge mill worker's health and safety. Hill wrote, "The marginalized status of women physicians in southern medical circles . . . limited their willingness to call for radical changes." Close ties to business leaders also prevented female professionals from speaking out against working conditions. In addition, the boards of benevolent societies and charities that may have sought reform included the wives, daughters, and sisters of mill owners and managers, who were cautious about change. These factors left the female physicians few outlets for introducing reform.³⁴ Charities such as the King's Daughters in South Carolina offered relief and nursing care to mill workers living near urban settings.³⁵ But even these charities were not completely independent of the mill owners since many organizations like the King's Daughters received funding from the local mill executives. Similar social hierarchies restrained welfare workers and nurses from initiating calls for reform.

The researcher also consulted several histories of industrial nursing to provide her with historical context for this dissertation. Historian Irene Charley described the history of industrial nursing in Great Britain from the 1870s through the 1940s. Charley's account celebrated the major developments and accomplishments in British industrial

nursing in the early half of the twentieth century.³⁶ Evelyn Smith Kersten's Columbia University dissertation explored the early development of American industrial nursing from 1895 through 1942.³⁷ Kersten's work focused on Lillian Wald, Mary Gardner, Florence Swift Wright, and Violet Hodgson, all elite Progressive Era women in northern industry. Kersten confined her study to work in northeastern and mid-western industrial states. This dissertation provided an overview of the industrial nursing role and organization at the state and national levels. Kersten pointed out that the growth of the specialty nursing role came in "spurts" ebbing and flowing with economic change. Catalysts for expansion of the nursing specialty were mass production in industry, workmen's compensation legislation, and the First and Second World Wars. Kersten's work provided a broad view of the development of industrial nursing. It does not examine industrial nursing in the South or follow the day-to-day work of industrial nurses.

Historian Christine Hallett examined trained nurses in Lancashire cotton towns in Northwest England between 1950 and 1970. Hallett highlighted tension between autonomy and agency of the industrial nurses' role, and those interests of the organization which employed the nurses. Her study concluded that while companies believed nurses should act as "management instruments, serving the interests of the organization rather than those of the workers," nurses identified themselves as "worker advocates rather than instruments of the organization." Hallett suggested that trained company nurses in Lancashire cotton mill towns resisted this tension of employer expectations and found, "a sense of autonomy and independence in their role." Nurses maintained authority as sanitary engineers and providers of sick care.³⁸

A large body of secondary sources provided background for this research, but gaps remain in the historical literature concerning the lived experience of industrial nurses in the United States, specifically in the South. Building on prior research of industrial reform and corporate welfare work, this study analyzed the role of American industrial nurses with special attention to the development of the role in the South.

Chapter Overview

Chapter 1: Introduction, Methods, and Data

This chapter describes the dissertation research topic, the questions used in research, the significance of the topic, and an overview of historiographical methods and the social history framework used to guide this research. A critique of the literature used is also included for both primary and secondary sources.

Chapter 2: Background and Setting: The Rise of Textile Manufacturing and Industrial Welfare Departments in the Progressive Era

Chapter two provides an overview of industrialization, the economy of the South during the post-Reconstruction period as well as the factors that enabled the successful development of southern textile mills. It focuses on the working and living conditions in mill towns, the working poor, work related injuries, occupational disease, child labor, and workmen's compensation, and explains how these issues intersected with the larger context of health and safety reform. The chapter examines the socioeconomic and political background of the Progressive Era in the United States, specifically in the South and describes how the intersection of industrialization and the Progressive Era brought about reform in the workplace. It explores the role of medicine in industrial welfare

departments and the state of the nursing profession in the early twentieth century. The chapter ends with an introduction to the work of public health nurse Lillian Wald and the origins of industrial nursing.

Chapter 3: Lillian Wald and the Development of Industrial Nursing

Chapter three provides an in-depth description of industrial nursing development in northern industries. Lillian Wald's work in the Henry Street Settlement first aid rooms and the Metropolitan Life visiting nursing experiment provide background information on the evolution of the industrial nursing role and the close relationship to public health nursing. This chapter also analyzes Wald's role as a member of the Council of National Defense and the impact of the First World War on establishing the industrial nursing discipline. In-depth analysis of Lillian Wald's contributions to the industrial nursing role reveals that she championed national standards for industrial reform and the presence of trained nurses in every industry to provide care to workers.

Chapter 4: Nursing the Denim King: Corporate Welfare, and Industrial Nursing at Cone Mills, Greensboro, North Carolina, 1895-1925

The Cone Mills of Greensboro, North Carolina that boasted an elaborate welfare program is the southern case study for this research. Cone Mills was one of the few large mills in the Piedmont region that, although segregated, provided mill-village housing for both blacks and whites. Chapter four focuses on the living and working conditions of the mill worker, the welfare program, and the responsibilities of the industrial nurses. Nurses were not only day-to-day liaisons between management and workers, but also advocates for workers just as Hallett asserted.³⁹ In addition, the industrial nurses voiced the needs of the women and children living in the mill village.

Chapter 5: Analysis and Conclusions

Chapter five provides a discussion of conclusions on the data examined in the previous chapters. The original research questions frame the examination and synthesis of the data. This chapter compares and contrasts Lillian Wald's vision of industrial nursing with the implementation of the industrial nurses' role at Cone Mills in Greensboro, North Carolina. It also examines how the historical analysis of new nursing roles from vision to implementation may help in the design of future nurse-led innovations in access to care and improvement in safety for workers worldwide.

Endnotes: Chapter 1

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Chapter 2

Background and Setting:

The Rise of Textile Manufacturing and Industrial Welfare Departments in the Progressive Era

“Industry should have no accidents, and the burden of the industrial risks should be assumed by the employer. Then there would be fewer accidents and less of the misery which they bring in their train.” Lillian Wald shared these sentiments with the New York Factory Investigating Board in 1913.¹ In the early 1900s progressive social reformers, like Wald, noted that the American industrial work environment was one of the most dangerous in the world. During this time, millions of people settled in industrial towns and villages and began working in factories across the nation. Industries exposed entire families to occupational diseases, injury, and even death. Invaluable nursing care enhanced the safety and health of industrial workers and families, and promoted access to care, but that care was shaped by many factors, chief among which were time and place.² But in order to better understand how nurses came to practice in industrial settings, we must first examine the social, political, and economic forces involved with industrialization in the United States.

The Industrial Revolution

The Industrial Revolution, which began in the mid-eighteenth century in Great Britain, was a period known for its innovation in iron works and mining, the development

of steam powered engines, and the mechanization of textile manufacturing. Vast social and economic changes occurred in Great Britain during this historic period.

Industrialization changed everyday life including how and where people worked and lived.³ The innovations of the Industrial Revolution then moved to other countries in Western Europe as well as the United States. In 1915 scholar Charles Beard described the Industrial Revolution as a time of unparalleled innovations that altered the “methods of production and distribution of the means of life, and consequently revolutionized the economic functions of society.”⁴

Economies transitioned from agrarian and mercantile to industrial, sparking a complex series of events. Machines replaced human work, inventors identified alternative power sources, and the factory system developed and streamlined the manufacturing of goods. Historians describe the Industrial Revolution in two phases: industrial innovations in phase one (1750-1850), and innovation in the global economy, the distribution of goods, mass production, and communications in phase two (1850-1900).⁵

Inventors in Great Britain experimented with mass-production methods for textile manufacturing, one of the first industries to mechanize during the Industrial Revolution. The work of spinning and weaving transitioned from individual home production by artisans and powered by human muscle, to organized cotton mills powered by water and steam.⁶ These automated manufacturing processes dramatically changed how and where goods were made. Mass production and commercial success followed due to the high demand for ready-made, affordable cloth.⁷

In the United States innovations to the cotton production process further increased the demand for raw cotton. While visiting a Savannah cotton plantation in 1793,

American inventor Eli Whitney noticed the bottleneck in cotton processing caused by the hand removal of cottonseeds from cotton balls.⁸ Whitney experimented with different methods of mechanizing the removal of cottonseeds from raw cotton in hopes of increasing the U.S. output of cotton ready for manufacturing. His experiments led to the invention of and the patent for the cotton gin,⁹ a machine that could clean ten pounds, instead of one pound by hand, of cotton in one day.¹⁰ Cotton growing became profitable in the United States as evidenced by the growth in output from three thousand bales to four million bales per year between 1790 and 1860. By 1860 cotton accounted for 57 percent of American exports.¹¹

By the mid-1800s American entrepreneurs, armed with new technology and an abundance of raw cotton available from southern plantations, built textile mills in New England. The Lowell Mills in Massachusetts were the first integrated mills in America that combined all aspects of cotton manufacturing from processing the raw cotton to delivering finished bolts of cloth in one industrial complex, this concept of vertical integration meant that the entire manufacturing system was housed in one setting.¹² Textile mills across New England replicated the Lowell factory system by quickly mechanizing their factories and incorporating steam to power their machines and forms of transporting the finished goods.¹³

The harnessing of new power sources changed the nature of work. Steam power provided far more power than any human or animal muscle ever could, and as long as a steady supply of coal was available, power provided by steam was more consistent and reliable than the power from water or wind. As machines became capable of performing the work of humans, people moved from the role of artisan to that of unskilled laborer

within the factory setting.¹⁴ They left their homes, farms and land and moved nearer to the new technology and power sources. Historian Matthew Josephson stated, “under their [robber barons] command our mainly agrarian-mercantile society was swiftly transformed into a mass-production economy.”¹⁵ The textile industry was about to redefine work and radically transform the work and living conditions of millions.

Industrial Dangers and Progressive Reform

As the demand for American-made goods and services grew, the economy required a new industrialized work force. In New England, entire families transitioned from rural to urban centers. The manufacturing workforce doubled between 1860 and 1880, increasing from 1.3 million to 2.7 million wage earners. By 1900 that number would more than double again.¹⁶ The states with the greatest number of industrial workers were Pennsylvania, New York, Massachusetts, Illinois, North Carolina, South Carolina, New Jersey, Georgia, Maryland, and Wisconsin.¹⁷ In these states, vast industrial complexes created a high concentration of workers and their families that led to adverse social and health conditions previously associated with large, urban cities.¹⁸

As American industry broadened so did the alarming number of deadly industrial accidents. Beginning in the early 1900s, the estimated annual mortality rates for adult males in industry ranged from 30,000 to 35,000 and approximately two million non-fatal accidents occurred. The accident rates would have been much higher except for the fact that accidents involving women and children were not reliably reported.¹⁹ A wide range of unregulated industrial hazards and environmental risks plagued the early twentieth-century workplace. Fires, machine related injuries, and chemical exposure resulted in

injuries and even death. Environmental issues included eye strain from poor lighting, hearing loss from heavy machinery noise, poor sanitation, and the spread of contagious disease. Poor ventilation and dust exposure led workers to develop devastating lung ailments. Over time, some workers developed severe varicose veins from standing for long hours and were unable to continue to work due to pain and disability. Occupational neuroses including “female hysteria” and severe fatigue from long hours in high stress work environments caused many individuals to lose hours of work and ultimately their jobs.²⁰

Specific ailments were rampant in the cotton mills of the South. Throughout the cotton spinning rooms, pipes sprayed water to keep the air moist and the rooms humid in order to prevent the cotton yarn from breaking and stopping the spinning machines. The mist caused floors and machines throughout the spinning room to be wet and slippery, thus workers had to be extremely careful not to slip and fall into machines.²¹ The moist, dusty air that filled the workrooms also injured upper airways and lungs. The workrooms were over ninety degrees Fahrenheit and the mill’s windows were kept tightly shut even in the summer. Lint and dust covered workers’ clothes and filled their lungs. A mill worker recalled that while working in these rooms, breathing was like, “eating cotton.”²² The copious amounts of dust and lint from the cotton fibers that clung to the mill workers earned them the derogatory nick name of “lint heads” among the higher social classes.

Monday Morning sickness was a phenomenon described but not understood in the early years of the textile industry. Workers reported that especially in the dust fogged carding rooms they had difficulty breathing every Monday morning. They claimed that a day off on Sunday left their lungs more susceptible to the dust on Monday morning and

that by the end of the week they were no longer coughing and sneezing from the dust. Unfortunately by the next Monday they would have symptoms all over again. Unknown to workers at the time this was the first phase of bysinosis or brown lung disease. Workers with brown lung went on to develop symptoms they referred to as a touch of asthma that worsened over the years until they were no longer able to work.²³ Despite British studies of occupational disease in the pre-World War II era, southern textile mill owners denied the fact that fatigue, noise, and cotton dust led to adverse health effects.²⁴

In addition, the lack of resources to safeguard workers from these hazards was a source of contention between business owners and employees. Safety regulations in American industry were slow to catch up with the changing industrial landscape and the American industrial workplace proved itself one of the most dangerous working environments in the world.²⁵

Dissatisfied with low wage and exploitive dangers, workers in northern industries joined together in protest.²⁶ Striking laborers wreaked havoc on production. American labor experienced more stoppages and more violence than ever before, and government had to intervene more frequently to keep the peace.²⁷ Labor unrest and numerous strikes escalated labor issues beyond the employer and into the realm of government and public concern. In the last decades of the nineteenth century, state and federal troops were called in to suppress approximately five hundred major labor strikes. While employers resorted to government assistance for strikebreaking, at the same time they avoided government interference in workplace reform and employer-worker relations.²⁸

Business owners in the South took a different approach to labor in order to avoid turbulent labor problems. They built villages around the cotton mills to attract and care

for their workers. Mill owners made housing and basic necessities available, which allowed families to settle quickly and get to work without delay. The mill village encompassed “row upon row of houses” identical in design.²⁹ Historian Victoria Byerly described the mill village: “like one big white family closed off to the external world.”³⁰

The mill village became the nucleus of mill life at the turn of the twentieth century. By the early 1900s, 92 percent of textile families lived in mill villages owned by cotton mills in the South.³¹ By comparison, at the height of coal mining company towns in the mid-1920s never more than 79 percent of workers resided in company owned coal towns. Indeed, the mill village identity was a mixture of rural values and new industrial culture dominated by mill leaders who operated mills unchecked by government interference.³²

The unprecedented growth of American business contributed to the uneven balance of power between employers and employees. Wary of big business tycoons and dismal factory settings, the public carefully followed the tug of war between business and workers. The reform movement, led by educated middle-class men and women, began as early as the 1890s on the local and state level. This group of men and women believed that through scientific efficiency and education they could solve society’s greatest problems.³³ By the early twentieth century the Progressive philosophy gained national attention and support.³⁴ Roosevelt’s Progressive platform against big business supported the way for reform.³⁵ Historian George Mowry wrote, “The Progressive Movement was a social quest which in its broadest aspects attempted to find solutions for the overwhelming number of domestic and foreign problems spawned by the great industrial, urban, and population changes of the late nineteenth century.”³⁶

The efforts of the Progressive movement tried to solve the adverse consequences associated with industrialization.³⁷ Social reformers, spurred by the dangers in the workplace and the exploitation of the workers, stood up for this marginalized population. They focused their efforts on improving strenuous working conditions, decreasing the high rates of injury and death, and studying the long term effects of industrialization on the family unit. Activists highlighted the plight of the worker. They argued that poor industrial conditions were wasteful, inefficient, and oppressive to the nation's workers. Progressives identified with the social reform movements in Great Britain and borrowed ideas to solve similar social problems in the United States. Major initiatives undertaken during the Progressive Era to improve workers' living and working conditions included child labor reform, workmen's compensation, and decreased weekly work hours.³⁸

Reformers spent much of the Progressive Era combating child labor and environmental determinants that led to poor health.³⁹ During this time the health status of American women and children became a national focus, and society's ideas about children began to change. Child labor received attention throughout the Progressive Era when children worked in mining, industry, and farming.⁴⁰ The use of child labor was particularly problematic during the rise of industrialization because technology decreased the complexity of machinery making it easier for even a child to handle the operations. The increased demand for unskilled labor encouraged employers to seek out even young children, eager to work.

The use of children as a source of labor was more prevalent in the South due to the region's weaker child-labor regulations and lax enforcement of those regulations compared to the stricter controls in the North. In 1899 one-fourth of all southern cotton

mill workers were children under the age of sixteen. Due to the low wages offered by mills many families could not support a family on the income of one or two wage earners. Out of necessity they were forced to put their children to work; children raised in a single family household were most likely to work outside the home.⁴¹

Throughout the country in the early 1900s, children under the age of sixteen routinely worked. American textiles employed 44,247 children ages ten to fifteen. The northern and western states employed 11 percent (16,404) of adolescent cotton mill workers while the southern states employed 29 percent (28,023).⁴² As technology in textile industries grew, children made up 25 percent of the counted workforce nationwide.⁴³ Children younger than ten were not counted on the payroll, even though they actively participated in factory life. These uncounted children were called helpers or meal carriers who brought their family members lunch but then kept watch over the machines while their mothers, fathers, or siblings took a break.⁴⁴

While the northern legislature began to regulate child labor, the southern textiles mills continued employing children. Weak legislation and parental opposition stalled southern reform efforts. In 1905 the National Consumers' League reported that North Carolina allowed children twelve and older to work as long as they had written parental permission and age verification. North Carolina law prohibited night work and restricted children to a sixty-six hour work week. These long work weeks were allowed because North Carolina did not require compulsory school attendance until 1907. Even after legislation required children to attend school, many local districts chose not to enforce the law, leaving it up to the parents to decide whether or not their children attended school.⁴⁵ Parents did not disagree with the child labor laws, but took exception to the principle that

states could govern parental rights.⁴⁶ Thus reformers made little progress on a local level. Unlike other regions of the country, most of the industrialized southern states did not uniformly pass child labor reform legislation until much later.

Progressive reformers, including Jane Addams of Hull House in Chicago, Florence Kelley of the National Consumers League, and Lillian Wald of Henry Street Settlement in New York City, lobbied against the injustices of child labor.⁴⁷ Child labor activists maintained that children should receive at least an elementary school education before entering the workforce.⁴⁸ After the establishment of the Children's Bureau in 1912, activists focused their attention on maternal and infant mortality and finally child labor. Founders Florence Kelley, Lillian Wald, and Julia Lathrop continued to work together to advance appropriate government legislation and funding at the state and national level for improvements in maternal-child protection. Lathrop documented that the infant mortality rate was higher among the babies of wage-earning mothers at a rate of 188 compared to a rate of 117.6 among babies of non-wage-earning mothers.⁴⁹ Reformers lobbied for improvements in public health with special emphasis on maternal-child welfare especially among working mothers and children.⁵⁰ This emphasis on maternal-child health and safety naturally became a primary focus of the nurses in the industrial setting who were closest in proximity to the mothers who worked in the factories and mills or lived in the mill villages.

Reformers in the Progressive Era were also greatly concerned with the disparities in compensation for work-related injuries and death. Workers, not their employers or faulty machinery, took the blame for most industrial accidents in the early 1900s. As a result most of the families of industrial laborers who lost their jobs due to injury did not

receive compensation.⁵¹ The Employer Liability Act (ELA), effective in many states by 1900, required the injured worker or the worker's family to file suit against the employer and prove negligence.⁵²

Both workers and the employers found the employers' liability system risky because it was unstandardized and settlements were unreliable. The workers were not guaranteed compensation for their injuries or the death of a family member, while the employers feared that a variable monetary compensation could financially ruin their company. Ultimately, Progressives argued that the liability system could not be reformed leaving industrial workers at risk and with no guarantee of compensation in the event of injury or death.⁵³ In the end, stakeholders agreed that the ELA was ineffective in its protection of workers and began to look for a solution in mandatory workmen's compensation already in use overseas.⁵⁴

In the late 1890s the industrialized nations of Great Britain and Germany established workmen's compensation as a form of injury and accident compensation made by the employer to the injured worker or the deceased worker's family. The legislation also instituted regulations to make the workplace safer. After a carefully studying the European system of workmen's compensation, American business leaders proposed similar compensation legislation reform in the United States in the early 1900s. Capitalist business owners viewed workmen's compensation as a compromise with Progressive government leaders. This gave the government some control over workplace safety, but allowed businesses to maintain control over the remaining aspects of the workplace and the workers' well-being.⁵⁵

In 1908 at the urging of President Theodore Roosevelt, Congress passed compensation legislation for federal workers. General consensus among stakeholders favored the replacement of the employers' liability system with workmen's compensation.⁵⁶ Starting in 1909 each state slowly adopted workman's compensation into the workplace. Heavily industrialized and unionized states, such as New York and Massachusetts, were the first to successfully adopt workmen's compensation. Although forty states provided some form of workmen's compensation by the mid-1910s, southern states such as North Carolina did not adopt workmen's compensation until 1929.⁵⁷ Not until 1948 was the new law to protect workers accepted nationwide.

Compensation legislation and labor reforms led to incremental improvements in the workplace. However, even in progressive states, corporate owners often refused to allow factory inspectors into their facilities, suggesting that government intervention on strikes and worker unrest was welcome, but regulatory oversight of industry was not. Disgruntled business owners believed the multitude of reforms robbed them of their control. They resented government interference and began to look for ways to evade these intrusions; they even considered moving their manufacturing facilities to states with fewer labor restrictions. At the same time unregulated southern states were looking for investors to jumpstart their economy.⁵⁸

Southern Textile Manufacturing and Corporate Welfare

When Reconstruction ended in the late 1870s, conservative, southern Democrats regained power. During the post-Reconstruction period southerners attempted to reclaim and renew the identity of the South politically, economically, and socially. Democrats set

out to prove that the South could regain and expand its pre-war wealth.⁵⁹ During this period, the burgeoning prosperity of the new South was integrally linked to industrialization, particularly in the growing textile industry. Southerners chose textiles to stimulate economic growth because the industry required less up-front capital than other endeavors and provided a return on investment in a reasonable amount of time. Investors believed that if they could persuade textile industries to come to the region, other economic opportunities would follow.

Northern mill owners were eager to invest in the southern textile industry. Raw materials particularly cotton, were close at hand. As southern historian Edward Ayers noted, "Soil, rivers, and climate determined whether counties would flourish or decline, whether railroads and manufacturing would arrive, whether people would come or leave," and certain areas of the South offered an abundance of these natural resources.⁶⁰ The Piedmont region in particular boasted a combination of these resources: fast-moving rivers, cotton, and railroads.⁶¹

Plentiful low-cost labor in the South also attracted industries. Lured by attractive mill recruiting advertisements, many poverty-stricken families worked in the new mills and earned an hourly wage for the first time in their lives.⁶² By 1900, 32 percent of the entire southern population worked in textiles.⁶³ The rapid growth of the South's textile industry required a larger work force that could easily have tapped the black population; however, firms continued to employ mostly native born whites.

Southern whites used their power in the state government to suppress the equal rights of freedmen. Freed blacks were not a part of the plan for prosperity in the new South so the government began to sanction racial segregation as it built a new class

system. Local and regional newspapers praised mill businessmen for rebuilding the southern economy and providing whites with suitable employment, while maintaining racial norms.⁶⁴ Mill villages and factory work were strictly segregated. Unlike the heterogeneous makeup of laborers in northern mills, the southern industries almost exclusively hired local-born, poor whites to meet employment quotas for production demands.⁶⁵

Established southern racial social norms were present in the mills and surrounding villages. Segregated southern mills assigned black men the least attractive tasks in the mill complexes.⁶⁶ They moved heavy bales from railcars into warehouses, loaded finished goods from warehouses into railcars for distribution, and worked with dangerous chemicals in the dye houses. They worked in dusty opening rooms and never obtained production jobs where they might mix with white women and children. Meanwhile black women were almost completely absent from mills except for a few instances in which they were hired as domestic workers and cleaning ladies.⁶⁷ Indeed, black workers were almost invisible among this group of marginalized southern workers.

Besides racial segregation, work in the mills was also organized by age and gender. White men worked as managers, shop foremen, repairmen, or weavers. Once the southern employers installed the latest automated technology, they hired women and children in the mill spinning rooms since the machines required very little skill or strength to operate. This relegated man's work to jobs requiring physical strength and management skills. Young boys worked as sweepers and apprenticed with men. Young girls worked with their mothers and older sisters in the spinning rooms.

Progressive reform came very slow to the South due to social and political factors that complicated the issues. Southern society praised mill owners as the South's economic heroes. Southern historian Edward Beardsley noted, "anyone who questioned the wisdom and reach of [mill] management was suspect."⁶⁸ Southerners feared that restrictive labor laws would impede industrial growth and limit competition with other industrial states. New South enthusiasts claimed that the labor reformers meant to sabotage the South's burgeoning textile economy. Additionally, the long-standing southern tradition of resisting government interference left many laws unenforced at the local level. Prominent residents responded with open hostility to laws that "diminished the power of the individual." Progressive southern leaders viewed this opposition as a major barrier to improving public health.⁶⁹

Major disparities also existed between mill owners' claims of economic and social improvement and the actual conditions endured by workers. Indeed, mill owners did not take an interest in the improvement of workers' health and safety unless these factors decreased factory production.⁷⁰ Apathy and public ignorance caused a delay in southern labor legislation, and civic leaders focused on the economic revitalization of the entire South thus overshadowing small pockets of social reform.⁷¹

Eventually businesses encountered negative publicity due to the exploitation of workers for profit. When the popular press threatened the public image of industrialists, they moved quickly to create a new image that portrayed them as benevolent employers who provided attractive working and living conditions for their workers. They went to great lengths to avoid the public scrutiny of the Progressive reformers.⁷²

Prompted by increased government involvement in labor issues and lost profits, private corporations and manufacturing organizations joined together to troubleshoot new ways to smooth “the labor problem.”⁷³ Employers resisted legislative reform fearing increased labor costs and loss of power.⁷⁴ They formed employer associations in order to gain a larger voice in the debates over legislation concerning injury compensation and worker’s medical coverage, and sponsored corporate welfare programs in order to block compulsory legislation.⁷⁵ Instead of complying with mandatory government standards, employers advocated for voluntary rather than compulsory workplace improvements.⁷⁶ Growing government involvement in labor disputes spurred business leaders to advocate for private corporate welfare programs to care for industrial workers. Sociologist Harriet Herring described this work as “any service provided for the comfort or improvement of employees which was neither necessary of the industry nor required by laws.”⁷⁷

Progressive firms with corporate welfare programs varied. Some companies sponsored a variety of programs: stock options, home-ownership plans, pensions, medical services, company sports teams, education and technical training programs. The benevolent paternalism of owners extended to the religious, intellectual, physical, and social well-being of the mill family.⁷⁸ As the type of labor recruitment and maintenance became popular, corporate welfare departments mirrored one another. This resemblance occurred because the roots of this work originated in settlement houses and visiting nurses’ services.⁷⁹

Companies believed that corporate welfare made good business sense. In addition to delaying, and in many cases preventing government intrusion, welfare work improved employee relations. Employers considered their corporate welfare programs to be

partnerships with their employees rather than charity. Lee Frankel of the Metropolitan Life Insurance Company (MLI) reported to the National Civic Federation (NCF) “We have for a number of years attempted to care for our people, not with any thought of philanthropy. I think it is safe to say that we do it because it pays The proper care of the employee is a good business proposition.”⁸⁰ A leading supporter of corporate welfare, Frankel advocated for the implementation of services similar to MLI’s corporate welfare initiatives throughout American industry.⁸¹

In 1904 the National Civic Federation, a group of business leaders and social reformers, established an organization made up of employers and industrial relations experts from across America. The purpose of the NCF welfare department was threefold.⁸² First, the department wanted to educate the public on the meaning and value of corporate welfare work. Second, the department emphasized the moral obligation of employers to provide welfare measures for workers and families. The NCF believed in welfare capitalism and advocated for employers to improve working and living conditions. Welfare department leaders wrote that employers must “provide for the physical, mental, moral and social welfare of their workers.”⁸³ Finally, the department maintained a central information center containing the written experiences of employers engaged in welfare work who shared successes, failures, and advice for building a welfare system.⁸⁴

Prior to the use of nurses in factory towns, mill owners hired individuals to supervise the living conditions and welfare of workers. These “social secretaries” came from diverse educational backgrounds including social work, medicine, nursing, and education. Gertrude Beeks, secretary of the NCF welfare department, published

descriptions of the benefits of social secretaries. Beeks, who previously worked as a social secretary for Cyrus McCormick, sought to legitimize welfare work by promoting the social secretary role. This role was first described in 1899 by social worker William H. Tolman as an expert, “who can devote his whole time to becoming acquainted with the employees and promoting their general welfare; one who looks after sanitary conditions, seeks to increase the general intelligence, fosters a healthful social life and strives to improve the general morale.”⁸⁵ Tolman summarized the role of the social secretary as, “an official to be added to the staff of a business firm who shall be a point of contact between it and its employees so as to promote industrial betterment.”⁸⁶

More progressive manufacturing firms found it necessary to hire welfare workers, especially if they employed a large number of female workers. The particular duties of the social secretary depended on the agenda of individual firms; however, a common thread of their work included the administration of programs such as domestic courses. The secretary was also a problem solver for a variety of employee problems.⁸⁷

The NCF welfare department, headed by Beeks, set out to disseminate information on corporate welfare work to industrial employers around the nation. Beeks visited companies and helped them establish welfare departments. The NCF also used photographs and educational pamphlets to inform employers and the public about the benefits of corporate welfare work.⁸⁸ These efforts by the NCF paid off. Employers began to see Beeks’ welfare department design as a way to stay in touch with their workers. These progressive firms believed that this benevolent management style, a partnership with workers, might prevent production delays brought on by strikes and labor attrition.

Employers' welfare programs took on the responsibility of meeting the needs of a new population, especially those of women and children. When business owners employed a great number of women, they often established break rooms, hired nurses, and provided domestic and economic training. By providing for the moral and social needs of the female workers, business owners used corporate welfare programs to make women's work outside the home more socially acceptable.⁸⁹

Historian Daniel Nelson identified only forty large firms with welfare programs in operation prior to World War I.⁹⁰ Among this list were two mills—the Amoskeag Textile Mills in New Hampshire and the Proximity Cotton Mills in North Carolina. Both factories produced denim cloth for Levi Strauss & Company. Amoskeag's extensive corporate welfare department offered workers housing, a medical department, visiting nurses, recreation, schools, and clubs.⁹¹ Yet in 1921 the Amoskeag Mills experienced financial losses due to declining sales when mainstays such as gingham became unfashionable. These losses forced Amoskeag to decrease wages in all departments by 20 percent; and to end all welfare activities. After these closures the mill suffered a loss of what workers and outsiders viewed as the "Amoskeag Spirit," a spirit fostered by corporate welfare work and worker loyalty.⁹² As a result many workers and customers ended relationships with the company.⁹³ Interestingly, the next year the Proximity Cotton Mills, the southern textile mill better known as Cone Denim Mills, won exclusive rights to distribute denim fabric to Levi Strauss. The owners of Cone Mills supported an elaborate welfare department.⁹⁴ The progressive work of this southern mill will be explored further in Chapter 4.

The ideology of welfare capitalism, reflected by these two mills, spread to other southern textile firms. At first workers were suspicious and resentful of welfare programs, preferring money in their pocket to company organized activities. However, southern mill workers became quite selective in their choice of employer. When choosing where to work, laborers considered the benefits offered and the quality of the company welfare department. After the Model-T Ford became an affordable means of transportation, the working class moved from mill to mill looking for the best living and working situation. In fact, transient mill workers who experienced the welfare departments of several southern mills were great authorities on which mills provided the best benefits.⁹⁵

By 1910, southern industrialists who developed unique corporate welfare systems in major industries viewed their programs as mutually advantageous for employers and workers.⁹⁶ Businessmen adopted a more progressive paternalism to garner the loyalty of their workers with different types of welfare.⁹⁷ Under this guise of corporate benevolence, employers offered steady work and benefits which encouraged employee productivity and loyalty. Despite the Progressive façade, employers maintained control of the mill and village through managerial and social hierarchies. Nurses and welfare workers would work in this environment among the power struggles between owners and reformers.

Public Health, Corporate Welfare, and the Role of Physicians

Public health needs and the concurrent rise of corporate welfare programs prompted development of the industrial medicine and nursing specialties. These

specialties developed out of necessity due to a lack of standardized public health provisions. While northern states established public health programs, the South lagged behind. Indeed, despite increased attention on public health, services in many southern states remained a patchwork of public and private operations within an unorganized state system.⁹⁸ Few southern health departments intervened in mill towns. Historian Beardsley described this phenomenon when he wrote, “Rural health improvement was almost an obsession to early twentieth century public health leaders, but no southern state health officer ever made more than passing reference to problems of industrial hygiene. They had neither the funds nor legal power to keep watch over mill villages.”⁹⁹ One glaring example was the lack of provisions for public health by southern statesmen. For example, in the late 1910s northern states such as Pennsylvania appropriated over four million dollars over two years for public health work which was more than all southern states combined contributed to public health between 1908 and 1918.¹⁰⁰ As a result, southern progressives condemned the South’s lack of resources for social welfare and health.¹⁰¹ The fate of workers’ health and safety remained in the hands of private business executives.

Progressive firms with corporate welfare programs placed both physicians and nurses into their mill towns to address workers’ needs. Health professionals believed that this industrial betterment work could improve the health and safety of the work environment. In order to reach workers they first visited them in their homes, and later their workplaces.¹⁰² In the early 1900s, Harry Edgar Mock and many other physicians became “company doctors.” As the owners of manufacturing, mining, and railway

companies created small cities for employees to work and live, they realized the need for a trained physician to provide and oversee the medical care of the community.

Lillian Wald's 1910 study of industrial medical departments found that "the doctors are needed in industrial establishments primarily for the study of occupational diseases, for the prevention of industrial poisoning and for surgical work."¹⁰³ Industrial physicians examined workers during pre-employment exams and periodically throughout their employment with the company. Industrial physicians utilized the latest X-ray technology to screen for tuberculosis during pre-employment exams and for the evaluation and diagnosis of breaks and fractures after work injuries.¹⁰⁴

In 1915 several hundred industrial physicians founded the American Association of Industrial Physicians and Surgeons (AAIPS). The AAIPS combined the efforts of industrial physicians and surgeons to elevate the discipline, and developed standards of industrial practice and collaboration in order to meet the medical needs of industrial workers.

In 1919 Harry Edgar Mock, chief surgeon at Sears and Roebuck and professor of industrial medicine at Rush University in Chicago, wrote the first textbook devoted to industrial medicine entitled, *Industrial Medicine and Surgery*. In the introduction Mock stated: "The conservation of the lives and limbs of the working people and the reclamation of those disabled in the daily strife have become a definite program in the industrial world. The humanizing influence of this work has caused many an employer to consider other means of contributing to the health, comfort, and contentment of his working force."¹⁰⁵

Despite the need for trained physicians in industry, some opposed the system of company-employed physicians citing risk to professional autonomy and integrity.¹⁰⁶ Physicians worried that contracting with industrial welfare programs might associate the profession with sub-standard medical practices and place the physician under the authority of the industrial employer. The American Medical Association (AMA) did not readily approve of comprehensive medical programs in industry because it limited the laborers right to choose a practitioner and caused physicians to compete against each other for company contracts. The AMA continued to have a tenuous relationship with corporate welfare programs because of the AMA's perceived threat to "professional sovereignty." Yet many industries in rural areas and extremely large corporations continued to employ physicians in corporate welfare programs.¹⁰⁷

While the AMA disapproved of physicians working for corporate employers, nursing leader Lillian Wald viewed industrial nursing work as a great opportunity. At that time, nurses usually practiced in hospitals or as private duty nurses. In the visiting nursing services nurses practiced with some level of autonomy but always under a physician's supervision or standing orders. The industrial setting provided the nurses with similar duties and the autonomy of the public health nurse.

Nursing Leaders in Industrial Nursing

The establishment of industrial nursing was closely linked to the broader Progressive and public health movements.¹⁰⁸ Public health nursing originated as part of charities, settlement houses, and visiting nursing services.¹⁰⁹ Nursing leader Lillian Wald steered the way in developing what she called "public health nursing" in order to improve

the care of the impoverished.¹¹⁰ Wald realized that nurses could make a difference in a number of diverse roles and began to insert Henry Street Settlement nurses into different types of public work. The category of public health nursing covered a wide range of specialties including visiting nurses, school nurses, maternity nurses, insurance nurses, industrial nurses, and tuberculosis nurses. Wald stated, “From the beginning, the nurse has reached the people directly, combining education for health with ministrations to the sick.”¹¹¹ Like all public health nurses, industrial nurses focused on disease prevention and promoted healthy living among individuals. The industrial nurses, however, focused on the individuals and families who were employed in manufacturing. Their focus naturally led to paying much of their attention on women and children whose wellbeing could be drastically improved through educational programs.

Programs in mill villages ranged from “Baby Weeks” to “Better Baby Contests” that rewarded mothers for accepting health advice and participating in education programs. “Little mothers” classes trained young girls in home economics, hygiene, and child care.¹¹² Mill nurses provided advice on domestic hygiene and basic home nursing, as well as teaching families about diet and hygiene, activity limits, breastfeeding, and preparing the home for a baby.¹¹³ In the 1920s, legislation such as the Sheppard-Towner Maternity and Infant Protection Act (discussed in Chapter 4) would extend this work as industrial nurses collaborated with county health departments to build state maternal-child health programs.¹¹⁴

Legislation to reform industrial hazards, which included sanitary inspections, aid to workers, and the development of corporate welfare programs, created new opportunities for public health nurses in industry. They provided expertise to conserve

workers' health and safety and to improve living standards. As in the role of the public health nurse, the industrial nurse concentrated on the health of the population. In *A Short History of Nursing*, author Lavinia Dock described the needs of the growing industrial nursing specialty when she wrote that while "efforts to meet the demands of [industrial] betterment began in 1910 in nurses' settlements and visiting nursing groups . . . [the] field is still waiting for leaders."¹¹⁵ Public health nursing pioneer and labor advocate Lillian Wald would emerge as that leader, first in the New York garment districts, and then in industries across the nation.

Conclusions

The explosive growth of American industry in the early twentieth century changed how people lived and worked. As the South industrialized, the availability of jobs and resources unknown on the rural farm enabled many poor farmers to rise in social class. However, individual health suffered due to the transition to village life and the effects of industrial work. Throughout the Progressive Era stakeholders battled over government versus private responsibility for workers' health and safety, often putting the companies at odds with state and federal government programs like workmen's compensation and child labor. Industry in the South was even more dangerous than industry in the North due to unenforced or absent safety regulations. Workers and reformers demanded that the employer take on the burden of providing a safe work environment. In order to maintain success, southern mill owners eventually made improvements and adopted aspects of corporate welfare work which was popular in northern industries.

Examination of the social and economic concerns associated with the rise of American industry reveal several important points. First, despite the efforts made for labor reform, workers faced working conditions that threatened their health and livelihoods. Second, welfare programs were unique institutions for industrial betterment. These institutions provided opportunities for women, especially nurses and social workers, to address public health needs. This overview allows for analysis of the development of the industrial nursing role.

Economic changes and societal shifts as well as political movements affected nurses' work. Industrial nursing's identity and agency were intricately tied to industrialization and economic growth. Many nurses viewed the industrial environment as a new opportunity to broaden the discipline of public health nursing. It was in this socio-political and industrialized economy that public health nurses expanded care into industrial settings.

In the first part of the century, industrial nursing and medicine like many aspects of public health focused efforts on sanitation, sick care, and education to improve the health of the community. Nurses, led by Lillian Wald, positioned themselves to play a key role in improving the wellbeing of the workers and the safety of their workplace.

Endnotes: Chapter 2

- ¹ Lillian D. Wald to the New York Factory Investigating Board, 1913, Lillian D. Wald Papers (here after LWP), Microfilm Reel 25, New York Public Library (here after NYPL).
- ² Mark Aldrich, *Safety First: Technology, Labor, and Business in the Building of American Work Safety, 1870-1939* (Baltimore, MD: The Johns Hopkins University Press, 1997).
- ³ Ruth Schwartz Cowan, *A Social History of American Technology* (New York: Oxford University Press, 1997).
- ⁴ Charles A. Beard, *The Industrial Revolution* (New York: Greenwood Press, 1969).
- ⁵ Ibid.
- ⁶ Peter Temin, "Product Quality and Vertical Integration in the Early Cotton Textile Industry," *The Journal of Economic History* 48, 4 (1988): 891-907. The application John Kay's flying shuttle, James Hargreaves's spinning jenny, Richard Arkwright's water frame, Samuel Crompton's spinning "mule," and the power loom mechanized the textile manufacturing process.
- ⁷ Wayne Smith and Joe Tom Cothren, *Cotton: Origin, History, Technology, and Production* (New York: Wiley Publishing, 1999). Manchester, England became the center of English textile manufacturing and export.
- ⁸ Cowan, *A Social History of American Technology*, (1997), 76.

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- ⁹ Ibid. The gin was a simple method of inputting the raw cotton into a horizontal barrel-like bin. A hand crank rotated the bin or drum while wire hooks brushed the seeds from the cotton. A sieve separated seeds from the cotton fibers.
- ¹⁰ W. Bernard Carlson, *Technology in World History* (New York: Oxford University Press, 2005), 73.
- ¹¹ Ibid.
- ¹² Alfred D. Chandler, *The Visible Hand: The Managerial Revolution in American Business* (Cambridge, MA: Belknap Press, 1977), 58, 85-86.. Francis Cabot Lowell mastered the technological processes used in British textile factories and commissioned American engineers to recreate British textile machinery.
- ¹³ Chandler, *The Visible Hand*, (1977), 58. New, efficient forms of transportation enabled companies to sell products beyond local markets. Steam powered boats, ships, and trains became safe and practical means of transportation for people, raw materials, and finished goods. The new railroads that crisscrossed the United States increased the availability of products to manufacturers and consumers throughout America.
- ¹⁴ Ibid.
- ¹⁵ Matthew Josephson, *The Robber Barons: The Great American Capitalists, 1861-1901* (New York: Harcourt, Brace, and Company, 1934), vi.
- ¹⁶ Andrea Tone, *The Business of Benevolence: Industrial Paternalism in Progressive America* (Ithaca, NY: Cornell University Press, 1997), 3, 10-12.
- ¹⁷ Edwin W. de Leon, "Accidents to Working Children," *Annals of the American Academy of Political and Social Science* 33, (March 1909), 139.

¹⁸ Chandler, *The Visible Hand*, (1977), 60; Cowan, *A Social History of American*

Technology, (1997), 86. By the late eighteenth century industrial advances in textile manufacturing crossed the Atlantic to New England. In 1789 textile manufacturing apprentice Samuel Slater immigrated to New York and on to Pawtucket, Rhode Island where, in 1793, he established the first successful mechanized, water-powered textile mill. Slater's mill mechanized carding machines (for cleaning raw cotton) and water frames for spinning the cotton into yarn. Slater is credited with establishing the American factory system. The factory system replaced home spinning and weaving by 1800. In the Slater system, children worked in the spinning and carding rooms, fathers were weavers, repairmen, or company farmers, and mothers stayed at home. Workers and their families rented company homes near the mills, attended church in the mill town, shopped at the company store, and children attended the mill school during downtimes in mill production. Samuel Slater's industrial success paved the way for the establishment of large industrial textile manufacturing complexes in New England.

¹⁹ Ibid., 139.

²⁰ David Rosner and Gerald Markowitz, eds, *Dying for Work: Workers' Safety and Health in Twentieth-Century America* (Bloomington, IN: Indiana University Press, 1989), 67.

²¹ Working with cotton was dangerous for these workers. At each point in the process where the worker interacted with the machinery, there were risks of injury and death. In the opening room which was usually located in the basement of the mill

or in a nearby warehouse, workers removed bales of raw cotton from bags and ties. Workers risked falling or being pulled into the moving parts of the carding machines, being crushed by the large rollers, or being cut by the metal combs that cleaned the cotton. Hazards in the spinning room, where children worked, included scalping, crush injuries, and loss of extremities due to rapidly moving gears and pulleys. Girls walked in the tight rows of spinning machines. They frequently reached in between the whirling spindles to clean lint off the machines while watching for and repairing breaks in the thread. Due to long shifts, fatigue resulted in accidents. Spinners worked twelve hour shifts, six days a week including night shifts in mills with electric lighting. Children with down time, especially the young boys who were doffers and sweepers ran freely through the mill and among the machines. The boys climbed up on the machines and rode the pulleys to the top of the twenty-foot ceiling when machines were first being turned on. The weaving rooms were dusty and so noisy that long exposure could lead to hearing loss. The hammering of the looms, an automated motion that wove compressed thread into finished cloth, created noise levels over 100 decibels that forcing workers one row apart from one another to shout to be heard. Individuals in the weave rooms reported episodes of nervous excitability from fatigue and overstimulation. Jacqueline Hall, *Like a Family*, 93.

²² Douglas Flamming, *Creating the Modern South: Millhands and Managers in Dalton, Georgia, 1884-1984* (Chapel Hill, NC: University of North Carolina Press, 1992), 175-176.

²³ *Ibid.*, 81-82.

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- ²⁴ Patricia Evridge Hill, "Invisible Labours: Mill Work and Motherhood in the American South," *The Society for the Social History of Medicine* 9, 1 (1996), 239.
- ²⁵ David Rosner and Gerald Markowitz, eds, *Dying for Work: Workers' Safety and Health in Twentieth-Century America* (Bloomington, IN: Indiana University Press, 1989).
- ²⁶ Robin L. Einhorn, "Industrial Relations in the Progressive Era: The United States and Great Britain," *Social Service Review* 58, 1 (1984): 103.
- ²⁷ Ibid., 104.
- ²⁸ Ibid.
- ²⁹ Daniel Nelson, *Managers and Workers: Origins of the Twentieth-Century Factory System in the United States, 1880-1920* (Madison, WI: University of Wisconsin Press, 1995), 90.
- ³⁰ Victoria Byerly, *Hard Times Cotton Mill Girls* (New York, NY: Cornell University Press, 1986), 12.
- ³¹ Ibid.
- ³² Ruth A. Dodd, "Industrial Nursing in the South," *Public Health Nursing* 13, 2 (February 1921), 86.
- ³³ Jeffrey P. Brosco, "The Early History of Infant Mortality Rate in America: A Reflection Upon the Past and a Prophecy of the Future," *Pediatrics* 103, 2 (February 1999), 478-485.
- ³⁴ Robin L. Einhorn, "Industrial Relations in the Progressive Era: The United States and Great Britain," *Social Service Review* 58,1 (1984): 107.
- ³⁵ Josephson, *Robber Barons*, 443.

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- ³⁶ George Mowry, *The Era of Theodore Roosevelt: 1900-1912* (New York: Harper Press, 1958), 1.
- ³⁷ Robin L. Einhorn, "Industrial Relations in the Progressive Era: The United States and Great Britain," *Social Service Review* 58,1 (1984): 99.
- ³⁸ Andrew M. Scott, "The Progressive Era in Perspective," *The Journal of Politics* 21, 4 (1959): 690-691, 700.
- ³⁹ Andrew M. Scott, "The Progressive Era in Perspective," *The Journal of Politics* 21, 4 (1959): 690-691, 700. Children were no longer viewed solely as an economic resource. Children became important to the future of the country. Indeed, this era focused on the needs of child as pediatric medicine emerged as a specialty along with orphanages, children's hospitals, healthy baby check-ups, and milk stations.
- ⁴⁰ Howard Markel and Janet Golden, "Successes and Missed Opportunities in Protecting Our Children's Health: Critical Junctures in the History of Children's Health Policy in the United States," *Pediatrics* 115, 4 (October 2005), 1130.
- ⁴¹ Neal L. Anderson, "Child Labor Legislation in the South," *Annals of the American Academy of Political and Social Science*, 25 (May 1905), 88.
- ⁴² B. L. H. (author full name unknown), "Child Labor in the United States," *Journal of the Royal Statistical Society*, 70, 2 (June 1907), 347.
- ⁴³ John R. Kemp, *Lewis Hine: Photographs of Child Labor in the New South* (Jackson, MS: University Press of Mississippi, 1986), 8.
- ⁴⁴ *Ibid.*, 10.
- ⁴⁵ Neal L. Anderson, "Child Labor Legislation in the South," *Annals of the American Academy of Political and Social Science*, 25 (May 1905), 80.

⁴⁶ Ibid., 88.

⁴⁷ David Montgomery, *The Fall of the House of Labor* (Cambridge, U.K.: Cambridge University Press, 1987), 132.

⁴⁸ Walter I. Trattner, *Crusade for the Children: A History of the National Child Labor Committee and Child Reform in America* (Chicago: University of Chicago Press, 1970).

⁴⁹ Julia Lathrop, "Income and Infant Mortality," *American Journal of Public Health* 9, 4 (1919), 273.

⁵⁰ Ibid., 270.

⁵¹ Aldrich, *Safety First*, 60-67.

⁵² Price V. Fishback and Shawn Everett Kantor, *A Prelude to the Welfare State: The Origins of Workers Compensation* (Chicago: University of Chicago Press, 2000).

⁵³ Ibid.

⁵⁴ Rosner and Markowitz, *Dying for Work*, 35.

⁵⁵ Beatrix Rebecca Hoffman, *The Wages of Sickness the Politics of Health Insurance in Progressive America* (Chapel Hill, NC: University of North Carolina Press, 2001), 107.

⁵⁶ Fishback and Kantor, *A Prelude to the Welfare State* (Chicago: University of Chicago Press, 2000).

⁵⁷ Patricia Evridge Hill, "Invisible Labours: Mill Work and Motherhood in the American South," *The Society for the Social History of Medicine* 9, 1 (1996), 239. While workmen's compensation gained acceptance by government and business stakeholders, other progressive efforts met severe opposition. In 1915, after the British government

enacted laws establishing the National Health Service to provide health care to citizens, the American Association for Labor Legislation (AALL) sponsored for the first compulsory health insurance legislation proposals in the United States. This legislation proposed to cover industrial workers only, not all citizens. Ely and Farnam lobbied that a combination of reporting, regulation, and medical coverage were needed to improve the workplace. Board members included economists, settlement leaders including Jane Addams, labor union activists such as Samuel Gompers, insurance executives, public health nurses such as Lillian Wald, and other compulsory health insurance advocates. However, in 1916 the legislation failed to win support because commercial insurance companies and industrial corporations did not want government oversight and regulation of workers' health and safety. Beatrice Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America*. (Chapel Hill, NC: University of North Carolina Press, 2001), 24 and 36.

⁵⁸ Mark Aldrich, *Safety First*, 20.

⁵⁹ Ayers, *Southern Crossing* (Oxford, UK: Oxford University Press, 1995). Once the Civil War ended, federal troops occupied the South in order to enforce the end of slavery and solidify the Union. Reconstruction encompassed the period from Lincoln's declaration of the Emancipation Proclamation in 1863 through 1877 when the last federal troops left the southern states. During Reconstruction northern Republicans appointed freedmen to political vacancies left by Confederate leaders and ensured election of government officials loyal to the Union.

⁶⁰ *Ibid.*, 4.

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- ⁶¹ Jacquelyn Dowd Hall, James Leloudis, Robert, Korstad, Mary Murphy, Lu Ann Jones, Christopher B. Daly, *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill, NC: University of North Carolina Press, 1987), 58.
- ⁶² Hall et al., *Like a Family*, (1987), 5.
- ⁶³ Ayers, *Southern Crossing*, 38.
- ⁶⁴ Beth Anne English, "A Common Thread: Labor, Politics, and Capital Mobility in the Massachusetts Textile Industry, 1880-1934." (Dissertation database, unpublished doctoral dissertation, The College of William and Mary, 2003), 27.
- ⁶⁵ Jennings Jefferson Rhyne, *Some Southern Cotton Mill Workers and their Villages* (Chapel Hill, NC: University of North Carolina Press, 1930).
- ⁶⁶ Most black men remained in agricultural jobs or tobacco processing. Patricia Evridge Hill, "Invisible Labours: Mill Work and Motherhood in the American South," *The Society for the Social History of Medicine* 9, 1 (1996), 236.
- ⁶⁷ Jacqueline Hall et al., *Like a Family*, 66-67.
- ⁶⁸ Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville, TN: The University of Tennessee Press, 1987), 2-3, 62.
- ⁶⁹ William A. Link, "Privies, Progressivism, and Public Schools: Health Reform and Education in the Rural South, 1909-1920," *The Journal of Southern History* 54, 4 (November 1988), 640.
- ⁷⁰ Beardsley, *A History of Neglect*, 52.
- ⁷¹ Addison T. Cutler, "Labor Legislation in Thirteen Southern States," *Southern Economic Journal* 7, 3 (January 1941), 297.

⁷² Stuart D. Brandes, *American Welfare Capitalism, 1880-1940* (Chicago: University of Chicago Press, 1970).

⁷³ Ibid., 104.

⁷⁴ Rosner and Markowitz, *Dying for Work*, 1987.

⁷⁵ Hoffman, *The Wages of Sickness*, 104.

⁷⁶ Tone, *The Business of Benevolence*, 107.

⁷⁷ Harriet L. Herring, *Welfare Work in Mill Villages: The Story of Extra-mill Activities in North Carolina* (Chapel Hill, NC: University of North Carolina Press, 1929), 329.

⁷⁸ Harriet L. Herring, "Tracing the Development of Welfare Work in the North Carolina Textile Industry," *Social Forces* 6, 4 (June, 1928), 591.

⁷⁹ Tamara K. Hareven, *Family Time & Industrial Time: The Relationship between the Family and Work in a New England Industrial Community* (London, England: Cambridge University Press, 1982), 61. The settlement house and visiting nursing movement stemmed from the impulse of middle and upper class women to volunteer funds and social work to improve the poor morality and social conditions of the poor. They believed that by community work and home visiting, they could assess and improve the environment and the people. Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, MD: Johns Hopkins University Press, 2001), 17, 23-28. The settlement houses were homes and centers for progressive minded women with skills and interests in reforming the social ills of the poor neighborhoods. Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill, NC: University of North Carolina Press, 2008), 67-58, 172-173.

⁸⁰ Tone, *The Business of Benevolence*, 107.

⁸¹ Ibid.

⁸² Marguerite Green, *The National Civic Federation and the American Labor Movement, 1900-1925* (Washington, DC: Catholic University of America Press, 1956).

⁸³ Ibid., 269.

⁸⁴ Ibid.

⁸⁵ Nelson, *Managers and Workers*, 109.

⁸⁶ William Tolman, "The Social Secretary in America," *Social Service* 10, 1 (July 1904), 1.

⁸⁷ Nelson, *Managers and Workers*, 109.

⁸⁸ Ibid., 110-111.

⁸⁹ Ibid., 114.

⁹⁰ Nelson, *Managers and Workers*, 112-114.

⁹¹ Hareven, *Family Time & Industrial Time*, 61.

⁹² Alan M. Schwartz, Amoskeag Company Records Guide, Manchester Historic Association Available at

<http://www.pages.drexel.edu/~kms392/final/Amoskeag.pdf>

⁹³ Hareven, *Family Time & Industrial Time*, 61-62.

⁹⁴ Harriet L. Herring, "Tracing the Development of Welfare Work in the North Carolina Textile Industry," *Social Forces* 6, 4 (June 1928), 592.

⁹⁵ Hall, *Like a Family*, 93.

⁹⁶ Herring, *Welfare Work in Mill Villages*, (1929).

⁹⁷ James J. Lorence, "The Workers of Chicopee: Progressive Paternalism and the Culture of Accommodation in a Modern Mill Village," *The Georgia Historical Quarterly* 91, 3 (Fall 2007), 292-323.

⁹⁸ James E. McCullough, *Democracy in Earnest: The Proceedings of the Southern Sociological Congress for 1916-1918* (Washington, DC: Southern Sociological Congress, 1916-1918), 88.

⁹⁹ Beardsley, *A History of Neglect*, 7, 46.

¹⁰⁰ *Ibid.*, 93. Often northern entities sponsored the first public health initiatives in the South. One of the most significant examples was the Rockefeller Sanitary Commission. The commission sent workers and funds to the southern states beginning in 1909 to work on hookworm eradication. The commission's traveling dispensaries took on characteristics of evangelical revivals, a type of event that was common and non-threatening to southerners. This structure of delivery proved successful. Later state agencies adapted this type of delivery system to more public health services.

¹⁰¹ James E. McCullough, *Democracy in Earnest: The Proceedings of the Southern Sociological Congress for 1916-1918* (Washington, DC: Southern Sociological Congress, 1916-1918), 88. The Southern Sociological Congress (SSC) formed in 1912 with a "fundamental purpose to inform and quicken the social conscience of the South and to have it express itself in aggressive social action." Religious ministers comprised one-fourth of all SSC members. The Congress hoped to dissolve southern "isolationism" and improve social, moral, and physical conditions of southern people. Southern Sociological Congressmen, James

McCullough wrote, “Many of our ablest statesmen fail to see that the conservation of the health and lives of their constituents is one of the most important functions of the States and the nation.”

¹⁰² In 1912 the Public Health and Marine Hospital Service reorganized as the U.S. Public Health Service and continued national public health initiatives. Public health and medical practices rooted in scientific evidence introduced methods of water purification, sanitation, vaccination, and quarantine that decreased communicable diseases known to be transmitted by human contact, insects, and water or food contamination. Walter Reed’s successful campaign against yellow fever made great strides in swaying public opinion towards the benefits of systematic public health. Well into the nineteenth century, medical services for U.S. workers were almost non-existent. After the Civil War, railroads and mining companies were the first to employ company physicians. Beginning in the 1880s, steel and other manufacturers added physicians to their payroll. Early industrial physicians were surgeons available in the event of industrial injuries. Very little industrial medicine was preventative, and occupational diseases were not well understood.

¹⁰³ Lillian, D. Wald, “The Doctor and Nurse in Industrial Establishments,” *The American Journal of Nursing* 12, 5 (1912), 408.

¹⁰⁴ Ibid.

¹⁰⁵ Harry E. Mock. *Industrial Medicine and Surgery* (Philadelphia, PA: Saunders Publishers, 1921), 1.

¹⁰⁶ Paul Star, *The Social Transformation of American Medicine: The rise of a sovereign profession and the making of a vast industry* (Cambridge, MA: Basic Books,

1982), 203. Historian Paul Starr related the denial of admittance of one Sears and Roebuck physician in 1908 to the Chicago Medical Society. The Chicago Medical Society disapproved of the Sears physicians provision of services to employees proclaiming this “an unethical invasion of private practice.”

¹⁰⁷ Ibid.

¹⁰⁸ Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill: University of North Carolina Press, 2008).

¹⁰⁹ Patricia D’Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore, MD: The Johns Hopkins University Press, 2010), 64-65.

¹¹⁰ Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, MD: The Johns Hopkins University Press, 2001), 98.

¹¹¹ Lillian Wald Correspondence on Public Health, 1920. LWP, Reel 25, NYPL.

¹¹² Jeffrey P. Brosco, “The Early History of Infant Mortality Rate in America: A Reflection upon the Past and a Prophecy of the Future,” *Pediatrics* 103, 2 (February 1999), 481.

¹¹³ Ibid., 481-482.

¹¹⁴ Stanley Lemons, “The Sheppard-Towner Act: Progressivism in the 1920s,” *The Journal of American History* 55, 4 (March 1969), 781-782. The Sheppard-Towner Maternity and Infant Protection Act of 1921 appropriated \$1,480,00 for the fiscal year 1921-1922 and \$1,240,000 for the next five years ending June 30, 1927. Each state could receive \$5,000 and an additional \$5,000 if the state provided

matching funds. The Children's Bureau administered funds to state child welfare or health boards, but states could choose to reject funding. In order to receive funding the state legislature had to adopt legislation enabling the funds and provide an implementation plan. The bill aimed to provide for instruction on hygiene and maternal child health through the work of public health and visiting nursing agencies, public health centers and educational pamphlets. Forty-one states applied for Sheppard-Towner funds in 1922, including North Carolina. North Carolina expanded county and city health departments with Sheppard-Towner funds after accepting \$27,259 in 1922.

¹¹⁵ Lavinia L. Dock and Isabel Maitland Stewart, *A Short History of Nursing from the Earliest Times to the Present Day*. (New York: Putnam Books, 1938), 327.

Chapter 3

Lillian Wald and the Development of Industrial Nursing

BE IT RESOLVED, that this Conference urge the provision of medical and nursing attendance in all industrial plants of suitable size, with a view of caring for industrial injuries and the general health of the worker . . . and where possible, of his family at home.¹

In 1919 Lillian D. Wald introduced this resolution at the National Industrial Conference in Washington D.C. convened by President Woodrow Wilson. Wald's resolution culminated two decades of her work as a representative for laborers and their families in New York City and across the United States.² In fact for over twenty years Wald had believed that deficiencies in industrial health care and poor safety conditions were major barriers to the health of the working class. In the tenements of the Lower East Side, Lillian Wald became acquainted with the health and social issues of industrialization and the suffering of New York's working poor. Having observed these deficiencies on a daily basis as a nurse at the Henry Street Settlement, Wald became an advocate for labor reform and promoted industrial nursing for the remainder of her career.³

The rapid industrialization of the United States in the second half of the nineteenth century created a new set of social issues that required the government's attention. By the early twentieth century, immigration, labor relations, and public health were at the forefront of many political and social agendas. Early Progressive reform movements were a response to these societal issues.⁴ Wald's ideas about labor reform

emphasized the social responsibility of industry to ensure the welfare of workers and their families. Describing industrial nursing Wald wrote: “Rendering first aid in cases of accidents or giving treatment for petty ailments is but a part of the opportunity.”⁵ In fact, Wald supported preventative care in addition to the establishment of welfare departments and industrial nursing services in all factory settings.⁶

Lillian Wald, however, was not the first person to perceive the need for nurses in the industrial setting. Industrial nursing began in Great Britain in 1878 when the Carrow Works hired a trained nurse, Philippa Flowerday, to make home visits and address the nursing needs within the district. Major British firms, including food industries such as Cadbury Brothers, mining companies, and textile mills in Manchester created health programs for workers.⁷ Soon after, companies in the United States followed the practice. In 1895 the Vermont Marble Company established the first American visiting nurse service in industry⁸ by hiring nurse Ada Stewart to visit the homes of workers and their families, and provided health education and advice. In 1897 Wannamaker’s Department Store in Philadelphia, hired Anna Duncan to supervise the health and welfare of store employees.⁹ Observing the benefits of these visiting nurses in industry, Wald insisted that manufacturers employ nurses in every one of their factories for the benefit of the workers. As a result, large employers in the northeastern United States slowly began to hire nurses to supervise the workers’ health and wellbeing.

Lillian Wald’s national authority on the reform of industrial working conditions and labor advocacy helped shape the role of industrial nurses in corporate welfare programs throughout the United States. This recognized authority provided Wald with power to promote public health nurses in industrial establishments. The work Wald began

in New York City at the Henry Street Settlement eventually stretched beyond the city limits and across state boundaries, influencing industrial nursing throughout America.

The Henry Street Settlement Visiting Nursing Service

Traditionally care of the sick took place in the home and was dictated by family norms in early American society. As the dynamics of the family changed, men and women who remained single, worked and lived miles away from family and close friends; thus in times of illness they had no one to care for them.¹⁰ Prior to the nurses' introduction into the community setting, charitable organizations visited the sick and provided some care.

In the early 1900s, most nurses worked as private duty nurses for wealthy families or as matrons or head nurses in hospitals. Within the hospital setting they oversaw the work of student nurses who performed the majority of hospital tasks.¹¹ In early institutional settings such as the hospital, the matrons and student nurses were subordinates to the physicians and hospital board. The work of the hospital nurse focused on carrying out physician's orders and providing basic nursing care including nutrition management, wound care, and cleanliness. Many women balked at the patriarchal structure of the hospital and had no desire to work in the hospital setting. But limited nursing jobs as a private duty nurse or even in the hospital forced nurses to seek new opportunities to care for others. Many found employment in public health nursing or created new roles in the community setting.¹²

Lillian Wald began a new kind of nursing practice when she established the Henry Street Settlement (HSS) in 1893 to serve the needs of the poor on the Lower East Side of Manhattan. Within this district of the city, the cloak and suit industry had become a thriving economic force. In fact, in 1905 the U.S. Census Report on Manufactures documented New York as the epicenter of the ready-made clothing industry. The 1905 census also reported that there were 1,707 establishments in the men's clothing trade employing 40,000 workers.¹³ Cheap, mass-produced fabric soon allowed for the production of "ready-made" clothing in the United States. As the popularity of this industry grew, New York City quickly became the manufacturing site of many leading clothing industries.¹⁴ Massive growth of the textile industry led to market competition among clothing manufacturers and low wages for workers.¹⁵

Dissatisfied workers participated in strikes to protest their poor working conditions. These conditions extended beyond the factory and into the home since manufacturing took place not only in the factory, but in tenements and sweatshops throughout the city. Wald's immersion into the communities on the Lower East Side provided her with first-hand knowledge of safety and health concerns associated with the tenements.¹⁶ Describing her work in 1915, Wald wrote: "I should like to make it clear that from the beginning we were most profoundly moved by the wretched industrial conditions which were constantly forced upon us."¹⁷ The state of families fragmented by harsh work environments motivated Wald throughout her career to make their lives better.

Wald described her "baptism by fire" as a visit to a tenement house of a student whose family was living in squalor and the father "crippled."¹⁸ The dire circumstances of

the family stemmed from the father's industrial accident which left him unable to provide for his family.¹⁹ Similar conditions, replicated throughout the tenement houses on the Lower East side, drove Wald's reform work regarding labor issues, specifically in the areas of child labor, work hours, industrial accidents, and sanitation.²⁰

Realizing the problem of home sweatshops was wide spread, Wald reported, "in 1911 there were 13,286 houses licensed for tenement work,"²¹ and cautioned that, "the 13,286 houses licensed do not indicate the extent of the work. Each license may cover from one to forty families and gives no conception of the work done in unlicensed homes."²² Several years later, Wald wrote of the problem of infection due to these tenement sweatshops. "The possibility of infection is perhaps the most obvious disadvantage of homework."²³ Poor families took in "piece work" from local clothing manufactures in order to make extra wages.²⁴

Wald not only worried about the spread of disease, but also about the exploitation of children pressured to work in the home. Out of necessity, children were frequently kept out of school to help with the home manufacturing. Henry Street nurses routinely observed piece work in sick rooms.²⁵ Wald wrote, "We believe that there is serious exploitation of the children and that while the State has been developing a reasonable standard for the employment of children in factories . . . we have not measured the extent of the exploitation of the children in the homes."²⁶ A HSS case report dated May 18, 1914 read, "Called. Mrs. F. said that it was not possible for them to get along without Katie, 13, and Mamis, 8, helping to finish pants."²⁷ A similar April 1914 case reported, "Called, saw Mrs. L., who said it was necessary for her to keep 14 year old daughter to work finishing pants in the home. The father had been out of work for eight months."²⁸

When HSS nurses asked about piece work in the home, tenement families often denied any involvement, but evidence of the work was obvious to the visiting nurse. A Henry Street nurse documented one visit: “Girl emphatically denied that she did any home work. Call was made just when the girl had four needles with thread pinned in her blouse.”²⁹

Later, in her testimony before the New York Committee on Industrial Relations, Wald recapped her qualifications to represent the labor force, noting that she had obtained them “not only by membership in the Child Labor Committee and familiarity with investigations of homework,” but from her residence for “twenty-one years in tenement house neighborhoods” and from information that she got “day to day from a large staff of nurses who visit in tenement houses, . . . and from association with colleagues who are interested in the same matters.”³⁰

Lillian Wald and other early nursing leaders collaborated with Progressive politician Theodore Roosevelt. During his New York governorship (1899-1900) and later his presidency (1901-1909), Roosevelt called upon Lillian Wald to represent the welfare of the people on various committees including the Children’s Bureau in 1912. Wald’s professional relationships were instrumental in influencing her ability to effect change. Florence Kelly wrote in a letter to Wald about her hopes that Governor Roosevelt could enforce factory inspection and child labor laws in the state. Kelly wrote, “so great an opportunity for social usefulness is the position of Factory Inspector of New York State . . . with Teddy’s [Theodore Roosevelt] fearlessness to back up the inspector makes it seem possible.”³¹ Wald assisted Kelly in creating the National Children’s Bureau

during Roosevelt's presidency. Through this association she championed for child health and child labor regulations.³²

Wald's Labor Advocacy

In late 1909 Wald was part of the first collective bargaining agreements in U.S. industrial history.³³ In November 1909 during the cloak and suit strike, more than 20,000 workers took to the streets of New York to protest harsh working conditions and poor sanitation.³⁴ Disturbing labor conditions in the clothing factories and outrage over tenement manufacturing, led a large population of laborers, mostly women, to stop working in protest. The employers involved in this incident were organized as part of the Manufactures' Protective Association (MPA) and collectively produced 60 percent of the nation's suits and cloaks. Most of the protestors were part of the National Women's Trade Union League (NWTUL), an organization Wald co-founded in 1903 for working women from all social classes.³⁵

During this strike, Wald and her long-time friend and benefactor, Jacob Schiff, acted as mediators between the employers (MPA) and strikers (NWTUL). Wald also provided indirect support, allowing the strikers to use the backyard of the Henry Street Settlement as a meeting place.³⁶ In addition, Wald adamantly petitioned for the rights of female workers to strike without police interference. Wald's efforts paid off in early 1910 when employers and laborers reached a peace agreement. The agreement between the firms and the employees included the formation of the Joint Board of Sanitary Control, a board to which Lillian Wald was appointed treasurer and representative for the workers.³⁷ Wald used her position with the Board to extend nursing services to workers. In 1910 she wrote:

Education of workers in personal and industrial hygiene is one of the best methods of preventing occupational diseases. This education can best be carried on by nurses as is done by the Lady Visitors in England [and also here in the states by] the tuberculosis and school nurses. [This nursing work] is destined to be extended to industrial welfare and educational work.³⁸

In her letter to the Joint Sanitary Board, Wald made it clear that industrial nurses' prevention efforts were key to improving the circumstances of the city's poor workers.

The Triangle Shirtwaist Factory Fire

Despite the negotiations for better working conditions, the working environment in factories did not change soon enough. Tragedy struck the Triangle Shirtwaist Factory on March 25, 1911.³⁹ The Triangle Company operated out of the top three floors of a ten-story building with no fire alarms, a poorly constructed fire escape, and few exits. In order to prevent the workers from stealing, each day the managers secured the doors of the workrooms, locking the women workers inside. Late in the work day of March 25, a fire broke out on the eighth floor of the Triangle complex, trapping the workers behind the locked doors. The only fire escape quickly melted, leaving the workers no escape from the inferno. The flames burned hot, igniting the fabric, blazing through the building's top floors, and claiming 129 lives, including 112 women between the ages of 14 and 49. Seventeen men also died from smoke inhalation and trauma.⁴⁰

An investigation of the fire uncovered startling revelations about the working conditions and safety issues in the factory. The fire escapes were inadequate, the workroom doors opened inward and were locked to prevent employees from taking

unauthorized breaks, and the workrooms were overcrowded.⁴¹ The public was outraged by the Triangle Fire and the blatant neglect of the workers' safety. In fact, the situation could have been predicted, as shortly before the devastating fire some of the workers had attempted to join a union in an effort to protest unsafe working conditions. Scholar Arthur McEvoy wrote, "The fire symbolized the helplessness of industrial workers in the face of danger over which they had little control and the law had hitherto, for the most part, simply abandoned them."⁴² The tragic fire in New York highlighted the power struggle between employers and labor, and the necessity of government intervention and safety legislation. The Triangle Fire is known both as a tragedy and as a catalyst for industrial safety reform in New York and the United States. Labor reformers moved quickly to make safety regulations in industry mandatory.⁴³

In late 1911 this catastrophe forced the New York legislature to act. They appointed the Factory Investigating Commission to study all the issues related to the health and safety of workers, and any existing laws, and to recommend additional necessary ordinances. The legislature charged the commission with investigating factory sanitation, safety conditions in the buildings, wages, and the living conditions of workers.⁴⁴ A year later, the commission passed the Factory Laws, which reflected the lessons they had learned from the devastating Triangle Fire and the lax safety practices by manufacturing firms. The laws mandated that management remove the waste material twice per working day, install sprinkler systems in workrooms, and comply with safety and sanitary codes.⁴⁵ To insure that owners complied with these safety measures, the commission issued sanitary certificates to firms who adopted the new standards.

Despite negotiations between manufacturer and workers, smaller unregistered manufacturing firms did not adhere to standards already set by the New York Joint Board of Sanitary Control. These firms continued to allow work in the tenement homes despite Wald and her colleagues' persistent condemnations. A 1912 article regarding Wald's work with the Sanitary Board described the issuance of sanitary certificates to compliant workshops and the use of a garment label that indicated a manufacturer's compliance with safety and sanitary standards. Henry Moskowitz, secretary of the board, wrote, "The label is issued by the board and attached to the garment, and the consumer is assured that the cloak purchased was made in a shop where the laborers were not overworked, exploited by low wages, or devitalized by inhumane conditions." The garment label was a way to get consumers actively involved in caring for workers by calling on them to invest in goods produced in safe work environments.⁴⁶

In 1913 Wald supported the establishment of the Department of Industrial Hygiene in the New York Department of Labor and argued, "The appointment of a board of scientific experts to investigate conditions, with a view to the creation of higher standards of sanitation, ventilation and safety, and with authority to make definite proposals for attaining these standards, is socially important."⁴⁷ In a paper given to the New York legislature supporting the 1913 bill for the establishment of a Department of Industrial Hygiene, Wald quoted a 1910 investigative report: "The report made in 1910 to the Legislature of the State of New York by the commission appointed to inquire into the question of employers' liability, brings some statistical evidence of the effect upon the families of injuries to the breadwinners."⁴⁸ Wald provided statistical evidence of the hardships of industrial settings, documenting the problems of the families of 186 men

killed on the job, and concluded that “an industrial accident is likely to bring a trail of lasting misery.”⁴⁹

The commission acknowledged the plight of specific families. In a report they showed that ninety-three widows had gone to work; in nine families, children under sixteen were working; one hundred families were destitute, and thirty-three families received aid from charities and relatives. Wald gave a specific example of one family:

An Italian day laborer, while digging the foundation of one of our larger buildings was crushed to death by a huge rock which fell upon him. His young daughter, the oldest of four children and the only one of working age, became the breadwinner; childhood and youth crushed out of her by heavy responsibility, as the rock had crushed the life out of her father.⁵⁰

In 1914 Wald argued again before the New York Factory Investigating Commission, reporting on homework and its effect upon women and children. According to the transcript of her testimony she claimed, “it [piece work] keeps families crowded near factories, encourages truancy and child labor, [it is] hard on women’s health due to poor sanitation and light, [and] endangered public health because disease may be carried in tenement made clothing.”⁵¹ Wald testified that the factory laws passed to regulate tenement work through licensure were unenforceable and that abolition of homework seemed to be “the only practical solution.”⁵²

During the testimony, the New York Factory Investigating Commission asked whether or not Wald observed improvement in the Lower East Side industrial situation in her twenty-one years of residence. Wald answered, “Oh yes, I think so. There were twenty-one years ago very bad workshop conditions that do not prevail today, and that

makes me hopeful for the future and encourages me to insist upon better standards to protect [workers] and the children more and more.”⁵³ Clearly Wald’s reform efforts and progressivism had begun to make a difference.

One such successful effort was the establishment of a Sanitary Board. A 1914 New York City Health Manual described the responsibilities of the Sanitary Board, “The activities of the Board include supervision of (1) safety and fire protection of buildings; (2) fire protection in buildings and shops; (3) sanitation; (4) education; (5) first aid nursing; (6) medical clinic; (7) dental clinic.”⁵⁴ Wald and the HSS nurses began working in first aid rooms or dispensaries on the Lower East Side in order to meet the health demands of the working people without the aid of industries.⁵⁵ The New York state factory laws (specifically Rule 178) mandated that a first aid kit be maintained in every shop and factory.

Wald viewed the requirement of first aid kits as an opportunity to expand the role of the visiting nurses.⁵⁶ Soon a HSS nurse visited each shop once a month to inspect the kit and to give instructions about its use to workers. During these visits, the HSS nurses paid special attention to the health of the shop girls and referred workers to the medical clinic.⁵⁷ Describing their work, Wald wrote that the HSS nurse “visited about 240 shops every month, besides visiting the homes and seeing a number of the girls at the office of the Board or at the office of the Henry Street Settlement.”⁵⁸ Other aspects of the nurses’ work included giving health talks during the lunch hours and referring employees and family members to HSS for follow-up appointments at the clinic or in their homes.⁵⁹ Clearly, Wald’s nurses were beginning to make an impact on the health of workers and their families.

The “Nurse in Industrial Establishments”

Industrial first aid rooms were a source of health services and medical care for poor workers. As early as 1909, Wald and her colleagues had established a first aid room on the Lower East Side after the Garment Strike peace talks. Under the direction of physicians’ standing orders, nurses provided an array of treatments and services in the first aid room. They treated wounds and minor ailments, made referrals to physicians, and provided health advice. Wald’s community first aid rooms met the health demands of the working people that otherwise went unnoticed. The number of people served was significant; HHS nurses assisted between 10,000 and 23,000 patients per year in the first aid rooms.⁶⁰

Outside of HSS, nurse-staffed first aid rooms evolved as companies began to incorporate medical and welfare departments into large industrial settings. The general services provided by industrial welfare departments included medical and surgical follow-up, first aid treatments, dental care, physical exams, plant sanitation, and health education.⁶¹ “Standing orders” covered “routine troubles and any emergencies” that might arise in the physician’s absence.⁶²

In 1915 Wald recalled her vision for the broad agenda of the industrial nurse: “Her duties take her into factory and workshop, and she has identified herself with the movement against the premature employment of children, and for the protection of men and women who work that they may not risk health and life itself while earning their living.”⁶³ Wald depicted the industrial nurse as a socially minded health promoter. Indeed, the industrial nurse was soon recognized as an asset to large industries.

Wald expanded the work of nurses through collaboration, political advocacy, and consultation. She established collaborative partnerships to improve the health and well-being of industrial workers. For example, in June of 1909, Wald forged a cooperative relationship with director Lee Frankel, the founder of the Metropolitan Life Insurance (MLI) Welfare Division.⁶⁴ Wald and Frankel set up a three-month experiment in which Henry Street nurses visited working class MLI policy holders in one section of the city and then compared their outcomes to another section of the city without visiting nurses. Wald wrote to Frankel, “Let your agents be our door openers.”⁶⁵ MLI agents identified any illness during their home visits and then referred the families to the HSS nurses for follow-up.⁶⁶ The HSS nurses evaluated patients, provided medicine and treatment for routine illnesses, and referred those who were acutely ill to physicians. The partnership between HSS nurses and MLI agents decreased policy claims.

After three months of success with policy holders in the experimental group, MLI extended the visiting nursing service throughout New York City; by 1911 MLI extended these services to their policy holders in cities across the United States.⁶⁷ The national scope of this initiative is an excellent example of how Wald’s nursing and welfare work reached beyond the boundaries of New York and impacted industrial workers in different settings. Wald later described the collaboration between the HSS nurses and the Metropolitan Life Insurance Company as “an important event in the annals of visiting nursing.”⁶⁸

Wald further promoted the importance of industrial nursing on a national level by serving as a consultant for the National Civic Federation’s (NCF) welfare department, a private organization of business owners, efficiency experts, and welfare workers. This

department, established in 1904, was headed by social worker Gertrude Beeks who was a protégé of her colleague Florence Kelly. Beeks sought to disseminate information regarding welfare practice standards. The NCF department recommended corporate welfare programs to industrialists and promoted the work of welfare workers or social secretaries.⁶⁹ Since its inception, the NCF's mission was to mediate labor issues through private initiatives, mainly corporate welfare programs, rather than through violent labor strikes and government interference. (See Chapter 2). Every committee at NCF included representatives from industry, labor advocacy, and the public (professionals with first-hand knowledge of labor relations). Being well suited for the role, Wald represented the public perspective on labor issues and argued that in addition to teachers, social workers, and physicians, companies needed trained nurses.⁷⁰ Nursing representation at NCF was important because NCF played a large role in shaping the national agenda of corporate welfare practices.

Wages for Public Health Nurses

During the early years of public health nursing, health departments and visiting nurses agencies were small and jobs were competitive. The expanding roles in Public Health Nursing allowed nurses to move out of the hospital and private duty settings to provide their expertise and knowledge to the community. Beyond the professional, moral, and spiritual duty, financial independence may have been equally important to these women. Industrial nursing offered comparable pay to that of visiting nurses, and thus provided new opportunities for nurses interested in public health work.

Wald's Henry Street Settlement colleague Yssabella Waters maintained data on public health nurses' jobs and salaries, which demonstrated that industrial positions provided comparable or higher wages with the inclusion of room and board than that of a public health nurse. Industrial nursing became very popular among professional nurses. As one nurse described, the popularity was due to "the certainty of income, the regular hours, and the variety and interest of the work."⁷¹ Waters' 1911 survey found widespread public health nursing services with a range of salaries from twenty to eighty dollars per month. Waters' data (Figure 3.1) illustrated the salary levels associated with different geographic locations.

Figure 3.1

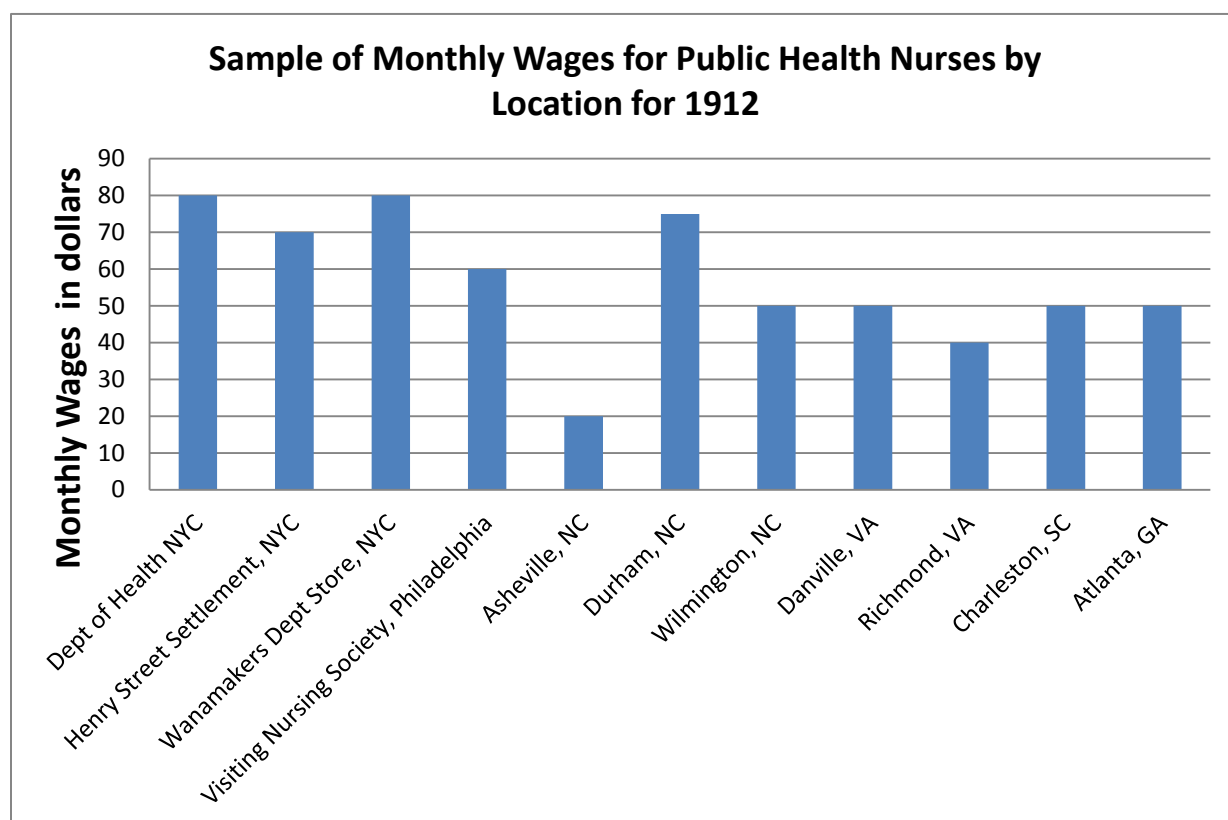


Chart adapted from figures provided in: Yssabella Waters, *Visiting nursing in the United States; containing a directory of the organizations employing trained visiting nurses, with chapters on the principles, organization and methods of administration of such work* (New York : Charities publication committee. 1912. Edition Cornell University Press, 2009).

Monthly wages in northern areas ranged from sixty to eighty dollars per month while in areas of the South a much wider range of twenty to seventy-five dollars per month occurred. Many jobs included room and board, others even included uniforms. Across the United States nurses worked in schools, in companies like Wanamaker's Department store, in government sponsored public health departments, or in settlements like the one on Henry Street.

Waters' biannual surveys showed a significant increase in community associations employing nurses and the number of nurses entering the district or public health nursing. In 1909 Waters found that 566 associations employed 1,413 public health nurses; by January 1, 1912 that total had increased to 899 associations employing 2,442 public health nurses. Due to competitive wages, expertise, and the level of autonomy in practice, the role of the public health nurse in industry continued to grow in popularity among graduate nurses during the early 1910s.⁷²

Wald continued to identify the potential of public health nurses in industry. Along with the founding members of the National Organization of Public Health Nursing (NOPHN), founded in 1912, Wald viewed industrial nursing in the early twentieth century not as a separate type of nursing but as an opportunity to provide public health nursing care to a large group of workers. Wald began to study this emerging role more closely and in the process she helped to identify the significant role industrial nurses played not just in New York, but across the United States, even prior to the founding of the NOPHN. No matter where nurses worked in industry, Wald found a common thread in the health education and sick care given to workers and their families.

Industrial Nursing Practice

Wald's interest in industrial nursing extended beyond New York as she began to investigate the practice of industrial nursing in other U.S. cities. In 1910 Wald sent survey letters to industries throughout the United States to obtain information about the work of nurses and doctors in industrial establishments. Explaining her survey Wald wrote:

Inquiry has been made of some twenty [industries] as to why they do so [employ doctors and nurses]. Practically all make the same answer: It pays! It is a saving to the firm in prevention of infections and large hospital bills! Our medical department is considered of economic value or it would not exist.⁷³

Advocating on behalf of the nurses' role, she continued, "The presence of the nurse working with the doctor is of incalculable value in giving to him knowledge of minute symptoms that should help him in the handling of the hygiene of the industry as well as of the individual."⁷⁴

Wald built a case for the importance of industrial nursing using survey responses. Throughout Wald's research companies consistently described nurses as valuable to the employee and the family. Nowhere was that more apparent than in the response from the Cleveland and Cliffs Iron Company of Ishpeming, Michigan:

The principle advantage to the workers and their families is in the securing of expert services of a nurse in a sudden or short illness in which it would have been impossible to secure a trained nurse. The nurse, supplementing the work of the physicians, is able to teach an inexperienced mother how to care for herself or family in case of sickness, and renders them valuable advice in many ways.⁷⁵

The response to Wald's survey results demonstrated that it was favorable for the industry owner to employ at least one nurse and establish a welfare department for workers and their families. The Jeffrey Manufacturing Company of Columbus, Ohio also responded to Wald regarding the value of a nurse: "We have so many [sick] calls from the homes of our employees on account of illness of the wife and children. It was quite common for some of our most valuable men to be away from work on this account. Now, instead of the men going home the nurse is sent instead."⁷⁶ Home visiting was an important element of the industrial nursing service. Wald summarized many of the survey responses when she wrote:

It is an established fact that the nurse's work within the plant [is] relatively ineffective if not supported by follow-up visits to the homes. Many companies have been convinced by their own experiments that [the] extension of the nurse's service to the families of employees produces returns which warrant this additional expense.⁷⁷

Even while caring for the family, industrial nurses did not lose sight of the fact that their employer expected them to help maintain the health of their workers in order to reach maximum production.⁷⁸ Industrial nurses were successful because the workers gained confidence in their abilities through repeated interactions. W.H. Houlton, secretary of the pension department at Cliffs Iron pointed out, "Our people have come to look upon our nurses as belonging to them, and probably consult them more freely than they would any other member or officer of the Company."⁷⁹ Houlton's observations point to the authority and power that nurses possessed in their daily work.

Some mills did not buy into the need for a nurse. For example, J.D. Massey, of Eagle and Phoenix Textile Mills Columbus Georgia, gave this response to Wald's survey: "We do not employ doctors and nurses except from time to time as special cases may require. The mills have a regular surgeon who in case of accident . . . is called and gives necessary attention, our help preferring to conduct their own personal affairs."⁸⁰

Other industries recognized the inherent value of a nurse on staff. In reference to Wald's question regarding infection rates, E.L. Shaw, General Manager of Works at the B.F. Goodrich Tire Company in Akron, Ohio, replied, "A competent nurse dressing minor injuries nearly eliminates infection. She also recognizes early symptoms of disease, contagious and otherwise, and advises such patients to see their family physician."⁸¹ In 1910 the Royal Worcester Corset Company of Worcester, Massachusetts, who employed 1500 people, responded to Wald's inquiry:

We do not employ a physician, except in extreme circumstances, one or two nurses being ordinarily sufficient. We believe that a nurse can take care of the ordinary slight injuries, and can also advise employees regarding their general health. This is an advantage to the employee, because it enables her to be in condition ready for work under all ordinary circumstances. It is of course to our advantage to have employees of this kind.⁸²

These responses provided Wald with evidence that the industrial nurse was essential to the improvement of workers' health and welfare. Wald used this data to define the scope of the role and describe the value of adding a visiting nursing service within the industrial setting or corporate welfare department.

Using data from the 1910 survey of nurses in industry, Wald later described the duties and benefits of industrial nursing.⁸³ In 1912 Wald explained, “Nurses are required to assist the factory surgeons and to take general care of the girls, assisting them to regulate their diet and personal hygiene, caring for them when they suffer from vague symptoms of fatigue, overstrain and bad air.”⁸⁴ The industrial nurses accompanied the industrial physicians to improve the health and safety of the workers. Having nurses onsite increased efficiency and decreased infection from minor accidents. Nurses also treated common illness, headaches, and hysteria. The industrial nurse also oversaw first-aid, sanitation, and conducted health conferences.

Similar to the HSS nurses, Wald found that standing orders (or an agreement with a local physician) were appropriate to assist the nurse in the industrial setting and to work with industrial families in the community. Wald wrote, “firms that have the full time of a nurse have made satisfactory arrangements with a physician who can be called upon by the nurse when in her judgment his services are essential.”⁸⁵

Eventually Wald published these findings on industrial nurses’ work in an article entitled, “The Physicians and Nurses in Industrial Establishments,” in the *American Journal of Nursing*.⁸⁶ Her work on this subject reached a wider audience when *Business and Public Welfare* published the same article and Wald presented her findings at the Academy of Political Science in New York City.⁸⁷ Wald’s article ascertained that welfare work was part of the foundation of scientific management, industrial work, and efficiency, explaining that the factory owner was responsible to meet the safety, sanitation, and hygiene needs of workers, as well as treat their ailments and any injuries.

Though her research, Wald found that companies had different arrangements for employing physicians and nurses. Some large firms had welfare and medical departments that employed one or two physicians and several nurses. Other firms made contracts with local visiting nurses associations to have their nurses provide check-ins with workers. In other settings the company employed full-time nurses who were given the authority to consult contracted private physicians as needed.⁸⁸

A Delicate Balance: Employee Advocate or Industrial Peace-Maker

Wald wrote that in reference to home visiting, the companies valued the nurses who were able to, “harmonize the relationship between employer and employee.”⁸⁹ In fact, not only did the industrial nurse provide education in the home and serve as a “sanitary engineer,” she also shouldered the duty of “industrial peace-maker.”⁹⁰ Many of Wald’s articles discuss the expertise and the authority of the public health nurse in industry, but she tempered this perspective with the observation that nurses maintained a delicate balance between their loyalty to an employer and their loyalty to the workers. This need for balance in the industrial nurses’ work is echoed in the narratives of the period provided by company nurses from many different industries and geographic locations. Annette Fisk, an industrial nurse in Waltham Massachusetts, wrote in the *American Journal of Nursing*:

The employer’s first interest is a financial one and this fact should frankly be faced. Business thrives better if workers are well . . . the industrial nurse must never forget that she is engaged primarily to help the plant produce and distribute

its goods in as large an amount and of as good a quality as possible by reducing lost time from accidents and illness and promoting good health generally.⁹¹

Nurses were not free to pursue personal agendas; instead they were agents of the company. The main objective of welfare work was to sustain a loyal and productive workforce.

Management within companies recognized that nurses might have competing priorities between being a worker advocate and being faithful to the company and made their expectations perfectly clear. Pickands, Mather and Company, a Midwestern mining corporation, gave the following directive to each new industrial nurse:

Here is where our people live. Go out and do your best to keep their bodies healthy and their minds free from worry. Sympathize with and help them in their sorrows. Try to leave each home happier because you were there, and finally, try to inoculate in them the spirit of love not only within the family but for their neighbors and for America. Remember always, that in their eyes you are the company.⁹²

The last line of this directive is striking. The company expected each nurse to always represent them in a positive light. Nurses were not only agents of health, but agents of their employer's reputation. Clearly, the potential for conflicts of interests between nurses and employers existed.

Florence Swift Wright, Wald's fellow NOPHN colleague and industrial nurse, compiled a list of the industrial nurses' duties that presented the competing priorities of the industrial nurse. She described the nurse's two elements of power were authority over her personal knowledge and delivery of services in the mill villages. The nurse had the

potential to expand her work, if she “performed faithfully” the duties outlined by the company. At the same time the nurse found herself bound by the directives of the company, the needs of the workers, and the orders of industrial physicians.⁹³ Wright considered how nurses would meet all of the obligations of working for a company. She wrote that cooperation with the employer, careful economy, and efficiency would “allow” industrial nurses “reasonable initiative and freedom.”⁹⁴

Serving the Industry and the Community

The industrial nurses’ expertise and the well-documented proof that employee productivity and health improved under their care garnered the industrial nurse autonomy of practice. The industrial nurse attended to all work related injuries. If an accident occurred and a doctor was not present, the nurse gave emergency care.⁹⁵ The ideal industrial nurse needed to possess a calm demeanor and be able to make clear judgments to assess the severity of an injury. It was often the nurse’s responsibility to decide whether the patient needed to be immediately transferred to the hospital or to wait for the doctor’s arrival.⁹⁶

Besides responding to emergencies, the industrial nurse was invaluable in serving the mill village community. The nurse’s attention and care benefited not only the workers, but the entire family. In an *American Journal of Nursing* article, an industrial nurse described a case in which a man came to the welfare building to inquire about rheumatism on behalf of his wife.⁹⁷ She was bedridden and cared for by the children during the day and the husband at night. The wife had developed bed sores and her suffering was intense. The nurse confirmed that the husband had the right to the

Metropolitan Life nursing service and the nurse began to visit daily.⁹⁸ The nurse procured a wheelchair and incorporated a daily regimen of increased activity for the woman. The bed sores began to heal and the wife improved enough for the oldest children to return to work in the mill.⁹⁹ The nurse continued to follow-up with the woman and regularly worked with the entire family.¹⁰⁰ The worker became a powerful champion of the nursing service and requests for the nursing services drastically increased. This story exemplifies the family-centered services provided by the industrial nurse. The nurse was expected to be a generalist to meet the needs of the mill and the village, further demonstrating that the responsibilities of the industrial nurse were extensive.

Home Nursing and the U.S. Council of National Defense

Lillian Wald played a major role in industrial nursing as the United States mobilized for World War I. Preservation of the human capital that drove industrial production was vital to the war effort. The rapid mobilization of the United States prior to and during the first year of World War I increased safety and health dangers for the nation.¹⁰¹ As so many of the nation's physicians and nurses shipped out to support the war overseas, the nation's leaders were gripped with a sense of urgency to protect the health of the people at home, especially that of the industrial workers. In 1918 Wald stated:

The importance of protecting the industrial workers of this country has been intensified by war. The care of their health, the immediate relief for accidents . . . for instance in the munitions factories, and the supervision of the health and home conditions of their families, are measures of vital importance.¹⁰²

Wald asserted that the well-being of workers and their families was paramount to sustain wartime industrial production, and thus her focus remained on the nation's workers and their families. Industrial workers in shipyards, munitions factories, communications, textiles, and food processing among other industries became essential to the war effort. No one was more suited to care for workers on the home front than industrial nurses and physicians.

In August 1916 President Woodrow Wilson formed the Council of National Defense (CND) as part of the Army Appropriations Act. The goal of the Council was to use methods of efficiency and management to coordinate industry, agriculture, health, and economy, and achieve maximum production as the country prepared for war. Ideally this preparation would help avoid supply crises and inefficiency that could cripple an American offensive overseas.¹⁰³

Labor inefficiency wreaked havoc in production in the first few months after America entered the war. Workers' absenteeism, strikes, injuries, and illness decreased industrial productivity. In 1917 industry lost over six million work days due to industrial labor strikes alone. The U.S. government, anxious to avoid further industrial blows, mandated reforms in industries with government contracts.¹⁰⁴

The Committee on Labor of the CND, chaired by American Federation of Labor President Samuel Gompers worked tirelessly to improve labor issues and minimize production delays. The Committee on Labor directed factories to incorporate welfare work and benefits for industrial workers in order to retain workers, decrease absenteeism, and increase factory efficiency. By late fall of 1917, employees involved in production to

aid the war effort enjoyed union wage rates, an eight-hour work day, and standardized factory safety and sanitation.¹⁰⁵

The CND created medical and nursing committees to meet the health needs of those at war and at home. Three committees of nursing were formed: the General Committee on Nursing, the sub-committee on Public Health Nursing, and the Committee on Home Nursing.¹⁰⁶ In June 1917 Samuel Gompers appointed Lillian Wald to chair of the Committee of Home Nursing.¹⁰⁷ Wald's advocacy work on this committee helped to substantiate the specialty of nursing in the industrial setting throughout the United States. Wald explained that the intention of the Committee on Home Nursing was to protect workers and children in industry by inserting visiting nurses in the industrial setting and extending their work into the workers' homes.¹⁰⁸ This committee reorganized nursing and health resources on the home front during the war and shared information about industrial nursing around the country. The committee sought to stimulate the employment of industrial nurses in factory settings; especially the factories directly involved with wartime production.¹⁰⁹

During the war many factory owners attributed the work of nurses to the decline in serious illness and accidents and a rise in improved employee relations.¹¹⁰ In May 1917 General Electric reported to Wald's labor committee: "We have no hesitancy in stating that the improved health of employees, the decreased number of deaths, and cases of permanent or partial disability due to the operations of the hospital and nursing staff are regarded as ample returns for the large annual expenditures of the General Electric Company on this form of welfare work." Additionally, an unnamed industrialist wrote to Lillian Wald that, "There is no doubt [that] the services of a good nurse makes for the

stability of the working force and this has an ultimate financial advantage because it is costly to be frequently changing employees and training new ones.” The retention of trained employees became the reason why many companies hired nurses during and after World War I.¹¹¹

Under Wald’s leadership, the Committee on Home Nursing worked tirelessly to gather more data on industrial nursing contributions to workers. They lobbied for industrial nurses in all factories involved in the war effort, established a network of industrial and public health nurses, and maintained a registry of contacts, making it available to any industry or community in need. The committee also studied the physical effects of working conditions on the workers, with a special focus on how working environments affected the health of women and children.

Wald’s committee used their survey results as evidence to demand that industry leaders, especially those whose factories were directly involved in defense production, provide welfare services to workers and their families. They argued that it was their wartime obligation to care for and protect the workers who were a vital part of the war effort.¹¹² The committee identified essential companies which required the services of an industrial nurse and later expanded the list to include all industrial companies.¹¹³

Wald’s work on this committee put industrial nursing in the national spotlight for the first time. The committee publicized industrial and public health nursing as a home defense asset, arguing that during the war it was the national duty of employers and the government to keep workers healthy for maximum output. To insure this message was heard, Wald’s committee drafted a letter to manufactures and trade unions that outlined the benefits of nursing and welfare work, namely improved production and a decline in

employee turnover. In the succinct three-bullet letter, the committee recommended the employment of an industrial nurse for workers and their families, urged the extension and coordination of nursing services into rural areas, and offered access to the contact list of six thousand public health nurses available in the United States.¹¹⁴ To close the letter, the committee wrote, “With so many doctors and nurses removed from the country for Army and Navy service, the community health, particularly the saving of [a] child’s life, is, to a great extent, dependent upon public health nurses.”¹¹⁵ After sending out a total of 42,000 copies, Wald counted on this letter to reach a vast number of businesses who could examine and consider the value of the industrial nursing role in their facilities.¹¹⁶

Throughout the war, as the demand for war supplies far exceeded the supply of workers, industries incorporated welfare departments on the recommendations of the Labor Committee and Wald’s Committee on Home Nursing. By the end of World War I welfare work in industry had almost doubled.¹¹⁷ The number of industrial nurses in 1917 totaled 567 graduate nurses; by September 1919 the number of nurses in industry had more than doubled to a total of 1,213. This number excluded practical nurses and aides with minimal training.¹¹⁸

Wald’s National Labor Advocacy

By the end of World War I when workers and employers were no longer united by the war production needs, employers allowed their labor standards and welfare work to decline. Wald, however, continued her efforts to promote industrial nursing. She clearly understood the importance of preventive health work and the nurse’s role in industry. In a 1918 statement Wald wrote, “We feel that manufactures do not generally

understand or appreciate the simplicity of installing nurses in industrial plants, the trifling expense involved, nor the immeasurable value of the follow up work in the homes of employees.”¹¹⁹

President Woodrow Wilson recognized Wald’s expertise when, in the fall of 1919, he called her to an industrial conference as a representative of the public.¹²⁰ President Wilson called this conference due to massive railroad and manufacturing strikes that were plaguing the post-war nation. During the conference Wald presented two resolutions.¹²¹ The first concerned child labor, the second demanded the establishment of a nurse in all factory settings in the nation to care for the health of the worker. Wald’s resolutions at the Industrial Conference were a culmination of two decades of work as a representative for laborers and their families.¹²² The resolutions did not pass during the conference. In fact, twenty more years passed before the government passed the Fair Labor Standards Act of 1938.

After her unsuccessful attempt at passing resolutions, Wald continued to support and lobby for the health and safety of American workers. She provided consultation all over the United States in times of labor unrest. For example, Wald sent a letter to the Emergency Committee for Miners’ Relief with recommendations for “organizing medical relief to stop epidemics.”¹²³ Wald even sent financial support to unions, including the United Textile Workers of America, during major strikes across the country, including the 1929-1930 textile workers strike in Danville, Virginia.¹²⁴

Wald's Legacy in Industrial Nursing

As a nurse and director of the Henry Street Settlement, Lillian Wald worked diligently for labor, safety, and sanitary reform on a local and national level.¹²⁵ Through the countless efforts of Wald and other colleagues eager for reform, New York City's labor unions, worker compensation laws, protective child labor laws, and Joint Board of Sanitary Control became models for national labor reform and the development of industrial standards.¹²⁶

Wald viewed the nurse in industry as an essential service to not only the worker in the factory, but also to the families within the industrial community. Through her experiences on the Lower East Side of New York City, Wald was well acquainted with the harsh realities of poor industrial conditions and the effects on workers' families. Throughout her career Wald represented the common laborer in many associations. Through her writing, public speaking, and networking, Wald acknowledged the benefits of the industrial nurse in the first aid room and industrial welfare departments.¹²⁷

Under Wald's influence throughout the 1920s the industrial nursing service continued to grow and diversify. Despite a decline throughout the 1920s in industrial welfare departments, the 1930 U.S. Census reported a total of 3,189 trained nurses, 247 of whom were male, employed in industrial settings.¹²⁸ There were a wide range of industries to choose from, but the majority of these industrial nurses worked for manufacturing companies. As illustrated in Figure 3.2 below manufacturing made up 65 percent of job types, followed by 24 percent in trade industries such as department stores, and 7 percent in the transportation/communication industries such as railroads and telephone companies.

Figure 3.2 Number of Industrial Nurses Categorized by Industry in 1930

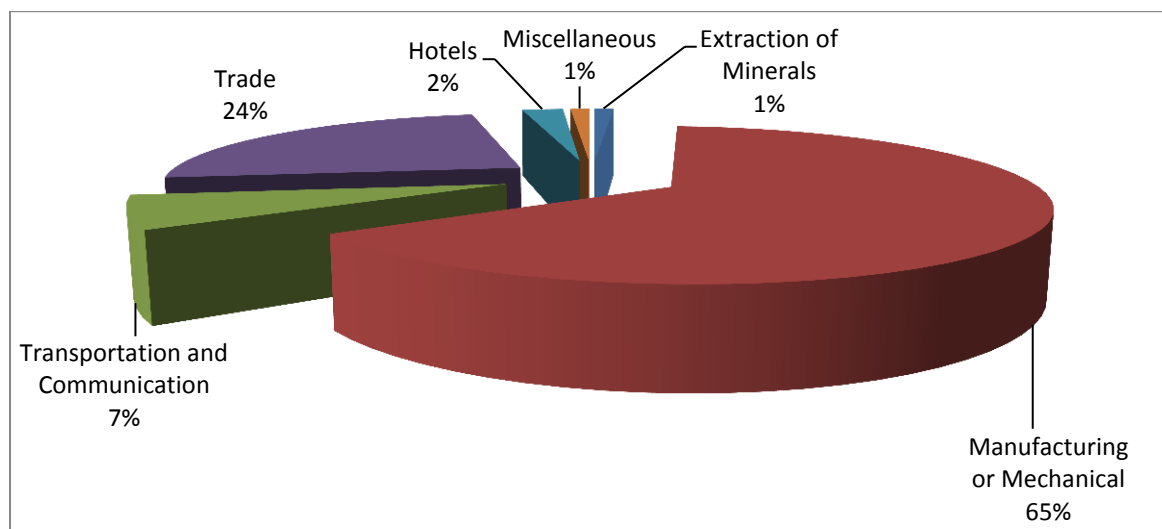
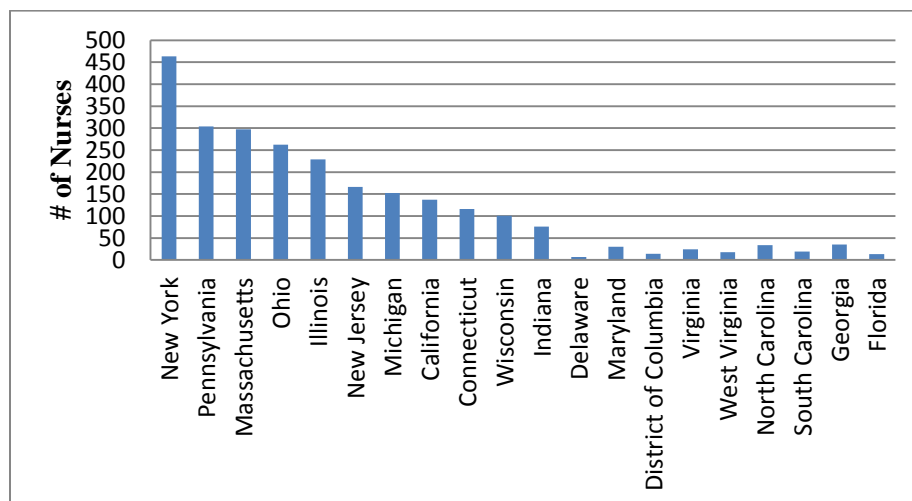


Table adapted from figures provided in: Louise M. Tattershall, *Public Health Nursing in the United States*, (National Organization for Public Health Nursing, 1931).

These manufacturing jobs included textile mills. By the 1930s the majority of textile mills operated in the southern states. However, industrial nursing in the South grew at a much slower rate than northern states. For example, Figure 3.3 below reveals that less than one-third of the total number of nurses worked in southern industry, while the majority worked in northern states like New York.

Figure 3.3 Total Number of Industrial Nurses by State 1930



Figures provided in: Louise M. Tattershall, *Public Health Nursing in the United States*, (National Organization for Public Health Nursing, 1931).

Most northern states reported having at least fifty industrial nurses, while all southern states reported no more than forty. This meant that southern nurses had fewer nurses with which they could network and collaborate. These isolated nurses looked to the northern states and the work of Lillian Wald for guidance on implementing their role in the southern textile industry.

Conclusions

Lillian Wald's mission and work on behalf of workers in the United States during the Progressive Era was exemplary. She conducted first hand experiments with visiting nurses in industry and carefully documented her study of industrial nursing nationally. Wald's advocacy for the industrial nursing specialty in New York extended to the national stage during World War I. Her strategic work with the Metropolitan Life

Insurance Company and the Council of Defense cultivated new possibilities in public health nursing.

Like many of her initiatives to promote public health, Wald's work paved the way for the incorporation of nurses into industrial settings. Northern industry readily accepted Wald's ideas and saw the benefits of the industrial nurse, while the South lagged behind. But slowly industrial nursing crept into the southern factories, particularly the cotton mills. Wald had laid the ground work for the mills in the South to create collaborative partnerships of nurses, welfare workers, and employees. One mill in particular, the southern mill village at Cone Mills in Greensboro, North Carolina, was ready to explore these productive partnerships.

Endnotes: Chapter 3

- ¹ Lillian D. Wald, "Introduction of Resolutions at the National Industrial Conference," 16 October 1919, Lillian D. Wald Papers (here after LWP), Reel 25, New York Public Library (here after NYPL).
- ² Marjorie N. Feld, *Lillian Wald: A Biography* (Chapel Hill, NC: University of North Carolina Press, 2008), 117.
- ³ Ibid.
- ⁴ Ronald J. Pestritto and William, J. Atto, *American Progressivism* (Lanham, MD: Rowman & Littlefield Publishers, 2008), 10-12.
- ⁵ Lillian, D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912): 406.
- ⁶ Wald, Introduction of Resolutions.
- ⁷ Irene H. Charley, *The Birth of Industrial Nursing Its History and Development in Great Britain* (London, England: Bailliere, Tindall, and Cox Publishers, 1954) 48-49.
- ⁸ Evelyn Smith Kersten, "Industrial Nursing from 1895 to 1942: Development of a Specialty." (dissertation, Teachers College Columbia University, 1985).
- ⁹ Ibid.
- ¹⁰ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing 1850-1945*, (Cambridge, UK: Cambridge University Press 1987).
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³ Ibid., 2.

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- ¹⁴ Lillian D. Wald, "Sanitary Control of an Industry by the Industry Itself," Read at the Fifteenth International Congress on Hygiene and Demography, 1913, LWP, Reel 25, NYPL.
- ¹⁵ Ibid.
- ¹⁶ Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, MD: The Johns Hopkins University Press 2001), 100-102.
- ¹⁷ Lillian D. Wald, *The House on Henry Street* (New York, NY: Henry Holt and Co, 1915), 25.
- ¹⁸ Ibid., 7.
- ¹⁹ Ibid., 6.
- ²⁰ Florence Kelley to Lillian Wald, LWP, 24 January 1899, Reel 10, NYPL.
- ²¹ Lillian D. Wald, testimony to the State Factory Inspection Commission, 20 December 1911, LWP, Reel 25, NYPL, 1.
- ²² Ibid., 2.
- ²³ Wald, *The House on Henry Street* (1915), 153.
- ²⁴ Wald, testimony to the State Factory Inspection Commission.
- ²⁵ Arlene Keeling, *Nurses and the Privilege of Prescription, 1893-2000* (Ohio State University Press, 2007), 5.
- ²⁶ Wald, testimony to the State Factory Inspection Commission, 6,.
- ²⁷ Case reports Henry Street Settlement, 1914, LWP, Reel 25, NYPL.
- ²⁸ Ibid.
- ²⁹ Ibid.

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- ³⁰ Lillian D. Wald, testimony to Industrial Commission and Factory Investigating Commission, June 1914, LWP, Reel 25, NYPL.
- ³¹ Florence Kelley to Lillian Wald, 24 January 1899, Microfilm Reel 10, LWP, NYPL.
- ³² Feld, *Lillian Wald: A Biography* (2008), 101.
- ³³ Ibid.
- ³⁴ Lillian D. Wald, "Sanitary Control of an Industry by the Industry Itself." Read at the Fifteenth International Congress on Hygiene and Demography, 1913, LWP, Reel 25, NYPL.
- ³⁵ Ibid., 87.
- ³⁶ Feld, *Lillian Wald: A Biography* (2008), 86-87.
- ³⁷ New York City Health Manual, Joint Board of Sanitary Control, 1921, LWP, Reel 10, NYPL, 41-42.
- ³⁸ Lillian D. Wald to the Joint Board of Sanitary Control of New York September 1910, LWP, Reel 10, NYPL.
- ³⁹ Ibid.
- ⁴⁰ Arthur McEvoy, "The Triangle Shirtwaist Fire of 1911: Social Change, Industrial Accidents, and the Evolution of Common-Sense Causality," *Law and Social Inquiry* 20, (1995): 621-51.
- ⁴¹ Wald, *The House on Henry Street*, 208.
- ⁴² Arthur McEvoy, "The Triangle Shirtwaist Fire of 1911: Social Change, Industrial Accidents, and the Evolution of Common-Sense Causality," *Law and Social Inquiry* 20, (1995): 621-51.

⁴³ History of the United States Department of Labor. Available at:

<http://www.dol.gov/oasam/programs/history/main.htm>

⁴⁴ Lillian D. Wald to the Joint Board of Sanitary Control, 1915, LWP, Reel 25, NYPL.

⁴⁵ Ibid.

⁴⁶ Lillian D. Wald, "Sanitary Control of an Industry by the Industry Itself."; Henry Moskowitz, "The Joint Board of Sanitary Control in the Cloak, Suit, and Shirt Industry of New York City," *Annals of the American Academy of Political and Social Science*, 44 (November 1912): 57.

⁴⁷ Lillian D. Wald, "Sanitary Control of an Industry by the Industry Itself."

⁴⁸ Ibid., 9.

⁴⁹ Ibid., 9.

⁵⁰ Ibid., 8.

⁵¹ Lillian Wald testimony in Public Hearing of the New York State Factory Investigating Commission, City Hall, 23 June 1914, LWP, Reel 25, NYPL.

⁵² Ibid., 2.

⁵³ Ibid., 6.

⁵⁴ Ibid., 41.

⁵⁵ Karen Buhler-Wilkerson, *No Place Like Home*, 148.

⁵⁶ Ibid., 42.

⁵⁷ Ibid., 42.

⁵⁸ Lillian D. Wald, Statement on the Factory Nurse, 1918, LWP, Reel 32, NYPL.

⁵⁹ Ibid.

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- ⁶⁰ Keeling, *Privilege of Prescription* (2007), 25-26.; Lillian D. Wald, Statement on the Factory Nurse, 1918, LWP, Reel 32, NYPL.
- ⁶¹ Buhler-Wilkerson, *No Place Like Home* (2001), 38,98.
- ⁶² Keeling, *Privilege of Prescription* (2007), 9.
- ⁶³ Wald, *The House on Henry Street*, 60.
- ⁶⁴ Buhler-Wilkerson, *No Place Like Home*, 148.
- ⁶⁵ Alma C. Haupt, "Forty Years of Teamwork in Public Health Nursing," *American Journal of Nursing* 5, 1 (January 1953), 81.
- ⁶⁶ Buhler-Wilkerson, *No Place Like Home*, 148. As the data on Public Health Nurses' responsibilities and roles became greater, Wald realized nurses needed a national organization to oversee the growing public health specialty. In 1912, Wald and other nursing leaders established the National Organization of Public Health Nursing (NOPHN). The NOPHN organized public health nursing and build communication networks across the country. The organization continued to collect annual data on nursing work and established standards for training and practice.
- ⁶⁷ Ibid.
- ⁶⁸ Wald, *The House on Henry Street*, 62.
- ⁶⁹ Daniel Nelson, *Managers and Workers: Origins of the Twentieth-Century Factory System in the United States, 1880-1920* (Madison, WI: University of Wisconsin Press, 1995), 109.
- ⁷⁰ Marguerite Green, *The National Civic Federation and the American Labor Movement, 1900-1925* (Washington, DC: Catholic University of America Press, 1956).

Gertrude Beeks trained at Hull House with Jane Adams in Chicago Illinois before working as the welfare secretary at National Harvester, then she became secretary of the National Civic Federation in 1903.

⁷¹ Nelle Swartz, "The Industrial Nurse," *Textile Bulletin* 5, 7 (April 1926), 177, 193.

⁷² Yssabella Waters, *Visiting nursing in the United States; containing a directory of the organizations employing trained visiting nurses, with chapters on the principles, organization and methods of administration of such work* (New York: Charities Publication Committee, 1912, Edition Cornell University Press, 2009).

⁷³ Lillian, D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912): 404.

⁷⁴ *Ibid.*, 406. Wald's research procured data on the diverse practice of industrial nursing. Even the name for the specialty varied from Wald's term of "visiting nurse in industry" to "factory nursing" in Cleveland, "district nursing" in the Atlanta, and "public health nursing in industry" at Metropolitan Life Insurance Company.

⁷⁵ Cleveland and Cliffs Iron to Lillian Wald, 1911, LWP, Reel 10, NYPL.

⁷⁶ Jeffrey Manufacturing Company to Lillian Wald, 1911, LWP, Reel 10, NYPL.

⁷⁷ *Ibid.*, 4.

⁷⁸ Jeffrey Manufacturing Company to Lillian Wald, 1911, LWP, Reel 10, NYPL.

⁷⁹ Cleveland and Cliffs Iron Company to Wald, 1911, LWP, Reel 10, NYPL.

⁸⁰ Eagle and Phoenix Textile Mills to Wald, 1911, LWP, Reel 10, NYPL.

⁸¹ B.F. Goodrich Company to Wald, 1911, LWP, Reel 10, NYPL.

⁸² Royal Worcester Corset Company to Wald, 1911, LWP, Reel 10, NYPL.

⁸³ Lillian, D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912): 408.

⁸⁴ Ibid., 407.

⁸⁵ Lillian D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912), 406.

⁸⁶ Ibid.

⁸⁷ Lillian D. Wald, "The Doctor and Nurse in Industrial Establishments," Proceedings of the Academy of Political Science in the City of New York, *Business and the Public Welfare* 2, 2 (January 1912), 41-46.

⁸⁸ Lillian D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912), 406.

⁸⁹ Ibid., 407.

⁹⁰ William B. Schiller, "A New Force in Industry," *Public Health Nursing* 13, 2 (February 1921), 85.

⁹¹ Annette Fisk, Industrial Nurse, *The American Journal of Nursing*, 35, 12 (December 1935), 1149.

⁹² George Martinson, "Industrial Nursing in Metal Mining Communities," *Modern Medicine* 3, 3 (March 1921), 186-187.

⁹³ Florence Swift Wright, "The Responsibilities and Opportunities of the Industrial Nurse," paper given at the eighth annual National Safety Council Conference Cleveland Ohio October 1-4, *Public Health Nursing*, (1919).

⁹⁴ Ibid. Wright's five responsibilities of the industrial nurse included: First: To herself, that she develops her powers. Second: To her employers, that she perform

faithfully what they have seen for her to do, while demonstrating the economic value of broader activity. Third: To the workers, that she serves them acceptably and with the authority that will win their heed to her teaching. Fourth: To the industrial physician that she carries out his medical orders exactly and she cooperates with him in all matters. Fifth: To the community, that she act in the best and broadest meaning of the term as a good and progressive civic as well as industrial servant.

⁹⁵ Florence Swift Wright, *Industrial Nursing* (New York: Cornell Press, 1920).

⁹⁶ Ibid.

⁹⁷ Christine Kefauver, "Suggestions for the Industrial Nurse," *The American Journal of Nursing* 21(2), (November 1920), 77-80.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Pestritto and Atto, *American Progressivism*, 10-12.

¹⁰² Lillian D. Wald address to the Public Health Nursing: Pan-American Congress on Child Welfare, 20 June 1918, LWP, Reel 25, NYPL.

¹⁰³ John K. Ohl, "The Navy, the War Industries Board, and the Industrial Mobilization for War, 1917-1918," *Military Affairs* 40, 1 (1976): 17-22.

¹⁰⁴ Ibid.

¹⁰⁵ David Montgomery, *The Fall of the House of Labor: The Workplace, the State, and American Labor Activism, 1865-1925* (Cambridge, UK: Cambridge University Press, 1987).

¹⁰⁶ National Organization of Public Health Nursing, *The Public Health Nurse Quarterly*

9, 1 (January 1917). Two of the nursing committees were under the jurisdiction of the General Medical Board. The General Committee on Nursing was chaired by Adelaide Nutting, Director of Nursing at Teachers College at Columbia University. The main concerns of the General Committee on Nursing were to provide nurses for work overseas and to increase nursing resources by expanding nurse training programs. The sub-committee on Public Health Nursing was chaired by Mary Beard, President of the National Organization of Public Health Nursing. The purposes of the subcommittee on public health nursing were to collect a census of public health nurses, encourage states to create four month courses in public health nursing, and to assess the effects of war on community health.

¹⁰⁶ Lillian Wald was both a controversial choice and the most logical choice for chairwoman of the Committee on Home Nursing. Wald was a controversial choice due to her anti-military activities in the pre-war years. Wald helped plan and marched in the August 1914 Women's Peace Parade. In late 1914 Wald, Jane Addams, Florence Kelley and other Progressive reformers founded the Anti-Preparedness Committee better known as the American Union against Militarism. This committee lobbied the Wilson Administration in Washington to remain neutral and help mediate an end to the European war. These anti-war activities caused Wald to lose valuable donors and supporters of her visiting nursing initiatives.

¹⁰⁷ Letter of endorsement from Samuel Gompers and information on industrial nursing sent to all Trade and Labor Unions by the subcommittee on Welfare Work and Labor, May 1917, Letter drafted by Lillian Wald and Committee Secretary Ella Crandall, LWP, Reel 25, NYPL.

¹⁰⁸ Letter of endorsement from Samuel Gompers and information on industrial nursing sent to all Trade and Labor Unions by the subcommittee on Welfare Work and Labor, May 1917, LWP, Reel 25, NYPL; Letter drafted by Lillian Wald and Committee Secretary Ella Crandall, LWP, Reel 25, NYPL. Members Mary Beard; Lillian Clayton of Philadelphia General Hospital; Jane Delano, American Red Cross; Edna Foley Chicago Visiting Nurses' Association; Annie Goodrich Henry Street Settlement; Dr. Alice Hamilton; Julia Lanthrop Chief of Children's Bureau; Adelaide Nutting, Yssabella Waters; and Ella P. Crandell NOPHN. Report Committee on Home Nursing, May 1917, Washington, D.C. LWP, Reel 25, NYPL.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Ibid, 3-4.

¹¹² Letter of endorsement from Samuel Gompers and information on industrial nursing sent to all Trade and Labor Unions by the subcommittee on Welfare Work and Labor, May 1917, Letter drafted by Lillian Wald and Committee Secretary Ella Crandall, LWP, Reel 25, NYPL.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Evelyn Smith Kersten, "Industrial Nursing from 1895 to 1942: Development of a Specialty" (PhD dissertation, Teachers College Columbia University, 1985).

¹¹⁷ Andrea Tone, *The Business of Benevolence: Industrial Paternalism in Progressive America* (Ithaca, NY: Cornell University Press, 1997), 62.

¹¹⁸ Annie M. Brainard, *The Evolution of Public Health Nursing* (Philadelphia, PA and London, UK: W.B. Saunders Company, 1922).

¹¹⁹ Lillian D. Wald, statement on the factory nurse, 1918, LWP, Reel 32, NYPL.

¹²⁰ Lillian D. Wald, introduction of resolutions at the National Industrial Conference, 16 October 1919, LWP, Reel 25, NYPL.

¹²¹ Ibid.

¹²² Feld, *Lillian Wald: A Biography* (2008).

¹²³ Miss Paxton letter to Lillian Wald 1929, LWP, Reel 9, NYPL.

¹²⁴ Lillian D. Wald to the United Textile Workers of America, 1 October 1930, LWP, Reel 9, NYPL.

¹²⁵ Feld, *Lillian Wald: A Biography* (2008).

¹²⁶ Ibid.

¹²⁷ Lillian D. Wald introduction of resolutions at the National Industrial Conference, 16 October 1919, LWP, Reel 25, NYPL.

¹²⁸ Violet H. Hodgson, *Public Health Nursing in Industry* (New York: The Macmillian Company, 1933), xi.

Chapter 4

Nursing the Denim King: Corporate Welfare, and Industrial Nursing at Cone Mills, Greensboro, North Carolina, 1895-1925

While Lillian Wald worked in New York City, progressive men and women like Pearl Wyche and Moses and Ceasar Cone experimented with industrial nursing work in North Carolina. At Cone Mills they implemented a corporate welfare program to optimize their workforce. The Cones hired first welfare workers, then nurses, to provide care to their denim mill employees.¹ While Lillian Wald developed and disseminated her broad view of industrial nursing, the Cone brothers developed a corporate welfare program within the Cone Mills that exemplified the realities of nurses' work in a southern mill village.

Background, Setting and History of Cone Mills

In the 1880s, Moses and Ceasar Cone worked for their father Herman Cone, a successful Baltimore store merchant. The brothers were “drummers,” a term for traveling salesmen, and served general stores, company towns, and rural farm families from Maryland to Alabama. During their time as peddlers the Cones, who garnered a reputation as “friendly” and fair in their business dealings, cultivated southern business contacts in the growing textile industry.²

By 1890 Herman Cone retired from the business and provided capital for his sons to establish the Cone Export and Commission Company to market textile products.³ While the commission was public, the extended Cone family collectively represented 80

percent of all company shareholders.⁴ A large family of nine boys and three girls, each sibling had an interest in the company, and Moses and Ceasar Cone bore the responsibility as patriarchs to sustain the family's fortune.

In 1895 Moses and Ceasar Cone decided to establish their own textile mill in Greensboro, North Carolina. After working as traveling salesmen and founding the Cone Export Commission, they were confident in their knowledge of the textile manufacturing industry. They chose to manufacture denim cloth rather than the usual staples of plaids and gingham which flooded the textile market. The brothers saw the huge potential of denim clothing as the future for durable clothes and uniforms for the growing working class. Coal miners, industrial workers, and farmers readily accepted and preferred ready-made denim work clothes that endured the rigors of their work.⁵

Deciding on a location for their first mill was easy for the Cone brothers. Greensboro, North Carolina was attractive to northern textile investors, like the Cones, for several reasons. First, an abundance of labor and cotton was readily available in the area. Second, a main line of the southern rail system, running through the heart of the city, provided easy transportation for distributing the finished product. Sixty trains passed through town daily earning the city the moniker "Gate City to the Piedmont." Indeed, the trains ran from the great port city and distribution center of Wilmington to the coal fields of Appalachia, and from the textile exchanges of the north to the cotton fields of the deep South. The trains also had a personal advantage for the Cones; it was a convenient train ride from their Baltimore based family to the mill.⁶ Third, southern wages were low. The average weekly salary for an adult male in North Carolina was \$4.71 compared to \$8.21

in Massachusetts and \$10.68 in New Jersey. Finally, land was cheap and the Cones purchased 1,600 acres from a defunct steel company for \$37,500, a mere \$23 per acre.⁷

Over time the Cone brothers built three mills, referred to collectively as Cone Mills which eventually became the largest manufacturing firm and employer in Greensboro. In 1895 the Cone brothers built their first mill, Proximity Cotton Mill. In order to meet the growing market demand for blue and brown denims, they expanded the mill complex and opened Revolution Mill in 1899. Finally they opened White Oak Mill in 1905 to produce indigo denim. The White Oak complex encompassed ten acres of floor space, employed one thousand workers, and cost \$1.25 million to build (See photo of an aerial view of the complex, Figure A.4). The denim mills became successful and gained a reputation for producing quality denim.⁸

By 1908 Cone Mills produced more denim than any other mill in the world and contracted with major denim buyers. By 1915 the Cones became the Kings of Denim when they outbid northern manufacture Amoskeag Mills in New Hampshire to become the largest supplier of denim for San Francisco based Levi Strauss.⁹ Beginning in 1922, Levi Strauss purchased denim exclusively from Cone Mills for their product line of work clothes.¹⁰ Another way to describe the growth of Cone Mills is by the number of operating spindles and looms. Cone Mills grew from 28,312 spindles and 742 looms in 1900, to 203,832 spindles and 7,446 looms by 1925 (see Figure A.1 for a complete description of growth during this period).¹¹

Cone Mills had an advantage over successful northern mills like Amoskeag Mills for several reasons. First, the Amoskeag Mills manufactured other textiles besides denim and their machinery was somewhat outdated in comparison to Cone Mills. The Cones

used vertical integration in all of their mills meaning all steps of production were in one factory, which encompassed 1,500,000 square feet of workspace.¹² The Cone's newer machinery produced cloth at a faster rate with fewer workers which allowed them to maintain competitive prices. The new mill incorporated the latest technology in looms and spinning machines which allowed fewer workers to attend to more machines at once, thus increasing production without increasing wages.¹³

In addition to technology, the Cone Mills held a competitive edge because of their corporate welfare practices that made them attractive suppliers for Levi Strauss and Company. As a family owned business, Levi Strauss developed a business philosophy of socially responsible business ethics and expected good business practices from its suppliers. Strauss expected suppliers to treat workers well and improve the communities around their factory.¹⁴

Treating workers well and improving the communities around the factory was nothing new to the Cone brothers. From their earliest days in textile manufacturing, they were well aware of the need to build a community to support the production of the mills. Like all other divisions of production at the mills, it was necessary to control the quality and productivity of the workforce.¹⁵

In 1899 Cone Mills built three hundred and fifty homes close to the factories for mill families in Proximity Village. The four and six room cottages sat on a 75 x 150 foot lot and rented for \$4.00-\$6.50 per month. Houses were "comfortable and attractive" and the lot size provided room for a vegetable garden (see photo of homes in White Oak Mill Village, Figure A.5).¹⁶ Landscape architects laid out the grid of Proximity and White Oak Villages and included roads, sidewalks, shade trees, water and sewage in order to

accommodate the needs of the workers.¹⁷ According to one advertisement, the grounds were “clean and inviting.”

It was paramount that workers settle in and get to work quickly. These ready-made communities helped “speed the transition” of farm laborer to industrial worker. The Cones expanded the villages to include a fire department, athletic fields, as well as churches, and schools for workers and their families. Cone supported multiple religious denominations in the mill villages. The Young Men’s Christian Association (YMCA) supplemented residents’ social and recreational needs.¹⁸ This combination of welfare benefits and competitive wages combined to attract “a fine type of citizens industrious, settled, and highly religious.”¹⁹

The inclusion of schools in the villages was an important recruiting tool. Workers with families preferred to work at Cone Mills because of the educational opportunities for their children. Younger children were allowed to go to school rather than work in the mills. As Ceasar Cone explained, “A good many of these families are drawn to our particular mills by the exceptional educational facilities offered, so that they can put the younger children into our schools.” The Cone brothers’ mill village provided a nine-month school for children while most southern schools were only in session for three to six months.²⁰ The village schools contained grades one through seven; each village contained a grade school, the largest one being White Oak Village School (see Figure A.6). After grade seven a few children went on to the city high school while others went to work full time in the mills.²¹ When the village schools first opened, mill hand Tobe Sullivan recalled how Moses Cone addressed the workers and encouraged them to send their children to school in the village. Cone told them if any of the parents lacked shoes

for their children to let him know and he would see that they had shoes to wear to school.²²

The mill executives provided several reasons behind their decision to build the schools. First, they wished to provide all possible educational advantages for workers and their families. Second, they hoped that by providing these advantages they would “elevate the mental and moral standing” of the workers and “surround themselves with contented and intelligent workers.” The mill owner added that these benefits came from a “purely business standpoint.” Not only did the executives benefit, but the workers had hope for upward mobility in the company. In fact, the superintendents of all three mills started out in the company as regular mill hands and were proud of their promotion within the company. This was significant because other workers observed that through loyalty and productivity they too could be promoted.²³

The Cones realized “it was upon the physical, spiritual, and mental wellbeing of the [workers] and their family that steady, economical production and profit depend.”²⁴ The Cones hoped that if they garnered loyalty and dependence from their new workers they could maintain power over them. Ceasar Cone II, son of founder Ceasar Cone, recounted the necessity of paternalism faced by his father and uncle, “In those days, when you needed a concentration of employees to run your plant, you were on your own. You had to build the houses and invite the people.”²⁵

Later in 1925 the company biographer Carl Balliet also recalled the necessity of building the mill villages:

There was nothing to begin with but proximity to the cotton fields. Communities had to be created, people brought from the hills to the mills, waterways before

unused harnessed, to furnish energy, transportation mobilized, education, religious, and social life and public utilities provided for the [workers].²⁶

Unlike other southern mill owners, the Cones hired both blacks and whites to work in their mills. They established a segregated mill village called East White Oak for black families. A local newspaper described this village as being situated on a scenic drive between the Proximity and White Oak Mill complexes where, “one sees to the right of the road a group of neatly painted cottages back in the pines, about ½ a mile from the [white] mill villages. It [was] there that the colored settlement [was] erected. Fifty-seven cottages [were] built for the Negroes employed in the mills.”²⁷

The Cones established benefits for black workers similar to those in the white mill village including churches and the first YMCA for blacks in the state. They built and maintained a separate school, where the children of the black workers received a free education, including cooking, sewing, and domestic science classes. Two teachers, who were black, lived in the East White Oak village where they maintained the grade school and domestic courses (see Figure A.7).²⁸

The black village workforce was small compared to that of the white workers. Yet it is significant that the Cones hired black men and women to work in the mill, and provided welfare benefits equal to those of whites. The Cones employed black women which was rare for the southern textile industry usually dominated by poor white women and children. East White Oak school reports indicate that blacks worked in various mill jobs including work as firemen, janitors, truck drivers, and drivers for mill executives. They also worked in dangerous jobs in the card and bailer rooms, the dye house, and on the coal trucks.

Despite the Progressive façade of corporate welfare, the Cones maintained managerial, social, and racial hierarchies common to the segregated Jim Crow South.²⁹ Strict boundaries widened class and racial disparities for poor, southern blacks and whites. Corporate welfare professionals operated within these constraints of class and race.

As production increased the working population growth paralleled the company's success. The Cones exhausted the local, white labor supply as production increased, and agents for Cone extended their recruitment efforts into western North Carolina and Appalachia. In 1909-1910, the number of workers at Cone Mills equaled 1,924 (White Oak 891, Proximity 708, and Revolution 325). In 1914 the workforce included 2,389 workers (1,664 adult male, 725 female, and 139 children under age 16). The payroll reflected that approximately 14 percent of employees were children compared to an average of 29 percent in southern textile industries.³⁰ Additional children may have "helped" their parents, but were not individually listed on the payroll due to voluntary age restrictions. At this time in North Carolina only children older than twelve could work outside of the home; however, this law was not enforced. Instead, individual counties and companies set standards for child labor. In the case of the Cone family, their business was financially stable enough with an extensive labor supply, thus they chose to employ only a small percentage of children in comparison to other southern mills.

Power and Control: Corporate Welfare Management Practices at Cone Mills

Business stability in hand, the Cones looked to the future of the company. High on the list of priorities was the maintenance of a permanent workforce which would

continually produce quality denim and meet contract obligations with buyers. In order to be successful the Cones chose to model their initiative after the northern corporate welfare programs as a new experiment to maintain a steady workforce. The growing trend in industry was to have benevolent control of the workers through an industrial betterment initiative. The Cone's motives for welfare work were not solely altruistic. Ceasar Cone II remembered that his family believed welfare work was "not just charity, good business."³¹ Indeed, the Cones believed in the necessity of a stable workforce to ensure their continued business success. Lacy Wright, a long time Cone worker, recalled the close-knit mill community and company control. Wright stated, "That company didn't raise their help, they grew their help. In other words if you lived in another town and came to Cone wanting a job, they'd tell you 'no we don't need you.' Because everybody had children, they gave them the jobs, don't you see, because they would stay with them then."³² This closed community offered workers security, but little freedom in the workplace. Lacy Wright stated, "The one thing that I think could have contributed to that [no unions], Cone Mills was always a little bit better to their help, and paid a little better (higher wages) than . . . other mill companies. Not a whole lot . . . but we were living in the villages and there were lots of things that they did for us that saved us money."³³ While the workers sought a higher standard of living, the Cones gained social mobility and power in the textile industry.³⁴

The Cones were heroes to the city and a powerful influence in the revival of business in the South.³⁵ Company biographer Carl Balliett wrote, "Greensboro blesses the day that Ceasar and Moses Cone arrived, for the mills have brought new populations, new business, new life, new prosperity." With this popularity came authority and control,

and despite Cones' benevolence, they were unwilling to share labor relations with outside influences. Their business depended on discipline, loyalty, and reliability. In 1900 the National Union of Textile Workers (NUTW) attempted to organize Greensboro workers. Moses Cone called all production to a halt and locked the mill doors. The brothers refused to allow NUTW to negotiate, and threatened to evict workers from company housing. After one week most employees signed a loyalty pledge and returned to work. The businessmen fired those workers who refused to sign the pledge. This was a powerful tactic by the mill. The Cones wished to maintain control of their empire. This effort went beyond the borders of the mill village.³⁶

When the North Carolina General Assembly planned to pass labor reforms to reduce work hours and curtail child labor the Cones along with other mill men petitioned the state. They requested that the state allow employers authority to voluntarily set the work week at sixty-six hours and ban children less than twelve years from mill work. The General Assembly agreed to this voluntary labor reform. This was a victory for employers because it allowed mills to sustain competitive prices below those of the northern mills.³⁷ The North Carolina Manufacturers' Association was a powerful force within the state legislature. The National Consumers League conveyed that North Carolina mill owners escaped further labor legislation by showcasing compliance with minimal labor laws. Southern manufacturing propaganda showcased mill men as moral and duty bound to the worker and the revitalization of the South. This influenced public opinion leading most people to believe that the dangers of industrial work and child labor were exaggerated by liberal progressives.³⁸

As for the workers' perspective on welfare work, the Cones believed their employees to be grateful and loyal. Cone wrote, "We do not find any prejudice or misunderstanding among the employees against any phase of our welfare work."³⁹ However, this belief was misguided, since at times the workers' loyalty was tested. Despite the mill's power, workers found ways to resist mill bosses. The workers most powerful form of resistance was the right to move from mill to mill. This type of resistance became more and more of a problem as the labor pool decreased and production needs soared.⁴⁰ These personnel problems required resolution in order to maintain production.

The growing complexity of needs within the factories and in the mill villages required more than the Cone brothers to oversee these day-to-day operations. As the business grew and diversified the Cones lost direct contact with all of the workers and could no longer readily build close ties and mold loyal workers. Instead, the brothers needed a liaison between management and workers.

The Development of the Cone Welfare Department: First a Social Secretary, then a Nurse

In 1903 Moses and Caesar's sister Claribel Cone, an unmarried, Baltimore, Maryland physician, convinced her brothers to hire a director of welfare work. Claribel Cone suggested that the mill hire a "social secretary to teach [workers] better living standards and methods of housekeeping." Claribel Cone's traveling companion and friend Miriam Bitting-Kennedy stated she could help in the search, but insisted they hire, "a southern woman."⁴¹

Later when the Cones dined with Charles McIver, President of the State Normal and Industrial School for Women (present day University of North Carolina-Greensboro) they inquired about a possible candidate for the position of social secretary, McIver recommended Pearl Wyche, a North Carolina native, who would soon graduate with a degree in domestic sciences.⁴² Wyche had extensive qualifications for this social secretary position. In 1901 she had earned a scholarship to train at the Orstead Domestic Science Institute in the mill town of Worcester, Massachusetts for one year.⁴³ Although she had grappled with the decision of taking on this extensive work in the mills, she later reflected that she did not realize the opportunity “meant her life work.”⁴⁴

Since Ceasar Cone had only a vague idea of what, “a social secretary should do”⁴⁵ Wyche was left with the authority to create her role in the mill villages, but first she required additional training. In the summer of 1903, the Cones sent Wyche north to gain a better understanding of welfare work.⁴⁶ Wyche planned to visit “places in the North that were doing work of the kind [I am] expected to put on.”⁴⁷ Guided by Drs. Anna Gove and Bitting-Kennedy, Wyche plotted a course of study in welfare work, writing: “I leave for Mount Gretna today to attend Mrs. Rorer’s Summer School. I shall be there until August, 5th then go to Yonkers.” Rorer’s Summer School, founded by Sara Tyson Heston Rorer, the first dietitian in America, taught physicians and nurses proper diets for the sick and provided courses in domestic sciences and liberal arts.⁴⁸

After summer school Wyche traveled to New York City, the epicenter of Lillian Wald’s settlement work, industrial welfare initiatives, and visiting nursing service. Wald’s work influenced Wyche’s training. Wyche boarded with Dr. Bitting-Kennedy who had a clinical practice and lectured at the St. John’s Nurse Training School in

Yonkers.⁴⁹ During the visit, Wyche observed two settlement houses on the Lower East Side, followed a district nurse from St. John's district nursing department, and shadowed a tenement house inspector. St. John's based their nursing service on the principles of Wald's Henry Street Settlement service. Wyche visited the American Institute of Social Service, meeting experts in the field of welfare work and industrial betterment.⁵⁰

Inspired by her time in New York, Wyche returned to Greensboro ready to work, and willing to make any necessary changes. Yet she knew that this new department would require her patience and commitment. Welfare work from the top down would be the model for Cone Mills. On Wyche's return, Ceasar Cone cautioned her "that he did not expect a miracle at once—that if in a year he could see a very little improvement he would be satisfied." Wyche remarked that this was always Mr. Cone's attitude, realizing that "things could not be done in a day." Aware that workers viewed these services as charity, Wyche knew she would have to work hard to remove their prejudice. Wyche's first order of business was to prove welfare work was a benefit or added value for Cone workers. She also needed to build relationships with the mill families.

Eight months after training in the North, Wyche wrote an article titled "In a Southern Factory" which was published in the journal *Social Service*. In the article Wyche described how skills attained in the North molded her role at Cone Mills. She explained that she began by focusing on the improvement of workers' home environments. Wyche started with a small cottage that doubled as her living quarters and a demonstration house. Here she hosted parties, garden clubs, cooking and sewing classes. By creating a structure similar to the settlement house work she had observed in the North, Wyche was able to broaden welfare activities to include clubs for women and

girls, and a two-hour school session for night workers. She stated, “It was very hard to get started . . . and it was hard to explain in acceptable terms to the people what she was about.”⁵¹ But Wyche knew exactly what she was doing—she was building a foundation upon which trust and community would take root and flourish.

Community Building Efforts

Wyche wrote of her early experiences, “It was fairly easy to get the children in cooking, sewing, and gardening and the young girls through her Sunday school class, but the women were harder.” At Cone Mills married mothers stayed at home while their husbands worked. These women were not prepared for an outsider to come into the home and tell them how to keep house and care for their families. Wyche spent a tremendous amount of time cultivating friendships with these women through contests and community activities. She earned the trust of the mill community by identifying the needs of the workers, their wives and their families, and then making a dedicated effort to relieve or fulfill them.

By thinking about and caring for the needs of others, she helped to foster a sense of social agency within the village. Soon the village women attended welfare department cooking and sewing classes and home demonstrations.⁵² The main attraction in the cooking class was a new “fireless stove.” They participated in yard beautification contests. Wyche helped the women form social clubs that supported village residents. The community club made garments and delivered food to families experiencing financial difficulties. They raised money for community activities by selling baked

goods, canned goods, and flowers. The club brought flowers and meals to shut-ins and the elderly village residents. Wyche nurtured this network of caring.⁵³

By 1908 the villages included over one thousand homes, eight churches, and three schools and Wyche had four full-time welfare workers assisting with social work.⁵⁴

Wyche planned and hosted at least two community events per month. These included wiener roasts at the ballpark, candy pulling, and picnics.⁵⁵ She designed these activities in order to “elevate the younger generation into higher ideals of home life and usefulness.”⁵⁶ She even made sure that the little boys of the village didn’t feel left out. They engaged in domestic science courses where they learned table manners and basic food preparation. Wyche revealed that the boys, “enjoyed [these courses] very much.”⁵⁷

Another example of Wyche’s community building efforts was the Fourth of July celebration, organized by her department. Patriotism was important to the Cones, who as first generation Americans hoped to be viewed as equals during a time when immigrants were unwelcome in towns of native born whites in the South. The Fourth of July picnic was the social event of the summer. In 1908 the *Greensboro Patriot* reported that twelve thousand mill executives, workers, and families turned out for the picnic, and enjoyed sandwiches, fried chicken, lemonade, watermelon, and ice cream as well as music and dancing. This became an annual summer event in the community.⁵⁸

Just as the welfare department became a permanent part of the mill community, tragedy struck when Moses Cone passed away unexpectedly after a short illness. His passing left a huge void in the family and the company. Ceasar Cone assumed the presidency of the company and younger brother Bernard Cone, company treasurer since 1905, took on more responsibility at the mill, including the role of personnel director.

Bernard Cone was well suited for this role; like his brothers he took a personal interest in the needs of the mill workers.⁵⁹ In fact, he often mingled with the mill workers due to his hobby as an amateur photographer. He regularly visited the villages, taking hundreds of photos of the environment and residents. Through his extended time in the villages he became intimately aware of the needs of the workers, and created a lasting record of mill life.⁶⁰

After Bernard became personnel director, Cesar Cone wrote to him, “The policies which we adopted and have been following up to this time have been progressive and placed us in the front rank and have made money for us.”⁶¹ Cesar Cone made clear that the company’s growing welfare department should continue to function for the same goal, to keep workers working. Cesar cautioned Bernard, “These same policies, if followed up with discretion, will continue to keep us in the lead and the few which you express of educating your people to aspire to higher walks of life than cotton mill work is, I think erroneous.”⁶² It seems that Cesar Cone found fault with some of Bernard’s progressive ideas about welfare work. Cesar regarded corporate welfare as a tool to grow and maintain the people into efficient workers and citizens.

Cesar made his meaning clear that the benefit of the program to workers was in the success of the company, not individual success, when he wrote, “I believe our policy will mean more efficient labor, which will doubtless mean higher wages [for workers]” and decrease production costs.⁶³ Further justifying the need for corporate welfare to maintain the workers’ loyalty Cesar Cone wrote the following in 1909, “We can, by the investment of a moderate amount of money and the liberal use of a fair amount of brains, keep our mills in the lead along the lines of welfare and betterment work, certainly during

the lifetime of the generations now controlling them, and I think the succeeding generations as well; I do not care to anticipate conditions beyond that period.”⁶⁴

Pearl Wyche and Bernard Cone collaborated on welfare work. Cone did not attempt to take authority away from Wyche during this transition. In fact, they developed a collaborative working relationship which complemented each person’s strengths. Wyche was an expert authority concerning the welfare work, but she deferred to Bernard Cone regarding the cost of the programs. Cone focused on the financial aspects of welfare work, while Wyche organized day-to-day work and supervised the welfare faculty. Bernard Cone also played liaison between the welfare department and his brother Ceasar. Yet, he always included Wyche in decision making and he respected Wyche’s opinion in all aspects of the welfare program.

Like other southern progressives, Wyche and Cone readily accepted the industrial structure of welfare work. This type of corporate subsidy for workers was appreciated at a time when resources in the South for the lower classes were scarce. After Bernard Cone wrote that welfare work increased the “loyalty, efficiency and permanence of our forces,” Wyche echoed these beliefs in a *Textile World* article titled, “Welfare Work among Mill Women and Girls,” writing, “Where welfare work is maintained, the operatives give a higher type of efficient service, they are progressive, appreciative, loyal, and the warmest terms of sympathy exist between employer and employee. The mill owner not only has more contented, more cheerful, more efficient operatives, but has the genuine love of his people.” Wyche viewed faithful dependence as the ideal characteristic of mill workers cultivated by welfare work.⁶⁵

The welfare department Wyche established gained widespread interest among southern textile mill owners and social workers. The Cone brothers and Wyche were proud of their industrial betterment work, so was the rest of the Cone family. Sister Claribel Cone wrote to Ceasar Cone: "I am intensely proud of you and what you are doing in the world-not only to make the Cone name an ever living honorable one in our Country's history-[but also] the development and uplift of the South."⁶⁶ Historian Phillip Noblitt wrote that at the time, "Proper industrialists . . . were expected to demonstrate civic responsibility, publicize their good works, and act patriotically and philanthropically."⁶⁷ The Cone welfare department and executives took every opportunity to demonstrate their industrial betterment work to both the public and manufacturing firms. For example, Ceasar Cone prepared a paper, "Welfare Work at the Greensboro Mills," for his wife Jeanette to read at a brunch given by the local Women's Department of Civic Federation.⁶⁸ Bernard Cone frequently gave assistance to other mill leaders who were in the process of building welfare programs. He even offered to send Pearl Wyche to W. G Henderson Hamilton and Warhartt of Cotton Mills in Rock Hill, South Carolina in order to support their new social secretary with "advice and assistance."⁶⁹

The Welfare Structure and Pearl Wyche's Growing Middle Management Role

Wyche's work as director of welfare work afforded her a management role in this corporate structure. This position was one of the few leadership opportunities available to women in the textile industry. As a middle manager Pearl Wyche maintained seniority at the mill. She made a comfortable salary of one hundred dollars per month plus room and board. She was in charge of day-to-day activities, a responsibility similar to the director

of a settlement house. Wyche continued to build the welfare program at Cone and hired additional welfare workers to assist with domestic courses, social events, and home visits. The chart below provides a graphic example of the welfare organization hierarchy within the Cone welfare department.

Figure 4.1 Welfare Department Management Structure Cone Mills

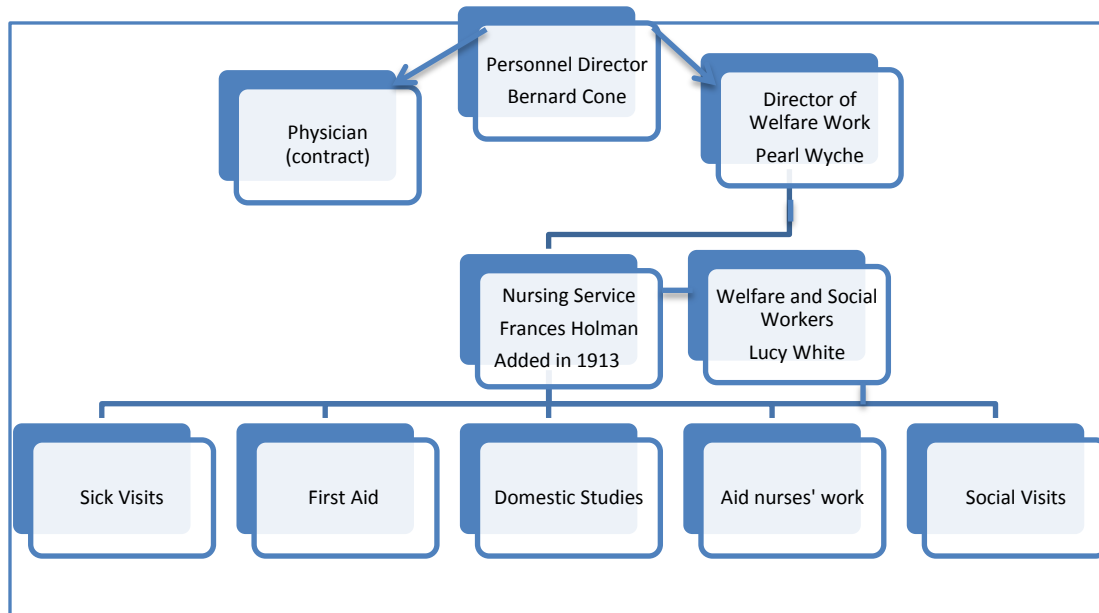


Figure created based on figures provided in: Violet H. Hodgson, *Public Health Nursing in Industry*. New York, NY: The Macmillan Company, 1933.

In 1916 Bernard Cone wrote about the mill's industrial betterment and welfare work:⁷⁰

It is hard to single out any one phase of our welfare work as being appreciated more than any other. Perhaps the larger part of our welfare activities reaches those members of the employee's family who do not work in the mill. It must be remembered that the family is the unit of employment in most of the Southern mills.

Bernard Cone and Pearl Wyche managed an extensive welfare department in comparison to similar progressive industrial firms of this time period in the United States. Each year Wyche advocated for additional resources for the welfare department and Cone and Wyche were able to secure thousands of dollars for the improvement of schools, clinics, village activities, and the salaries of additional welfare workers. Each Christmas the welfare funds provided every family with a ham or turkey, and every child received a book or toy along with a bag of fruit, nuts, and candy. Through the 1910s expenditures on welfare work at the Cone Mills averaged between twenty-four and twenty-five thousand dollars per year (See Figures A.2 and A.3 for itemized lists of expenditures). The Cones spent thousands of dollars creating the “ideal home life, mental betterment, and moral uplift.”⁷¹

Nursing and Social Work at Cone 1910-1913

In a sense Pearl Wyche was the first “nurse” at Cone Mills since she included nursing care along with her other duties. She made both sick calls and social visits to workers’ homes every week, and held office hours at the mill for consultations. Having had some informal nurses’ training while in college at the State Normal and Industrial School, Wyche easily handled basic nursing care. During a typhoid outbreak Wyche took on additional nursing duties and assisted the clinic physician Anna Gove by working as an untrained nurse.⁷²

Pearl Wyche’s time as an assistant in the school infirmary during the typhoid outbreak served her well as she triaged workers to local physicians in Greensboro; however, she recognized that the mill residents needed fulltime, trained nurses. .

Although the mill had an agreement with local physician Knight, who would “look after” all accident cases for the mill,⁷³ the medical needs at the mill exceeded the local resources. It was obvious that more trained nurses were needed on site.

In April 1913 the state secretary of health, Watson Smith Rankin MD, surveyed the general sanitary conditions of the Cone Mills and villages. He recommended the mill make the following improvements: add a milk station, provide sanitary privies, and hire a physician. Rankin ended his letter, “This is probably the most important of all the suggestions I have made to you: Why not establish a health department to look after matters among [the workers]?” Ironically, Rankin assumed the women in the welfare department were nurses due to their attention to the health of the community.⁷⁴ With Rankin’s recommendations and through nursing connections with her sister Mary Lewis Wyche, Pearl Wyche began to build a case for the addition of a trained nurse.

Mary Wyche never worked at Cone Mills, nonetheless she heavily influenced Pearl Wyche’s welfare work, not just because they were sisters, but because she was highly qualified. Mary had trained as a nurse at the Philadelphia General Hospital, currently worked as a matron at Watt’s Hospital in Durham, North Carolina, was a co-founder of the North Carolina Nurses’ Association, and established nurses’ registration and examination in the state of North Carolina.⁷⁵

At the time Pearl Wyche began to advocate for a trained nurse, there were several types of nursing services implemented in corporate welfare departments. Lillian Wald described three types from her research of firms in 1910: (1) large medical departments that hired several physicians and nurses, (2) small companies that paid visiting nurses’

associations and local physicians to provide services as needed to workers, (3) firms that hired nurses and welfare workers, and contracted with physicians only as needed.⁷⁶

Wyche opted for the third category. In fact, the Cones' welfare department made a conscious decision not to hire physicians for the health clinics. Ceasar Cone discussed with Wyche the possibility of employing a full-time village physician. Wyche disagreed, citing that there were a number of private doctors in the city. She thought that the people would rather continue with or choose their own doctors. Instead Wyche believed that employment of a trained nurse was a better idea, emphasizing that a trained nurse would be "more helpful" to the residents.⁷⁷

Wyche's motive for maintaining private physicians was both altruistic and self-serving. While she sought to preserve the workers' right to choose their own doctor, Wyche may have had another motive. If Cone hired a full-time physician, Wyche could have lost her middle management position and autonomy. Wyche preserved her partnership with Bernard Cone on welfare work with this recommendation. Her role in this key decision showcased her value to the company. The Cones must have believed that company nurses and welfare workers would carry the right message from the mills into the village homes. Additionally, they would save the cost of maintaining a physician's salary.

During correspondence with Ceasar Cone over several years, Wyche advocated for public health nurses to join the welfare faculty. Yet, it would not be until 1913 that they decided to retain a nurse on the payroll; and it couldn't just be any nurse, it had to be one who met the Cones' criteria: a white, middle class woman, native to the South (preferably from North Carolina), with education and training in district nursing. Years

earlier in 1909, Ceasar Cone had unfavorable reviews over the application from a Miss Andrews . He wrote to his brother Bernard that, “even though we would want to employ a nurse, she is not probably the one we are looking for.”⁷⁸ If and when the Cone Mills hired a nurse, she had to be just right.

Pearl Wyche, Cesar and Bernard Cone turned to several experts for help to find and establish their visiting nursing service. In 1913 Wyche knew that she required data in order to prove her case for nurses. She traveled forty-five miles north to Dan River Mills in Danville, Virginia where welfare director Hattie Hylton employed nurses. Wyche observed and recorded the work of the Dan River nurses in a detailed report to Ceasar and Bernard Cone. Next, Wyche turned to her sister Mary Lewis Wyche, then superintendent of nursing at the prestigious Watts Hospital in Durham, North Carolina. Mary Wyche knew potential applicants for the position at Cone Mills.

Establishing the Industrial Nursing Role in the Mill Villages, 1913-1918

In June 1913 Ceasar Cone consented to hire a nurse.⁷⁹ The Cones granted Wyche authority to employ nurses and recommended that the nurse’s work fall under Wyche’s jurisdiction.⁸⁰ Wyche hired Frances “Frank” Holman a recent graduate of Watts Hospital Nurse Training School in Durham, North Carolina. An article in the *Charlotte Evening Chronicle* announced Holman’s new role, describing the Cone Mills operation as, “still making steps towards [an] up to date mill center, [with] the latest acquisition of a district nurse.”⁸¹

Holman’s training and background prepared her for the unique needs from businessmen and workers that she faced at Cone Mills. In 1910 prior to entering nursing

school at Watts Hospital, Holman also completed domestic school training at the Asheville Normal and Collegiate Institute. This training certified Holman for work as a school head matron, and included training in domestic hygiene, and home economics.⁸²

Holman did not have the benefit of training in industrial nursing; however, this was not unusual. Throughout the 1910s, the training of industrial nurses was not well defined. Most industrial nurses, like public health nurses, learned on the job.⁸³ Holman fashioned her new role with input from Wyche, the Cones, and the workers. Like the social secretary, the industrial nurse was a new role in the South, regarded by nurses and southern mill owners as “an experiment to be tried out.”⁸⁴ Despite the experimental aspects of Holman’s new role, her training at Watts Hospital readied her for work in the mill village.

At that time, Watts Hospital provided the best modern training in medical and nursing care in North Carolina, and the nursing school was the most prestigious in the state. As superintendent of nursing at Watts, Mary Wyche lengthened the program to three years and organized the weekly work of probationers into scheduled lecture and clinical time. The first two years of training consisted of lectures and ward work. Lectures and demonstrations by Wyche and the medical staff included: anatomy and physiology, gynecology, material medica, surgery and surgical dressings, general and contagious diseases, emergencies and hygiene, obstetrics, toxicology, and medical jurisprudence.⁸⁵ After the first two years, nurses selected their own field of work for their final year. They chose from hospital work, private duty care, or district nursing among the poor. During her time at Watts, Holman chose the district or public health work for her specialty training.

In contrast to northern industrial nursing, textile mill nurses in the South faced different challenges and needed to be a “jack of all trades.”⁸⁶ The nurse in the South, wrote mill nurse Ruth Dodd, dealt with a native population and had “no need to grapple with Americanization” but rather to build a “higher type of Americanism.”⁸⁷ Citing additional differences between industrial nursing in the North and South, another nurse wrote,

In the large industrial plants of the Northern cities where other agencies are supplying specialists for every phase of health work—the baby nurse, the tuberculosis nurse, the communicable disease nurse, the visiting nurse, there the nurse in industry may regard herself as a specialist and her service as differing from that of other Public Health Nurses. Industrial nursing in the South is an entirely different proposition. Here the Public Health Nurse is usually the sole custodian of health, and her duties must of necessity be both varied and complex. She does not limit herself to any one specialty, for hers is a public health service which deals with all preventive measures and health problems. She must be all of the specialists rolled into one, and recognize herself simply as a Public Health Nurse.”⁸⁸

Ruth Dodd went on to say that in the eyes of the company the most important role was to, “promote pleasant industrial relations between employer and employee, and to make possible [a] healthy, happy, thrifty home life.”⁸⁹ Nurses realized they cultivated not only current workers, but the future workforce. Indeed, whenever resources were limited, their primary duty was to the mill families. Public health expert William Schiller wrote, “The better health of the worker in this generation and the better health of his children

who are to be workers of the next are the natural results of her work. From the very beginning of life, and even before, her service is effective.”⁹⁰ The nurses knew this and tried to balance the business demands with the expectations of the mill families. At Cone Mills, Holman’s services gained popularity and utility throughout the mill village and drew attention and recognition from others, while in fact mirroring settlement work.

The standard policy of mill management being to “zealously guard the health of the people of the community,”⁹¹ Bernard Cone commended the nurse’s work, “There is little sickness in the community and even the common run of minor ailments are kept at a minimum through the splendid work of the district nurses, who pay more attention to preventative measures.”⁹² A journalist who inspected the mills was especially impressed with Bernard Cone’s personal interest in the nurse’s work. The journalist concluded, “it is interesting to see him [Cone] devour and keenly analyze the weekly and monthly reports that come to his desk from the four schools in the villages and the district nurses who are engaged to look after the health of the community.”⁹³ Indeed, Bernard Cone was keenly aware of the nurses’ work: “They visit and take care of the sick, give prenatal care and instruction to expectant mothers, and perform general public health nursing services. They live in the nurses’ home which we built at the [mill villages], and do a great deal of social visiting.”⁹⁴

There was no mention in the company records examined of regular nursing visits to the East White Oak Village where the black employees lived. Although the East White Oak teachers reported to Bernard Cone, no nurses worked there; any welfare activities were managed separately. The Cones provided amenities to the residents, but teachers and the church provided aid and sick care. In this era it was likely that church leaders of East

White Oak Baptist Church and school teachers performed social and sick visits for the small village, and secured advanced care from black nurses and physicians in Greensboro. The Cones, who were meticulous in all aspects of their business, this omission of a nurse from East White Oak may have been a matter of racial norms, but rather a business decision. They may have believed that this was an adequate distribution of resources due to the small size of the black population at East White Oak.

Industrial Nursing: A Permanent Role in the Mill Village

The nursing role, no longer considered an experiment, became a permanent part of the growing welfare faculty. As Cone Mills became increasingly successful in business and the working population continued to expand, the mill villages required more nurses. The Cones hired Jennie Garner, another graduate of Watt's Hospital Training School, for the White Oak Mill village, and Myrtle Hahn who worked at Watts Hospital and trained at the State Hospital in Columbia, South Carolina.⁹⁵ With two additional nurses on the welfare faculty, Pearl Wyche promoted Francis Holman to the position of head nurse.⁹⁶

All three nurses respected Wyche's authority and followed Wyche's life style that was similar to settlement house work, living among the village families and attempting to build trust with them. Wyche described the nurses as "interested in their work" and "doing faithful work."⁹⁷ The nurses, like Wyche, believed that to be successful in their endeavors, it was imperative to "fit in" among the workers.⁹⁸ Thus the nurses devoted their time to "visiting and looking after the inhabitants of the mill villages." They made

daily rounds that gave them a great deal of insight into the workers' needs. They then relayed those needs to their employers.⁹⁹

The wages offered to the nurses at Cone mills compared favorably to the salaries offered to public health nurses in North Carolina, other southern states, and metropolitan areas (See Appendix A, Table 1 and discussion in Chapter 3). In addition to paying fifty dollars per month income, , the Cones offered room and board to all welfare workers. The mill constructed a nurses' home in the White Oak Village at a cost of eight thousand dollars. The two-story building included living quarters on the second floor, basement storage, and demonstration rooms on the first floor. Living in the village allowed the nurses to be available at all times of the day and night.

Defining the Mill Nurses' Scope of Practice

Like Pearl Wyche, the Cones gave head nurse, Frances Holman and the other mill nurses *carte blanche* to develop the nursing role in the mill villages. Their work needed to satisfy employers, as well as the standards set by nursing and public health. Thus, they identified the boundaries of their work, maintaining their scope of practice and avoiding the temptation to become substitutes for physicians. They diligently cooperated with contract physicians and meticulously followed the established standing orders. Standing orders for common ailments covered conditions such as:

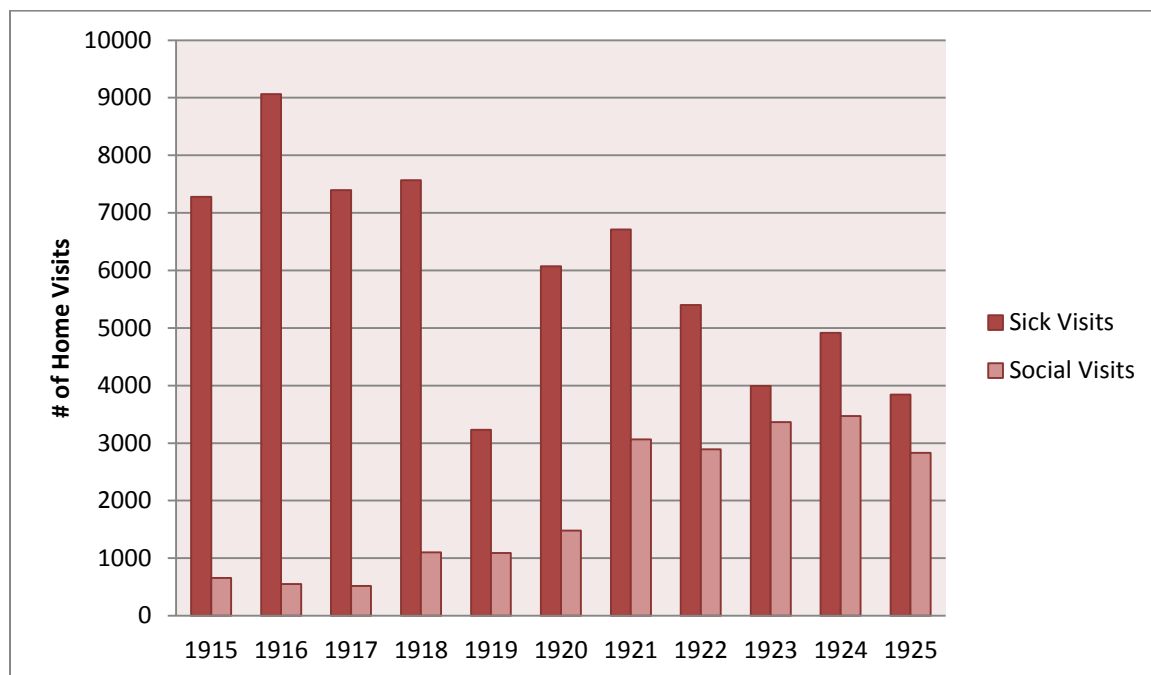
Headaches—dispense 5 grains of aspirin and rest, if the headache persists, consult the physician;

Toothache—for cavities, fill the area with a cotton ball soaked with oil of cloves and contact the dentist;

Abrasions—clean with iodine and contact the physician if signs of infection develop;

General ailments—always take the temperature and if a fever is present ensure the patient stays at home and consult the family’s physician.¹⁰⁰

In general, the nurses emphasized sanitation and illness prevention in the community.¹⁰¹ Each week they wrote reports regarding their home visits and included illness and general health conditions for the entire community. They turned in the reports directly to Wyche and Bernard Cone so that the company was “directly in touch with every case in the village.” This attention to the health of each individual guarded the health of the entire village. Indeed, nurse Holman ended every weekly and month report with general comments on the health and sanitation of the whole population. These weekly reports recorded nurses’ productivity, tracked the overall health of the village, and triggered follow-up visits. Similar to public health nursing documentation in the 1910s and 1920s, Cone nurses tracked their productivity by number and type of visits. Each visit usually entailed the care of one or more members of a household. Cone nurses maintained steady workloads throughout the mid to late 1910s (See Figure 4.2).

Figure 4.2 Cone Mills Home Nursing Visits per Household 1915-1925

Annual Nursing Reports Cone Mills Welfare Department 1915-1925. Box 119, Folders 1208-1209. Cone Mills Records. Wilson Library University of North Carolina, Chapel Hill.

The Cone nurses' work was varied and stretched their professional training and skills on a daily basis. Sick visits took up a large portion of each day. During these visits the nurse gave individuals instruction in hygiene, illness prevention, and infant care. Their patients respected them and viewed them as the authority in the sick room. They visited the sick and ensured appropriateness of prescribed treatments. They safeguarded the workers against medical "quacks" and patent medicines.¹⁰² Weekly, monthly and annual reports describe Holman's diverse practice. Her report for the week ending October 30, 1915 described multiple home visits to obstetric cases with one resulting in fetal demise, one premature birth, one normal vaginal birth, one infant death due to meningitis, several pellagra cases, a typhoid fever case, stomach ailments including

hookworm, and patients with burns, cuts, and general disability. Nurses' follow-up visits included a review of diet, hygiene, exercise and dressing changes.¹⁰³

The nurses' main activities included maternal and child care, sick visits, and maintaining sanitary conditions in the villages. Holman's annual report for the year 1916 included 1,276 patient visits, 4,755 sick visits, 250 social visits, and 76 births. From the excellent record keeping of the nurses it is clear that their duties were similar to public health nursing. Cone nurses routinely attended births, held classes in home nursing and infant care, visited the mill schools to examine school children, helped with vaccinations, and provided instruction on general health.¹⁰⁴

The three mill nurses also spent a great deal of time making social visits to keep their fingers on the pulse of the village. These were important to the mission of the welfare department for several reasons: (1) the nurses were able to survey the family and home, and assess social and health needs, (2) they caught health problems and illness early, (3) they maintained relationships in the village through these social courtesies. On these social visits the nurses and welfare workers were responsible for settling each new family into the mill village. A member of the welfare faculty visited each new arrival. This first visit established contact with the new family and fostered friendly connections. Welfare workers oriented new residents to community activities and village life. These welcoming committees served the dual purpose of establishing relationships and identifying any illnesses or health problems which could spread to the other healthy residents.

Whether in the workers' homes or in the welfare office, the nurse counseled on domestic matters and provided health advice. Each nurse held regular clinic hours for

walk-ins and appointments, but they spent the majority of their time visiting and giving health education demonstrations. They also provided lectures on health promotion through group and individual instruction; topics at these health talks included the importance of vaccination and hygiene.

The Cone nurses provided advice and encouragement to mothers. They gave special attention to expectant mothers in preparation for child birth. Prenatal care included frequent follow-ups with expectant mothers. During these visits they discussed nutrition, hygiene, and breastfeeding. They helped women prepare the home for the impending birth by cleaning, assisting with baby clothes, and ensuring the availability of clean linen. Their post-natal follow-ups for infant care included general inspection of the infant, and measuring and weighing the babies. They also gave advice to mothers about diets and made provisions for undernourished children. The nurses devised initiatives to correct deficiencies in diets that led to pellagra, a sickness involving diarrhea, dermatitis, dementia, and death caused by diets of salt cured meats and corn meal, lacking niacin. They monitored treatment for the disease which included niacin rich foods. Welfare workers and nurses ensured families could obtain fresh meat, milk and eggs and cultivate small gardens to supplement their diets.¹⁰⁵ They also helped women learn how to can fruits, vegetables, and meats at the village cannery.¹⁰⁶

Collaboration

The nurses worked closely with Wyche and fellow welfare workers. Lucy White, the daughter of businessman Elihu White, joined the welfare faculty in April 1916. White held many responsibilities at the Cone Mills; she taught sewing, cooking, and gardening,

and chaperoned the female employee organization meetings.¹⁰⁷ White assisted with social events such as helping with rehearsals and sewing costumes for the mill school production of “A Southern Cinderella.”¹⁰⁸

Nurses supervised welfare workers in delivering care in the community. Wyche set up a system of services tailored to each mill village by assigning one nurse and one welfare worker to each village. White was assigned to the Proximity Village where she worked closely with head nurse Frances Holman. Together Holman and White delivered many of the welfare services provided to village residents. Holman had to rely on White to help her with making visits and reporting to her any medical needs and new cases. White assisted in well baby clinics, typhoid clinics, immunization clinics for diphtheria, small pox, typhoid inoculation, and periodic general medical clinics. White and Holman held office hours at the welfare building and shared the supervision of children’s classes and other events in the welfare building’s social room.¹⁰⁹

Nursing and welfare work in the Cone’s engineered community gave workers and residents a sense of security during World War I. By 1917 the mill complex encompassed four thousand acres. It was a city within itself with a farm, dairy, butcher shop, bakery, bank, motion picture house, general store, and cold storage plant.¹¹⁰ The nurses’ presence in the community took on even greater importance during World War I as physicians and nurses left Greensboro to serve in the Red Cross and armed forces. The Cones maintained all three nurses on the payroll in order to safeguard the workers’ health and productivity. Despite the tumultuous times around them, the villages were self-sustaining and the workers continued producing fabric despite what was happening in the outside world.

In early 1917 this security was temporarily shattered when Ceasar Cone passed away. His death was a major blow to the family and business. Bernard Cone succeeded him as president of the company and brother Julius Cone took on more leadership responsibilities. The transition was smooth as Bernard Cone took over a financially stable company. He was able to continue the business practices initiated by Moses and Ceasar. Despite these changes, Bernard Cone maintained his collaboration with Wyche and shared oversight of the welfare department.

In times of great need and emergency the line between nurse and social worker blurred. During the influenza epidemic of 1918 the community pooled together public and private resources. Lucy White's social work report for October 1918 described the 175 home visits she made, despite her two-week illness when she was on total bed rest. White's monthly report for November showed again how desperately caretakers were needed in the fall of 1918, and that she dropped her usual responsibilities to handle nursing tasks. Her report, usually meticulous down to the amount of lace she used for a garment, is blank except for her full signature and the number of visits at 320. This was three times White's average monthly visits based on prior reports. White's respective December and January reports provide a brief overview of the work during this epidemic. December 1918: "During November and December we sent out to sick people about 1400 pints of soup and 100 cups of custard [and] light diet and meals." The nurses and welfare workers having enforced strict quarantine in the villages, White relayed that "on account of sickness no neighborhood classes have been started." Reflecting on the epidemic White remarked, "During the Flu Epidemic there was sent out to the sick 130 gallons of soup, also light diets consisting of custard, baked apples, prunes, rice, etc." The

welfare workers and women in the village came together to help meet the basic needs during the epidemic and triaged the nurses' care. All able-bodied welfare workers and community women prepared meals and supplies for the sick. As a result of this community cooperation, out of a population of approximately 12,000, only 33 people died of the 1,561 residents in the villages who contracted the flu.¹¹¹

These partnerships meant that the nurse did not have to struggle alone. Often, one of the few drawbacks to living in the village was that they were never off duty. Usually nurses could find little relief or rest. Partnerships between welfare workers and fellow nurses eased this strain and made it easier for the welfare faculty to meet the families' needs without overextending themselves. They also shared responsibilities of caring for the workers and families during off hours. Usually nurses and welfare workers would take turns being available on nights and weekends. They also took turns staffing the community demonstration houses on Friday nights and Saturday afternoons.¹¹²

Nurses at the Cone Mills exhibited commitment to their duty and responsibilities, and set high expectations for themselves of their role. Nurse Myrtle Hahn commented in her annual report addressed to Mr. Cone on her work at White Oak village: "My school work and social work have fallen short of my expectations owing to my illness in the spring (with influenza and pneumonia)." Despite this illness Hahn made 435 sick visits, 193 social visits, 6 school visits, and attended 16 births. These annual numbers were less than previous years, but still substantial. During her illness, Hahn's fellow welfare workers and nurses covered her village duties.¹¹³

Standardizing Nursing Practice and Health Promotion in the Cone Welfare Department, 1918-1925

After World War I mill welfare department services changed and expanded. Some North Carolina Mills could not afford to continue welfare work independently of state public health work. During this period most mills had to partner with local and state health departments and school systems to continue to provide services for workers. Federal programs such as those provided under the Sheppard-Towner Act of 1921 also gave mills an alternative way to ensure that female workers and their children received care. Small plants developed cooperative partnerships with city and county governments, and county health department nurses and state welfare workers took on more work.¹¹⁴

While smaller factories downsized or closed their company sponsored welfare departments, the Cone Mills' nurses expanded their work. Although Jennie Garner and Myrtle Hahn left Cone Mills after they married, their positions were filled when head nurse Frances Holman hired Lillian Tilley and Fannie Ivey.¹¹⁵ One of the first responsibilities of these new nurses was to standardize and define their focus on health promotion and disease prevention within the communities. After the Sheppard-Towner Maternity Act the Cone nurses collaborated with the Guilford County Board of Health, sharing their decade's worth of experience with this maternal-child care initiative. In addition to their work with women and children, the nurses investigated and reported communicable disease cases to the Red Cross and Guilford County board of health. These nurses also coordinated public health initiatives for the Cone Mill villages with broader state public health efforts.¹¹⁶

Nurses began to use demonstrations to deliver health education to the mill village residents. The Cone Company built and furnished two buildings, one in each of its white mill villages, to serve as community centers and to be used by the welfare department for social and health activities. Wyche designed each model house in the village for demonstrations and instruction as well as social events. The nursing staff provided courses in first aid and domestic and home nursing care at the demonstration houses. These home nursing classes focused on first aid and hygiene. During the summer months, instruction in home nursing replaced Tuesday night sewing classes.¹¹⁷ During demonstrations the nurses provided standard public health literature to literate residents and graphic demonstration posters for those unable to read. Demonstrations included “Mrs. Do Care and Mrs. Don’t Care” mannequins used to model proper and improper domestic situations. These demonstrations were quite popular and well attended.¹¹⁸

The nurses also organized school inspections and vaccination clinics. If the physician was available, the nurses’ school inspections included examining students’ ears, noses, throats, skin, and dentition, administering Snellen’s eye test, collecting hookworm specimens, recording height and weight, and providing instruction in hygiene. The nurses coordinated their vaccination clinics with the country health department, but conducted them near the village schools (see Figure A.8). They made more frequent visits to the schools, usually bi-monthly, and focused on nutrition, hygiene, and disease surveillance. But whenever they visited the schools, they always reviewed the school’s overall sanitary conditions.¹¹⁹

The welfare faculty regularly planned the “Better Babies Health Exhibits.” At these demonstrations the Cone nurses provided lectures on infant and child care for

mothers (see Figure A.9). The local Greensboro physicians participated in these well-baby clinics for the workers and counted on the welfare workers and nurses to help them build relationships with the mothers and children. The welfare workers also provided the physicians with the background and family health histories.¹²⁰ Baby clinics included lectures by nurses and the county physicians as well as baby check-ups and health demonstrations. Wyche displayed a sample baby “Moses” style basket and a simple baby’s wardrobe which the mothers could learn to make in Wyche’s classes. At each clinic the team distributed standard health literature from the state board of health and the national Children’s Bureau.¹²¹

Another effort of the welfare team to promote infant health was the “Little Mothers League.” This league shared complimentary objectives with the well-baby clinics. First, young girls received proper training in child care and domestic hygiene. This allowed them to help their mothers with the babies or younger children at home. Second, it instilled skills and middle class values in the next generation of mothers.¹²²

The demonstration building also housed the nurses’ office and a small clinic with first aid rooms for any mill and village accidents.¹²³ Like the first-aid rooms staffed by the Henry Street Settlement nurses, the nurses at Cone Mills only treated minor complaints in the first aid room and referred major issues to physicians. But knowing that more serious accidents could occur, the nurses also created standards for triaging patients to physicians and hospitals. Due to the prompt attention of the nurses and their first aid facility, the mill reported decreased absences due to prompt nursing care.¹²⁴

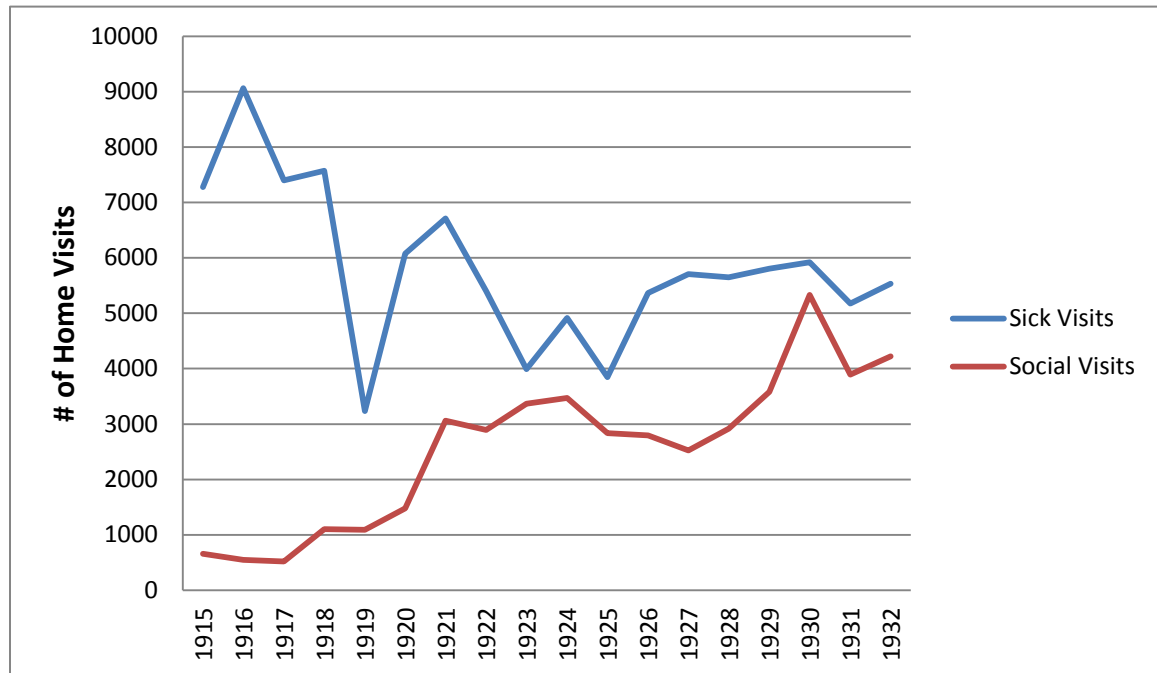
There are gaps in the data regarding mill injuries. Accident reporting was not required until the state passed workmen’s compensation legislation in 1929. However,

information on mill accidents was available in the nurses' notes. These weekly reports provided glimpses into the injuries observed and treated by the mill nurses in the first aid rooms. The nurses' follow-up notes recorded the care and monitoring of minor cuts and burns as well as more serious injuries such as limb paralysis; however, only a small portion of the nurses' time was spent on injury-related care.

Measuring Nurses' Work at Cone

Although the number of cases and visits recorded in their reports continued to be the measure of their productivity, the nurses began to develop or adapt better data collection to define and measure their work. In the 1920s, the Cone nurses' handwritten notes and documentation changed to pre-printed forms with check boxes to indicate the nature of the report: infectious disease, general case, or special case. Special cases also included check boxes for treatments ordered by a physician, dressing changes, and baths. This was similar to the standardized documentation developed by the National Organization of Public Health Nursing during this same time period.

Because of the risk of an epidemic in a large working population, surveillance monitoring infectious diseases was an important duty of the industrial nurse. Frances Holman fastidiously tracked the work of the visiting nurses' and their outcomes weekly. In 1932 Holman submitted a summary report of the mill nurses' work to the personnel director Bernard Cone. This report spanned the years between 1915 and 1932. Over that period the nursing staff of three made a total of 46,808 sick calls, 24,290 social visits, and 812 school visits, and provided over 5,000 well baby clinics¹²⁵ (See Figure 4.3).

Figure 4.3 Total Home Visits All Cone Nurses 1915-1932

Data provided from: Annual Nursing Reports Cone Mills Welfare Department 1915-1925. Box 119, Folders 1208-1209. Cone Mills Records. Wilson Library University of North Carolina, Chapel Hill.

As Holman's data illustrated, the visiting nurses were necessary to reach and retain the southern family. The Cone nurses provided extensive public health work in the mill villages during this time period. Although research science on diseases related to occupational hazards was only beginning, nursing reports provided data on illness rates and identified potential issues among workers. Holman broke this data down further by specific illness and number of deaths. This close surveillance of disease helped focus nursing treatments and plan health prevention strategies.

The social visits of the welfare faculty to homes in the mill villages at Cone Mills continued to increase after World War I. The welfare workers and nurses made every effort to "keep in personal touch with each family,"¹²⁶ as well as to gather details on

every mill family including the number of people per household (with sex, age, and gender), the educational status of each family member, and past residencies and jobs of the adults. The welfare department updated this information monthly and whenever a new worker or family arrived in the village. Bernard Cone and Pearl Wyche used this information to fit the workers to the correct job based on their education and skills, and to decide what the family needed to help them adapt to the community.¹²⁷ Social visiting became an increasingly important intervention used to maintain relationships with families and to monitor the health of the village. The whole welfare faculty helped in assuring the mill workers that the company cared about their needs.

Despite tremendous growth in the surrounding city of Greensboro, the nursing department at Cone Mills remained intact. In 1890 Greensboro had 3,000 residents; in 1925 it boasted a population of 50,000.¹²⁸ In fact, while the entire city had developed rapidly, and had attracted additional industries and businesses, the Cones continued their welfare work in order to retain their workforce.¹²⁹ Their labor recruitment and retention efforts were successful. By the mid-1920s, Cone Mills was the largest employer in Greensboro; one out of every seven residents worked for the company. As of 1925 all three mills at the main complex employed a total of 3,000 workers and supported a population of approximately 15,000 including 750 black workers who resided with their families in East White Oak village. In addition to the three nurses on staff, a total of six welfare workers assisted Pearl Wyche.¹³⁰ (See photo of the entire welfare faculty, Figure A.10.) Bernard Cone summed up the success of the Cone Mills company welfare programs:

We have endeavored to make living conditions in our villages so satisfactory that once a family locates here, they will desire to remain; or if they do get the notion to move, they will want to come back and perhaps bring others with them. We believe that our welfare and educational policy has gone far to secure this end.¹³¹

Conclusions

The southern textile industry flourished between 1900 and 1919; and welfare work in the industry took on national importance during this period. Experimentation with welfare work grew exponentially due to labor shortages and the threat of government involvement.¹³² The number of southern welfare departments with paid nurses and welfare workers increased from sixteen textile mills in 1914 to forty companies by 1926. However, at the end of the 1920s, southern social workers began to question whether or not corporate welfare practices should continue. In 1926 sociologist Harriet L. Herring observed that welfare work could be a source of opportunity and development for employees that was not available from other sources in the South. She wrote, "I believe the mills should continue their welfare work. . . . It served needs which no other agency was equipped to serve. Many of these needs still exist and there is still no other agency to meet them."¹³³ In 1930 sociologist and professor of social work, Jennings Rhyne, wrote, "although welfare work was probably necessary and productive several decades ago, the question arises as to whether or not it is best for the mill population for the practice to be continued."¹³⁴ Many southern welfare workers and progressives felt that the mills helped the employees achieve a better life than they would have had without the mill's presence.

The welfare department at Cone Mills served multiple functions. First, preventative health measures and sanitation improved the overall living environment. Second, and more critical, was the nurses' and welfare workers' role in cultivating employees' loyalty and dependence. Third, workers looked after the physical and spiritual needs of families taking some of the care-giver strain off of the breadwinners' shoulders and allowing them to focus on work. This department delivered friendship, advice, and care that encouraged employees to remain at Cone.¹³⁵ This interdisciplinary cooperation within the department increased the success of the company welfare program. The University of North Carolina sociologist Harriet L. Herring considered nurses and welfare workers to be "agents of social discipline," and together they assumed the roles as caretakers, confidants, and advisors to the mill workers. Through their daily rounds they represented the mill's caring interest in the workers. Ultimately, they cultivated the culture of faithful dependence, which the Cones believed necessary to sustain a productive workforce.¹³⁶

The records of several key individuals within the Cone Mills welfare department allowed an actual, rather than merely a theoretical examination of welfare work within the southern mill environment. The reports and correspondence of Pearl Wyche, Frances Holman, Lucy White, and Bernard Cone provided a snapshot of the Cone Mills Welfare Program. Their words captured the efforts of nurses and welfare workers who provided health, safety, and socialization for the mill workers. They defined their roles within the confines of their environment serving as care takers and molding loyal workers.

The Cones would not settle for compromised productivity through labor turnover, strikes, or public interference. Since company personnel problems jeopardized their

product and customer relationships, the Cone family invested in a welfare faculty to deal with such problems. Executives at Cone took a special interest in this work. While many owners could only highlight a few aspects of their programs, Bernard Cone maintained a close connection to the work and encouraged and supported the corporate welfare initiatives throughout his tenure.

In the early 1910s corporate welfare and unions offered workers comparable benefits. At mills like Cone the corporate programs had the permanence and security that unions lacked. In fact, private industries like Cone Mills were more powerful and financially sound than most unions. However, when the economy faltered, private companies like Cone Mills could not maintain the faithful dependence it cultivated with its workers through corporate welfare. The best private benefits could no longer protect businesses from unionization as it had in the previous decades. Historian Michael Katz explained: “The Great Depression of the 1930s underlined the fragility of welfare capitalism as a source of protection for working people and their families.” This corporate benevolence began to unravel when textile companies, including Cone Mills, forced people to take on more and more work for the same or less pay in order to maintain their profits. This phenomena, referred to as “stretch outs,” did not go over well with textile workers and resistance began to erupt. In 1929 a violent strike began at Loray Mills in Gastonia, North Carolina; in 1930 at Cone Mills as well as other southern mills workers united and refused to work. Then in 1934 a nationwide textile strike organized over 400,000 workers, stalling the country’s entire textile production.¹³⁷ Corporate welfare paved the way for contemporary social insurance practices. In the late 1930s, labor unions used welfare services to negotiate with employers and after World War II

benefits became a standard part of labor negotiations. Expert welfare workers evolved into personnel and human resources managers. Under the law, workers' rights became essential services in the industrial sector.¹³⁸

This continuing focus on the needs of the working population was due in large part to the Cones labor management philosophy and the welfare infrastructure set in motion by Pearl Wyche. Pearl Wyche's accomplishments in welfare work in North Carolina were inadvertently overshadowed by her sister's pioneer work for nursing in North Carolina. But Pearl Wyche was a pioneer in her own right. Her contributions to social work in southern industry improved working and living conditions for thousands of mill workers.

The welfare faculty forged enduring loyalty and partnerships. Nurse Holman never married and remained head nurse at Cone Mills for forty-five years. She was devoted to the mill village community and her fellow nurses until her death in December 1965. Until their individual retirements, Pearl Wyche and Bernard Cone continued to work together on all personnel department matters. They retained great pride in what they had accomplished. In 1945 when the state chapter of the American Association of Industrial Nurses (AAIN) inquired about the history of nursing at the mills, Bernard Cone sent a memo to Wyche requesting a meeting so that they could "make a joint answer to [the] inquiry."¹³⁹ At his retirement Bernard Cone wrote in 1952 his parting message, "Needless to say, my heart always has been and always will be with the Company, my fellow workers in the corporation, and with the people of the mill villages."¹⁴⁰ The business philosophy of the family endured well into the 1980s, and the legacy of their welfare work lasted in the form of medical and nursing departments, and in welfare

workers who became librarians, teachers, day care managers, and human resource experts. The Cone's corporate welfare initiative is only a snapshot of one welfare department and may not represent all welfare programs in the South. Only large, successful mills were able to sustain such programs; however, by studying the Cone Mills nursing department we learn a great deal about how nurses, welfare workers, and the company perceived this work.

Cone Mills showed direct benefits from the rise in industrial nursing. However, the nurses' success was tightly woven with the welfare workers' and company financial resources. It was through Pearl Wyche and Bernard Cone that Holman and other nurses connected with village residents. Through this community immersion they were able to wield their authority and expertise in the sick room and impart their knowledge in the demonstration house. Wyche's early work and standing in the community familiarized workers with the role of welfare work, and legitimized the nurses' role as advisor and care provider. The interdisciplinary cooperation within the department increased the success of the company welfare work. This focus on population health was made possible by the Cone's labor management philosophy and the welfare infrastructure set in motion by Pearl Wyche. The collaborative partnerships nurses and welfare workers forged with the community may inform contemporary labor activists who continue to fight for decent work, wages, and safety.

Endnotes: Chapter 4

¹ Harriet L. Herring, *Welfare Work in Mill Villages* (Chapel Hill, NC: University of North Carolina Press, 1929), 164.

² Philip T. Noblitt, *A Mansion in the Mountains: The Story of Moses and Bertha Cone and their Blowing Rock Manor* (Boone, NC: Parkway Publishers, 1996), 8.
Herman Cone was a German Jewish immigrant and self-made businessman.

³ Ibid., 4-10.

⁴ Ibid., 12.

⁵ Not only did the Cones provide dividends to all siblings, but also careers for many family members either in Greensboro or the New York City. After reinventing the family business, the Cone brothers had a family obligation to maintain the financial success of their company. A large family of nine boys and three girls, each sibling had an interest in the company. This was not just a business venture but a livelihood and legacy for the family. Etta and Claribel Cone correspondence. Noblitt, *A Mansion in the Mountains* (1996), 4-10. Claribel Cone correspondence to Ceasar Cone, 26 February, 1916. Box 5, Folder C, "Ceasar Cone February 26-April 30." Etta and Claribel Cone Papers, Baltimore Museum of Art, Baltimore, MD.; Mary Gabriel, *The Art of Acquiring: A Portrait of Etta and Claribel Cone* (Baltimore, MD: Bancroft Press, 2002), 11-12.

⁶ It is hinted in secondary literature that while traveling as salesmen, Moses and Ceasar Cone found more religious (but not racial) tolerance in Greensboro than other North Carolina cities. Noblitt, *A Mansion in the Mountains* (1996), 14.

⁷ Ibid., 15.

⁸ As of 1913, Proximity Manufacturing Company owned partial or full stock in seven manufacturing firms for simplicity in this dissertation the Greensboro Mills are referred to as “Cone Mills” and specifically by individual plant and village as needed. Ibid., 16-17.

⁹ No author. *The Mill News* 22, 1, (October 14, 1920).

¹⁰ Lynn Downey, “A Short History of Denim” (Levi Strauss and Company Historian, 2007), 4.
<http://www.levistrauss.com/sites/default/files/librarydocument/2010/4/History-Denim.pdf>

¹¹ Report for United States Senate Subcommittee on profit-sharing welfare work conducted by Proximity Manufacturing Company, Greensboro, N.C. September 5, 1938. Box 117, Folder 1194 History. Cone Mills Records (here after CMR). Wilson Library University of North Carolina, Chapel Hill (here after WL-UNC). By comparison Amoskeag Mills, founded in 1831 Cone’s northern counterpart and largest competitor, possessed 662,000 spindles and 24,200 looms. Tamara K. Hareven, *Amoskeag: Life and Work in an American Factory City* (New York: Pantheon Books, 1978), 75-88.

¹² Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925).

¹³ Tamara K. Hareven, *Amoskeag: Life and Work in an American Factory City* (New York: Pantheon Books, 1978).

¹⁴ Diane M. Flannery, "Toward a Theory of Corporate Socially Responsible Images:

Impression Management and Corporate Social Performance," (Dissertation

University of California, Alameda April 1997), 107-119. ProQuest Dissertation

Database Available at:

<http://search.proquest.com.proxy.its.virginia.edu/pqdtft/index?accountid=14678>

¹⁵ Many large industries in the 1910s and 1920s established managerial hierarchies in order to coordinate each department including distribution, production, sales, and marketing. Welfare departments functioned within production sectors in order to maintain labor relations. The Cones recognized that they needed to skillfully control and coordinate all of the departments from production to distribution and marketing in order to compete in the denim manufacturing market. Alfred D. Chandler and Hikino Takashi, *Scale and Scope: The Dynamics of Industrial Capitalism* (Cambridge, MA: Belknap Press, 1990), 17 & 32. The Cones added the welfare department in order to control the labor element of production. The welfare department, like all of the departments at Cone Mills, allowed the Cones to improve the functional efficiency of the workforce and ultimately gain dominance in the denim manufacturing market. Alfred D. Chandler, *The Visible Hand: The Managerial Revolution in American Business* (Cambridge, MA: Belknap Press, 1977), 493. This dominance of the denim market positively impacted living and working conditions for Cone Mills employees because the Cones success enabled them to invest in long-term corporate welfare programs to stabilize and control the workforce. In the process the Cones were able to experiment with innovative initiatives such as the industrial nursing department.

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- ¹⁶ Bernard Cone to George C. Smith Alexander Hamilton Institute Astor Place New York. "Inquiring about industrial betterment and welfare work at Cone Mills." 24 February 1916. Box 116, Folder 1179, CMR, WL-UNC.
- ¹⁷ Ibid.
- ¹⁸ Noblitt, *A Mansion in the Mountains*, (1996), 18.
- ¹⁹ Author Unknown. *Charlotte News*, 21 February 1917, 70.
- ²⁰ William A. Link, *A Hard Country and a Lonely Place: Schooling, Society, and Reform in Rural Virginia, 1870-1920* (Chapel Hill, NC: University of North Carolina Press, 1986), 22-23. In 1900 the longest school session in Virginia was 167 days and the shortest was 72 days. Overall, the average was approximately three months. This was typical in the South as the number of days and curriculums were not standardized. School attendance was not mandatory. *Daily Industrial News*, "How Proximity Mill Children are Educated." September 16, 1906. When they built the Proximity school in 1898 the Board of Education for Guildford County deemed the mill area a separate school district. The board supplied the mills with the funding equal to that of other county schools or about 20 percent of costs. While the county funds only paid a teacher's salary for four months the Cones supplemented the remaining salary to open a nine-month school. The Cones supplied all school buildings and maintained the same curriculum and textbooks as the city schools in Greensboro. They supplemented the curriculum with domestic studies and trade related activities.
- ²¹ Harriet L. Herring, *Welfare Work in Mill Villages*, (Chapel Hill North Carolina: University of North Carolina Press, 1929), 114.

²² Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

²³ *Daily Industrial News*, "How Proximity Mill Children are Educated," September 16, 1906. Miss Myrtle McMasters, the first principle of the mill school system stated, "I may also add that we have always received the most cordial support from Mr. [Ceasar] Cone. He has done all in his power for our success, not only cheerfully furnishing whatever facilities or supplies . . . but he has also taken a personal interest in the matter and in every way encourages the teachers." Proximity School house was the first community building erected in the in the Proximity mill village in 1898. It was a wood frame building at the corner of Walnut and Sycamore streets with large classrooms and an assembly hall which seated 300 people. Revolution School opened in 1904. The centerpiece of the mill district White Oak School opened in 1907 at a cost of \$25,000. It was a three-story structure made of brick and granite. Pearl Wyche equipped the sewing rooms with table top sewing machines and different types of patterns and notions. Women and girls learned to make clothing as well as advanced embroidery and lace work.

²⁴ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

²⁵ Oral History Interview with Caesar Cone, 10 March 1975, Interview #E-0017.

Southern Oral History Collection #4007 Southern Historical Collection, WL-UNC.

²⁶ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

²⁷ Author Unknown. *Charlotte News* 21 February 1917, 70.

²⁸ Ibid.

²⁹ Ibid.

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- ³⁰ Correspondence Prepared from the office of Bernard Cone 8 February 1927, Box 116, Folder 1179, CMR, WL-UNC.
- ³¹ Oral History Interview with Caesar Cone II, 10 March 1975, Interview #E-0017. Southern Oral History Collection #4007 Southern Historical Collection, WL-UNC.
- ³² Oral History Interview with Lacy Wright, 10 March 1975, Interview #E-0017. Southern Oral History Collection #4007 Southern Historical Collection, WL-UNC.
- ³³ Noblitt, *A Mansion in the Mountains*, 1996, 18.
- ³⁴ *Ibid.*, 15.
- ³⁵ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.
- ³⁶ Noblitt, *A Mansion in the Mountains*, 1996, 22-23.
- ³⁷ *Ibid.*, 22-23.
- ³⁸ Neal L. Anderson, "Child Labor Legislation in the South," *Annals of the American Academy of Political and Social Science*, 25 (May, 1905), 86-87.
- ³⁹ Bernard Cone to George C. Smith, Alexander Hamilton Institute Astor Place New York "Inquiring about industrial betterment and welfare work at Cone Mills." 24 February 1916. Box 116, Folder 1179, CMR, WL-UNC.
- ⁴⁰ Noblitt, *A Mansion in the Mountains*, 1996, 21-22. In addition to peaceful protests, extreme forms of resistance led to violence. Such was the case for Hardin Germany, a mill worker enraged by his recent dismissal from the company. He sent a letter bomb to the home of Ceasar Cone. After a change of heart, Germany

went to the Cone home and reported his act. He was sentenced to eight years in federal prison for attempted assault with intent to kill.

⁴¹ Claribel Cone a Baltimore Pathologist specializing in tuberculosis. Worked with William Osler at Johns Hopkins Hospital. Traveled the world with sister Etta Cone collecting art. Became friends with Gertrude Stein, Henri Matisse, and Pablo Picasso while traveling and buying art in Europe. Mary Gabriel, *The Art of Acquiring: A Portrait of Etta and Claribel Cone* (Baltimore, MD: Bancroft Press, 2002), 11-19.; Paula Jordan, *Women of Guilford County, North Carolina: A Study of Women's Contributions 1740-1979* (Greensboro, NC: Printing Company, 1979), 88-89.

⁴² Pearl Wyche Interview with Harriet Herring, 26 January, 1926. Folder 276. Harriet L. Herring Papers, WL-UNC.

⁴³ *The Semi-Weekly Citizen* Asheville North Carolina September 1, 1901. Upon graduation from the State Normal and Industrial School president McIvor recommended her for multiple positions. Including work at George Vanderbilt's school and to Ceasar and Moses Cone, Wyche chose to work for the Cones.

⁴⁴ Pearl Wyche correspondence with President McIvor, June 1903. Pearl Wyche Papers. University of North Carolina, Greensboro (UNCG).

⁴⁵ *Ibid.*, 1.

⁴⁶ Pearl E. Wyche, "In a Southern Factory." *Social Service: A Monthly Review of Social and Industrial Betterment* 10, 1, (July 1904): 2.

⁴⁷ *Ibid.*, 1.

⁴⁸ *Ibid.*

⁴⁹ Pearl Wyche correspondence with President McIvor June 1903. Pearl Wyche Papers.

University of North Carolina, Greensboro (UNCG).

⁵⁰ Pearl E. Wyche, "In a Southern Factory." *Social Service: A Monthly Review of Social and Industrial Betterment* 10,1, (July 1904): 2.

⁵¹ Ibid., 2.

⁵² *Daily Industrial News* September 20, 1908. Wyche equipped the sewing rooms with table top sewing machines and different types of patterns and notions. Women and girls learned to make clothing as well as advanced embroidery and lace work. Wyche came from an upper middle class, southern family. Each of her siblings was well educated. When she first graduated from college she lived with her brother in Greensboro Dr. J.E Wyche.

⁵³ Ibid. 2.

⁵⁴ *Daily Industrial News* September 20, 1908. The welfare faculty met the first Saturday of every month to review completed and ongoing activities. Planning during these meetings included preparation for coordinated events and updates on mill village issues and needs.⁵⁴

⁵⁵ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

⁵⁶ *Daily Industrial News* September 20, 1908. The Cones established the first Y.M.C.A. in the village under the direction of T.S. Vance in a six room cottage in White Oak mill village. These "Y" included a game room, running track, and group recreation activities. Vance hoped to, "accomplish the same good among the men and boys as the welfare department did for the girls and women."

⁵⁷ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

⁵⁸ Noblitt, *A Mansion in the Mountains*, (1996), 19-20.

⁵⁹ Correspondence Bernard Cone to Josephine Cole Johns Hopkins Alumni Office, 16 July, 1944. Box 115 Folder 1173, CMR, WL-UNC. A graduate of Johns Hopkins University and Columbia Law School also assisted with personnel work. Bernard Cone had diabetes controlled with diet and exercise. Bernard to Etta Cone October 7, 1931. Box 7, Folder "Bernard Cone". Etta and Claribel Cone Papers Baltimore Museum of Art. Baltimore Maryland.

⁶⁰ Lucy White Reports of Cone Mills Welfare Worker lecture by Mrs. Cone, 23 May 1924. Elihu White Papers Joyner Library East Carolina University. Greenville, North Carolina.

⁶¹ Correspondence Ceasar Cone to Bernard Cone, 24 February 1909, Box 116, Folder 1179, CMR, WL-UNC.

⁶² Ibid.

⁶³ Correspondence Ceasar Cone to Bernard Cone 24 February 1909, Box 116, Folder 1179, CMR, WL-UNC.

⁶⁴ Correspondence Ceasar Cone to Bernard Cone 24 February 1909, Box 116, Folder 1179, CMR, WL-UNC.

⁶⁵ Pearly Wyche report to Bernard Cone. Jan 21 1916, Box 119, Folder 1208. CMR, WL-UNC.

⁶⁶ Correspondence Claribel Cone to Ceasar Cone, 26 February 1916. Series 1 Box 5 Folder C (Ceasar Cone 1916 February 26-April30). Etta and Claribel Cone Papers Baltimore Museum of Art. Baltimore Maryland.

⁶⁷ Noblitt, *A Mansion in the Mountains*, (1996), 24.

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- ⁶⁸ Correspondence Ceasar Cone to Claribel Cone. Series 1 Box 5 Folder C (Ceasar Cone 1916 February 26-April 30). Etta and Claribel Cone Papers Baltimore Museum of Art. Baltimore, Maryland.
- ⁶⁹ Correspondence Bernard Cone, Feb 21 1913. Box 122 Folder 1241, CMR, WL-UNC.
- ⁷⁰ Correspondence Bernard Cone to George C. Smith Alexander Hamilton Institute Astor Place New York NY Inquiring about industrial betterment and welfare work at Cone Mills. 24 February, 1916. Box 116, Folder 1179, CMR, WL-UNC.
- ⁷¹ Author Unknown. *Charlotte News* 21 February 1917, 70.
- ⁷² Rachel Sanders, "Pearl Eugenia Wyche, Class of 1903," *Spartan Stories* March 25, 2013. Available at: <http://uncghistory.blogspot.com>
- ⁷³ Correspondence Bernard Cone, Box 115 Folder 1173 CMR, WL-UNC.
- ⁷⁴ Correspondence Watson Smith Rankin to Ceasar Cone. "Board of Health Suggestions." 17 April 1913, Box 122 Folder 1233 to 1241, CMR, WL-UNC.
- ⁷⁵ Mary Lewis Wyche and Edna L. Heinzerling, *The History of Nursing in North Carolina* (Chapel Hill, NC: University of North Carolina press, 1938), ix-xii.
- ⁷⁶ Lillian, D. Wald, "The Doctor and Nurse in Industrial Establishments," *The American Journal of Nursing* 12, 5 (1912): 408.
- ⁷⁷ Correspondence Bernard Cone Letter to the North Carolina Industrial Nurses Association, 11 January 1945. Box 119, Folder 1208, CMR, WL-UNC.
- ⁷⁸ Correspondence Ceasar Cone to Bernard Cone, 24 February 1909, Box 116 Folder 1179, CMR, WL-UNC.
- ⁷⁹ Correspondence Ceasar Cone to Bernard Cone. 19 June 1913, Box 123, Folder 1242. CMR, WL-UNC.

⁸⁰ Bernard Cone to Louise East, 11 January 1945. Box 119, Folder 1208. CMR, WL-UNC.

⁸¹ No Author, *Evening Chronicle* Charlotte North Carolina, 9 August 1913.

⁸² No Author. *Asheville Gazette News*. June 7, 1910.

⁸³ Violet Hodgson, *Public Health Nursing in Industry* (New York: The Macmillan Company, 1933), xi-xiii. It was not until the 1920 annual convention of the Organization of Public Health Nurses added the industrial nursing branch to its operational guidelines. At that time the NOPHN defined the industrial nurse as “a graduate, registered nurse (male or female) employed in an industrial or mercantile establishment . . . in the interest of the personnel on matters affecting health and welfare.” The convention correspondent explained that industrial nursing as a well-rounded service must extend outside the place of employment and specifically to include home visitation. In order to meet the high demands of industrial work nurses looked to the NOPHN for professional leadership and standards of practice, and met the same professional education standards as public health nurses, which included 3 to 6 months of post-graduate didactic and practicum training at visiting nurses associations and schools of social work.

⁸⁴ Florence E. Bushnell, “A Southern Mill Town,” *Public Health Nursing* 13, 2 (February 1921): 89.

⁸⁵ Watts Hospital Training School for Nurses Archives, “A Tradition of Excellence: Pictorial History of the Watt’s School of Nursing.” Available at:
<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=9&cad=rja&uact=8&ved=0CF8QFjAI&url=http%3A%2F%2Fwww.videodialog.com%2F>

[Watts.pdf&ei=wORXU8C_CsmnsATawIGYDw&usg=AFQjCNHF9gu7doIzLN6gf5h2mnhx9g_5RQ](#)

⁸⁶ Florence E. Bushnell, "A Southern Mill Town," *Public Health Nursing* 13, 2 (February 1921): 89.

⁸⁷ Ruth A. Dodd, "Industrial Nursing in the South," *Public Health Nursing* 13, 2 (February 1921): 86.

⁸⁸ Ibid., 86. "The complexities occasioned by the mixed foreign element with which the nurse in the large industrial plants of the North must contend are eliminated from the work of the nurse in the Southern mill community. Here she deals alone with a white American population. She need not grapple with the problem of Americanization. Her one task is to build up a higher type of Americanism."

⁸⁹ Ibid., 86.

⁹⁰ William B. Schiller, "A New Force in Industry," *Public Health Nursing* 13, 2 (February, 1921), 85.

⁹¹ Staff Correspondent, "Greensboro, N.C, Center of the World's Greatest Denim Mills" and "Work of the District Nurses." *The Journal of Commerce and Commercial Bulletin*, January 3, 1924, Box 116, Folder 1179, CMR, WL-UNC.

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Correspondence Bernard Cone to Louise East, 11 January 1945. Box 119, Folder 1208. CMR, WL-UNC.

⁹⁵ No Author, *Hickory Democrat*, June 7, 1910.

⁹⁶ Correspondence Bernard Cone to Louise East, 11 January 1945. Box 119, Folder 1208.

CMR, WL-UNC.

⁹⁷ Pearly Wyche report to Bernard Cone. Jan 21 1916, Box 119, Folder 1208. CMR, WL-UNC.

⁹⁸ Florence E. Bushnell, "A Southern Mill Town," *Public Health Nursing* 13, 2 (February, 1921), 89.

⁹⁹ Florence Swift Wright, *Industrial Nursing for Industrial, Public Health, and Pupil Nurses, and for Employers of Labor* (New York, NY: The Macmillan Company, 1919), 10.

¹⁰⁰ Violet H. Hodgson, *Public Health Nursing in Industry* (New York, NY: The Macmillan Company, 1933), 109.

¹⁰¹ Dorothy Mitchell, "Mill Life in Guilford" *The Farmer and Mechanic* June 1, 1915.

¹⁰² Florence Swift Wright, *Industrial Nursing for Industrial, Public Health, and Pupil Nurses, and for Employers of Labor* (New York, NY: The Macmillan Company, 1919), 5.

¹⁰³ Annual Nursing Reports Cone Mills Welfare Department 1915-1925. Box 119, Folders 1208-1209. CMR, WL-UNC.

¹⁰⁴ Ibid.

¹⁰⁵ Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville, TN: The University of Tennessee Press, 1987). In 1915 public health service epidemiologist Joseph Goldberger identified

poor diet as the cause of pellagra and began working with southern boards of health on health education campaigns.

¹⁰⁶ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

¹⁰⁷ Lucy White Reports, A Cone Mills Welfare Worker, 1923. Folder C. Elihu White Papers. Joyner Library East Carolina University. Greenville, North Carolina. Domestic studies taught by White also included fancy sewing work, flower arranging, basket making, pattern cutting, and canning fruits and vegetables. White lists many of the social events at which she assisted including weenie roasts, canning parties, birthday Valentine's Day parties, banquets, funerals, sewing circles, dances, stews, candy pulls, plays, vacation bible school, and Sunday School.

¹⁰⁸ Ibid., April 8, 1924 Report.

¹⁰⁹ Ibid.

¹¹⁰ Author Unknown. *Charlotte News*, 21 February 1917, 70.

¹¹¹ Ibid., 1918 annual report.

¹¹² Florence Swift Wright, *Industrial Nursing* (1919), 81.

¹¹³ Annual for 1919 Report Myrtle Hahn to Bernard Cone. Box 119, Folder 1208. CMR, WL-UNC.

¹¹⁴ Harriet L. Herring, "Tracing the Development of Welfare Work in the North Carolina Textile Industry," *Social Forces* 6, 4 (June, 1928), 596-597.

¹¹⁵ Louise East RN to Bernard Cone, 9 January 1945. Box 119 Folder 1208, CMR, WL-UNC.

¹¹⁶ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

¹¹⁷ Ibid.

¹¹⁸ Ibid.

¹¹⁹ William A. Link, "Privies, Progressivism, and Public Schools: Health Reform and Education in the Rural South, 1909-1920," *The Journal of Southern History* 54, 4 (November, 1988), 636-637.

¹²⁰ Lucy White monthly report October 30, 1924 "Assisted in Dr. Cole's clinic." Elihu White Papers. Joyner Library East Carolina University. Greenville, North Carolina.

¹²¹ Dorothy Mitchell "Mill Life in Guilford" *The Farmer and Mechanic* June 1, 1915.

¹²² Pearl Wyche Report to Bernard Cone. 1916. Box 123, Folder 1242. CMR, WL-UNC.

¹²³ Jennings J. Rhyne, *Some Southern Cotton Mill Workers and Their Villages* (Chapel Hill: University of North Carolina Press, 1930), 57. "A first aid room in the community house takes care of all accidents happening in connection with mill work."

¹²⁴ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

¹²⁵ Correspondence Ceasar Cone to Bernard Cone. 19 June 1913. Box 123, Folder 1242. CMR, WL-UNC.

¹²⁶ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

¹²⁷ Jennings J. Rhyne, *Some Southern Cotton Mill Workers and Their Villages* (Chapel Hill, NC: University of North Carolina Press, 1930), 57. Welfare work helped workers adjust to industrial conditions and mill village living.

¹²⁸ Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress*, 1925.

¹²⁹ Jennings J. Rhyne, *Some Southern cotton mill workers and their villages* (Chapel Hill: University of North Carolina Press, 1930), 56.

¹³⁰ Carl J. Balliett, *World Leadership in Denims Through Thirty Years of Progress*. By 1925 the white schools employed thirty-seven teachers and the black school at East White Oak employed three teachers. When the mills began 30-40 percent of workers were illiterate and in 1925 the mill reported that less than 1% of illiteracy existed in the mill villages.

¹³¹ Correspondence Bernard Cone to George C. Smith Alexander Hamilton Institute Astor Place New York. "Inquiring about industrial betterment and welfare work at Cone Mills." 24 February 1916. Box 116, Folder 1179, CMR, WL-UNC.

¹³² Harriet L. Herring, "Tracing the Development of Welfare Work in the North Carolina Textile Industry," *Social Forces* 6, 4 (June, 1928), 595.

¹³³ Harriet Herring, "Social Development in the Mill Village: A Challenge to the Mill Welfare Worker," *Social Forces* 10, 2 (Dec., 1931), 267. Herring was a prominent University of North Carolina sociologist. A Meredith College graduate in 1913 and Radcliff 1918 as well as a Special Certificate in industrial relations from Bryn Mawr College 1919, was a former community worker at Pomona Mills Greensboro NC a branch of Cone Mills and in 1922 personnel director for Carolina Cotton and Woolen Mills Marshall Field and Company Spray NC.

¹³⁴ Jennings J. Rhyne, *Some Southern Cotton Mill Workers and Their Villages* (Chapel Hill, NC: University of North Carolina Press, 1930), 34.

¹³⁵ Jill E. Cooper, "Keeping the Girls on the Line: The Medical Department and Women Workers at AT&T, 1913-1940." *Pennsylvania History* 64, 4 (1997), 490-508.

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- ¹³⁶ Harriet Herring, "Social Development in the Mill Village: A Challenge to the Mill Welfare Worker," *Social Forces* 10, 2 (December 1931), 267.
- ¹³⁷ Michael Katz, *Improving Poor People* (Princeton, NJ: Princeton University Press, 1995, 47-48.
- ¹³⁸ *Ibid.*, 48.
- ¹³⁹ Correspondence Louise East RN to Bernard Cone, 9 January 1945. Box 115 Folder 1173, CMR, WL-UNC.
- ¹⁴⁰ Correspondence Bernard Cone to the Board of Directors Cone Mills Corporation, 3 December 1949. Box 115 Folder 1173, CMR, WL-UNC.

Chapter 5

Industrial Nursing Then and Now

The Origins of the Industrial Nursing Specialty

“Bringing care to the people [defined] Lillian Wald’s legacy to public health nursing,” and to industrial nursing.¹ The origins of the specialty emerged from the efforts of visiting nurses to expand their care delivery to industrial workers. One of this study’s first objectives was to examine the development of the industrial nursing role and to analyze the work of public health nursing pioneer Lillian Wald. This provided an avenue to trace this specialty on a local and national scale.

Lillian Wald and other Progressive Era social activists recognized the importance of nursing to poor workers. Wald demonstrated this mode of care worked through research with the National Civic Federation, Metropolitan Life Insurance Company, Henry Street Nurses’ work in first aid rooms, and through national surveys of industrial betterment work. She spent most of the early 1900s cultivating opportunities for public health nurses: giving public testimony, lobbying state and federal legislators, and publishing her research on the matter of labor reform and industrial nursing. She designed her efforts to meet the needs of the people. Wald managed to insert nurses into schools, insurance companies, and communities. She encouraged partnerships with new welfare departments believing that these corporate institutions afforded nurses the opportunity to improve the health of the workers and families. All of these settings demonstrated

improvements in the general health and environmental conditions as a result of the nurse's presence.

Wald used these opportunities as well as professional journals and conference presentations to assert her vision of these industrial nurses as public health nurses who focused on prevention, safety and health. Wald slowed the use of untrained mill personnel in company first aid departments and this paved the way for the advancement of the visiting nurse in industry. Her expertise was instrumental in providing these services for workers on a national level. Overall, this analysis makes visible the importance of nursing and welfare interventions to improve the health of the population in industry.

While progressive reformers advocated against the exploitation of workers, companies implemented welfare plans in order to avoid strict, externally driven reform. Ironically, corporations designed programs to gain a measure of control over their workers, while at the same time meeting the workers' needs. Northern business practices and progressive impulses influenced the South. After Reconstruction southerners, desperate to rebuild their economy, were willing to put aside hostilities from the Civil War, and accept northern businesses to bring them economic renewal. Corporate welfare departments were good for business. Private benefit programs for workers kept government reformers out of private business, improved production, and delayed costly legislative labor reforms. Production needs and limited labor and health resources prompted companies to create company towns and welfare services around the mills and railroads.

Successful northern settlement houses and visiting nurses services such as Wald's Henry Street Settlement and industrial betterment programs influenced Pearl Wyche's work at Cone Mills in Greensboro, North Carolina. Indeed, like Wald, Wyche a social secretary established community centers and implemented industrial betterment activities. She hired public health nurses with expert knowledge who focused on health promotion and disease prevention. Like Wald's HSS nurses, Cone nurses immersed themselves in the community and lived among the people as in settlement houses. The corporate sponsored welfare departments were heavily influenced by the settlement movement. Historian Oliver Zunz wrote that the company welfare departments made, "A significant contribution to public health."² Indeed, corporate managers used their expertise or that of professionals, such as trained nurses, to identify health and social needs of workers. Welfare department managers, Pearl Wyche and Bernard Cone, coordinated with a faculty of experts in order to meet the needs of Cone Mills' workers.³

The Industrial Nursing Role at Cone Mills

Nursing played an essential role in southern cotton mill corporate welfare programs. The visiting nurses established a rapport with the people and represented the foundation for access to care within cotton mill villages. By living closely with the workers, much like settlement houses, the nurses were able to break down class and financial barriers that often prevented families from seeking care.⁴ Nurses at Cone Mills had the opportunity to practice to the full extent of their training with the latest technology and knowledge. Cone nurses enjoyed an extended role in the welfare department due to the Cone's decision not to hire mill physicians but instead maintain private partnerships with local physicians on an as-needed basis allowing increased

autonomy for company nurses. Despite the challenges of autonomy and blurred boundaries, many nurses preferred this industrial work to scarce jobs in the hierarchical hospital setting. Patient management, a variety of duties, and control over practice spurred many nurses to choose to become public health and industrial nurses.

Evidence documents that Cone nurses practiced within the scope of Wald's expectations. These included health promotion, home visits, the treatment of minor ailments, domestic hygiene, child care, disease surveillance, social uplift, and diplomacy. Wald believed nurses should be active participants in the improvements of workers lives. Cone nurses had the expertise and resources to make these improvements. In fact, they made industrial environments safer and healthier for people in the mill villages. In the home care of their patients Cone nurses maintained up-to-date practices such as maternal child health and health demonstrations, and supervised workers who were under the care of private physicians. Nurses ensured treatment plans met the standard of care for the time. They adhered to the latest knowledge in health promotion and disease prevention, triaged patients to local physicians and hospitals, and collected data to evaluate their care. They cultivated working relationships with local physicians and maintained their scope of practice by following standing orders and treatment plans.

The Cone industrial nurses were present and persistent in their care, triage, and health promotion within village life. In daily practice the nurses strove to provide preventative and safe care. Heavily influenced by the public health nursing movement their role sought to improve population health. After World War I the nurses partnered with the growing Guilford County Health Department and the North Carolina State Board of Health in order to deliver health education, collaborate on maternal-child health

initiatives, and monitor for communicable diseases. Wald's definition of the scope of industrial work demonstrated a view that encompassed the continuum from the individual to the population. In this way they ultimately influenced the progress of public health nursing in North Carolina.

While Wald envisioned industrial work encompassing the factory and community, Cone nurses contained their work within the mill villages. They wielded little power over reform and safety monitoring inside the mills. In the time period studied, there is no evidence to suggest that they openly protested child labor or occupational hazards. During this period at Cone there are no traces of resistance by the welfare faculty. This data may be lost, but more likely these were the "golden years of their work," meaning that everyone involved with Cone Mills was invested in the welfare program. However, tumultuous years were coming as corporate welfare declined and great textile strikes broke out across the South during the Great Depression.⁵

Nursing and Social Work: Collaboration and Blurred Boundaries at Cone Mills

There were blurred boundaries between nursing and social work. Nurses and social workers drew upon their training, Wyche's experiences, and that of other public health and industrial welfare workers at the time. Wyche may have been unique in her exposure to health work. The welfare faculty's collaborative relationship fed the overall success. They were part of the community. While they provided a connection to the company, they were neighbors and friends to the workers. They nurtured the community and the people reciprocated.

Welfare workers in this case study had the resources to build services based on workers needs and the autonomy to deliver those services. During this period nurses and welfare workers at Cone were willing to be a part of these paternalistic corporate agendas because they believed in the good outcomes of their work. They were devoted to providing improved living conditions and opportunities not otherwise available to industrial workers. Additionally, their jobs with the department afforded them certain advantages such as social standing in the village, professional status, competitive salaries, and job security. They worked within the confines of management but enjoyed day-to-day authority and respect in their roles.

One of the most interesting findings of this study was the collaboration of the welfare faculty. Through they were hired to keep workers in factories; they found avenues to do much more for the community. Their interdisciplinary collaboration grew out of necessity, yet they found success by sharing the work. This was not just a nursing story; the work of nurses and welfare workers was interwoven. They partnered with mill welfare workers to disseminate information and care in the villages. Together they provided welfare services in addition to nursing duties. They imparted middle class values on the working class families much like northern settlements “Americanized” immigrants. They were liaisons between employers and employees. Indeed, the line between welfare worker and trained nurse blurred in times of need like the influenza epidemic of 1918. During that crisis all five welfare workers and three nurses including social worker Lucy White and Frances Holman, RN worked together to provide sick care, nourishment, quarantine and hygiene to the village residents.

In the Cone case study, nursing and welfare work is distinctively female dominated. In contrast, northern industries had both men and women carry out welfare work and many welfare programs were led by men. Interdisciplinary welfare faculties, directed by social workers and nurses, became one of the first female roles to be given prominence in the corporate structure. Although female welfare workers and nurses enjoyed some managerial duties, they were still similar to other female professionals in that they relied on male dominated corporate structures for work and pay. This was an even more complicated relationship because part of the role of nurses and welfare workers was to address health and safety concerns that may have been caused by the companies that employed them. The nurses managed a delicate balance between public health needs and economic pressures of the company.⁶

Nurses as Agents of Social Discipline

Lillian Wald believed that the industrial nurse could maintain the balance between company pressure and the workers' needs. They maintained authority within their domains of care through expertise and diplomacy. In considering business and social influences that shaped the nursing role, Wald's data from companies around the nation foreshadowed the tensions and business pressures in which the industrial nurse practiced in the mill villages of the South. Wald realized that nurses, as employees of the institutions they hoped to reform, would walk a delicate line between worker's needs and employer's demands. They balanced the need for these lucrative company jobs with the demands of the workers. Indeed, nurses' loyalties became intertwined between employers and workers.⁷

Economic renewal seemed to trump social awakening. Progressive minded southern welfare workers and nurses protected the private corporate enterprise. Many believed that the success of southern industry was integral to bettering the welfare of the population. Owners chose to implement welfare work as a combination of benevolence and control of the workforce. A tense boundary existed between benevolence and the “subordination of workers.” Through one lens, business men established corporate welfare out of necessity, to avoid unionization, and through yet another, employers designed corporate welfare programs to maintain worker “compliance and loyalty.”⁸ Underlying all of these activities was the common goal of production. Certainty of labor was vital to production, and corporate welfare became a method to control and maintain labor.

While nurses’ day-to-day work focused on preventative care, the nurses’ work encompassed a larger initiative of scientific management of workers. The welfare department as a whole worked to cultivate loyalties and maintain a stable, productive workforce. Moreover, cultivation of dependence between employer and workers can be viewed as a crucial component of the nurses’ work. Despite the positive benefits of corporate welfare, workers were still vulnerable to the whims and power of employers.⁹

Nursing work was one way mills offered aid to workers in order to build a healthy, productive, and loyal workforce. No evidence suggests that their activities were ever dictated to them, but they understood their duty to the Cone Mills company in exchange for this autonomy. Nurses’ work depended on company policy and community resources available. If welfare workers and nurses proved themselves loyal to the companies they were able to negotiate the terms of their work.

Though the welfare faculty seemed progressive, they fed the paternalistic establishment. Overt signs of defiance are not to be found in this early history of Cone Mills industrial nurses. Influential factors kept the nurses duty bound to the company. As historian Edward Beardsley revealed, “southern professionals chose to ignore mounting problems of occupational health [and safety], partly because they feared intruding in the domain of local economic elites.”¹⁰ Competition for relatively lucrative positions kept welfare workers loyal to the Cone Mills executives. They possessed autonomy and authority within their domains, but had no power to change working conditions. Yet as the intermediaries between big business and workers, they sincerely believed that these programs met the workers’ needs. This relationship was viewed as a partnership between the worker and employer, but orchestrated in a manner that left the power with the company.

The exploration of this southern corporate welfare program uncovered the strengths of its engineered communities and higher standards of living for mill workers. Yet these programs were fabricated in order to cultivate dependence, and at times this caused tension between workers and employers. Workers were vulnerable to the conditions of the mill and the village. As it turned out southern nurses and welfare workers promoted this corporate welfare work because at that time alternatives were not available, and no other organizations provided the necessary care to the working poor. Cone Mills was, “Always just a little bit better,” said one mill worker. Even something that was “a little bit better” made a difference in the lives of mill families.¹¹ This benevolent welfare work fostered employees’ faithful dependence on the company.¹²

Welfare work at Cone Mills met the needs of several stakeholders: the mill owners who needed a way to foster loyalty in workers in order to maintain production; the population of mill workers who had no alternative resources for sick care; and a group of nurses interested in district nursing work at a time when these jobs were extremely competitive. Mill owners, civic organizations, location, economics, government, and social hierarchies shaped the role development of welfare workers and nurses in southern mill villages. Cone executives and the welfare faculty believed that improving the social setting and living conditions would improve company production. They actively looked for ways to improve what would now be called social determinants of health.¹³

Overall, Cone nurses followed Wald's outline for the scope of industrial nursing work. However, differences in industrial nursing roles existed because owners controlled the environment. The influence of production quotas, owners' business philosophy, and the fight for financial stability shaped the roles of welfare workers and nurses. Nurses were able to focus on preventative health measures because the Cones emphasized the positive relationship between worker health and productivity.

This research illustrated the impact of industrial nurses and welfare workers nationally and locally during the Progressive Era. This study examined the industrial nursing role, the corporate welfare movement, and the social influences that shaped that work. Primary sources from elite nursing leaders Lillian Wald and industrial nurses in the South described how this new nursing role addressed the health, safety, and productivity issues that plagued mass production industries. The result of this research reveals the successful collaborative relationships between trained nurses and welfare workers in

industry. The results of this work may also inform individuals attempting to address contemporary public health issues in developing countries with vulnerable working populations.

Limitations and the Need for Future Research

The type of resources available influenced and limited the scope of this research. A lack of private correspondence and diaries leaves a gap in knowledge about nurses' potential attempts to reform their employer's practices. The nursing voice is only partially heard through nursing notes, reports, and second hand accounts and their personal perceptions are only partly visible. The primary archival data was found in the Cone Corporation records, thus it is important to acknowledge its limitations. The company records highlight its successes and its appearance to the public rather than its failures. The data were corroborated from Cone Corporation records with period textbooks, worker's personal accounts, welfare workers personal reports, newspapers, and nursing and public health journals.

The work of black industrial nurses and physicians remains invisible. Nursing care for black workers was difficult to ascertain since no records were located to document it indicating the acquiescence of the Cones to southern social norms. However, black employees at Cone Mills are more visible than at other North Carolina textile mills. This area of industrial welfare work in the South needs further investigation. To date evidence of welfare programs of this scale for blacks at other southern cotton mills is elusive. In addition, little is known about the medical and nursing care of black industrial

workers. Evidence suggests that black nurses and physicians would have cared for the black workers of Cone Mill's East White Oak Village, but data is needed to confirm this.

Almost a century has elapsed since the zenith of southern industry and elaborate corporate welfare infrastructures. Today the vast buildings of the Cone Mills complex are shuttered. The mill structures have been repurposed into lofts, office suites, shopping boutiques, and hotels. Over the course of the twentieth century, the Cone Mill village homes and community buildings were annexed into the city of Greensboro and sold as private residences. Today Moses Cone Health, a magnet health system endowed in honor of the late mill owner, is the number one private employer in the area. Since the hospital opened its doors in 1953, it has been a nonprofit institution providing care to all individuals regardless of their ability to pay.¹⁴

Industrial Nursing Then and Now

In the 1920s and 1930s corporate welfare programs closed or evolved into personnel and human resources departments. Time, place, and situation factored into the delay in occupational health standards for southern textile workers. In the South, paternalistic programs of private welfare benefits kept workers under the wing of employers. Workers in the South did not join unions or organize in large numbers. In the 1930s, local government and powerful mill owners stalled union activism. The rural setting of many southern mills kept workers isolated from outside influences. Workers also feared resisting employers, since one textile mill often dominated the employment options in small towns, and workers who were unable to move had no alternative employment options.

The industrial nurses' role would later change to include health and safety inside the factory after the state adopted workmen's compensation laws and after the federal government imposed reforms on industry by passing the Fair Labor Standards Act of 1938. These mandated changes expanded the nurses' role across all industries to include accident prevention, sanitation engineering, and injury reporting. The role continued to evolve throughout World War II and the economic boom of the post-war years. Power struggles between public and private stakeholders impeded occupational disease research and regulation.

As the specialty gained national recognition industrial nurses began to organize. First the National Organization of Public Health Nursing created an industrial section in 1920, and then in 1946, American Nurses Association organized the American Association of Industrial Nurses (AAIN). This prompted each state to create a membership of practicing industrial nurses. AAIN gave industrial nurses a collective voice, and they standardized functions and training qualifications. They also shared information and collaborated on issues affecting their work.¹⁵

Occupational Health and Safety Standards

In 1970 workers' won a major victory when Congress passed the Occupational Safety and Health Act. The Act established two agencies, the Occupational Safety and Health Administration (OSHA), and the National Institute of Occupational Safety and Health (NIOSH). OSHA, located within the Department of Labor, continues to regulate, investigate, and enforce laws related to occupational health and safety. NIOSH, part of the Department of Health and Human Services, established evidence-based standards for

toxic, chemical, and dust exposures for workers.¹⁶ The passing of the Occupational Safety and Health Act in 1970 marked a turning point for labor. For the first time federal law mandated compensation for injury and illness related to occupation. By establishing OSHA and NIOSH the movement finally had a research and regulatory arm as well as critical funding to support the movement for the protection of workers.

In 1976 the AAIN changed its name to the American Association of Occupational Health Nurses (AAOHN) in order to comply with federal terminology. The association gave up the name “industrial nurse” in favor of the modern name “occupational health nurse.” Today the AAOHN focuses on domestic and international occupational health and safety. In 2011 they sponsored the first Global Summit on employee health and safety in order to encourage excellence in occupational health and exchange knowledge. The AAOHN supports the work of the International Commission on Occupational Health and assists occupational health nurses in developing countries to define roles, competencies, and legal responsibilities.¹⁷ Approximately 12 percent of AAOHN members have some type of practice in developing countries. AAOHN leaders consult with practitioners in Asian-Pacific countries, emphasizing the benefit of multidisciplinary teams and the benefits of occupational health to population health. In February 2014 the president of AAOHN, Pam Carter, met with the newly formed Indian Association of Occupational Health Nurses and discussed ways that the organizations could work together to achieve common goals of improving living and working environments for employees.

The public health and safety concerns facing industrial nurses a century ago continue to plague industrial reformers today. This historical study provided context for

perspectives on current occupational health nursing issues. The challenges faced by workers in the American South during the early twentieth century are similar to those affecting the health and safety of workers in developing countries including child labor, low wages, long hours, and unsanitary work and home environments. Unregulated safety and health hazards complicate the situation.

International Disparities in Occupational Health and Safety

The parallels between economic globalization today and the rise of the textile mill industry in the American South at the opening of the twentieth century are striking. The International Labour Organization (ILO) list of inequalities in work standards include child labor, low wages, long work hours, and a lack of standard fire escapes and emergency equipment. Similar to conditions in the early twentieth century American factories, the ILO describes the environments as hot, crowded, noisy, dusty, and unsanitary.¹⁸ Conclusions of this study provide insight and demonstrate the relevance today. The two cases that follow provide examples of occupational safety and health violations, in current international industries.

The Rana Plaza Textile Plant Disaster

On April 24, 2013 the collapse of the Rana Plaza and Bangladeshi garment factory showed the world the inadequacies of international occupational health and safety. This disaster claimed the lives of 1,127 workers and injured over 2,000 people. Due to the lack of protective labor laws, workers and families affected by this tragedy are desperately in need of rehabilitation services and financial compensation. Prior to this

catastrophe, the Tazreen Fashions fire in the same garment district as Rana Plaza had killed 117 workers in November 2012. Despite this incident, no new preventive measures were taken in the country's industrial sectors, thus leaving workers vulnerable to disasters.¹⁹

A *New York Times* article likened the Rana Plaza disaster to the 1911 Triangle Shirtwaist Fire and stated:

In both cases, inspectors visited and filed critical safety reports, but scores of people still died while making clothes for others. The American disaster is now hailed as a turning point that led to safer workplaces and broad support for a minimum standard of workers' rights, while the Bangladeshi disaster's impact is less certain.²⁰

The parallels are most striking in the impetus for reform resulting from the tragedy. In the wake of the Bangladesh disaster, local and international labor groups are calling for sweeping safety reforms including routine factory inspections and renovations such as exterior fire escapes and fire alarms. Low cost textile merchants including Walmart and H&M buy from these factories in Bangladesh where the disaster occurred. The ILO, World Health Organization (WHO), and consumer organizations such as the Labour Behind the Label Campaign and the Clean Clothes Campaign (similar to Wald's National Consumer League label campaign) are challenging mainstream companies and consumers to help enforce higher working standards from manufactures, and taking some responsibility for worker safety. These reforms call for the involvement of merchants to make factory safety and sanitation inspections mandatory. Efforts also demand that the consumer become involved by knowing the manufacturing conditions of

the products they buy, and by boycotting products manufactured in sweatshop conditions.²¹

In order to hold the Bangladesh government accountable to ensure that occupational health and safety reforms are permanent, 150 companies from 20 countries signed the Bangladesh Accord in October 2013. This legally binding contract guarantees that the companies will continue to do business in Bangladesh over the next five years in exchange for proper building and safety inspections as well as improved working conditions for employees.²²

Risk of Occupational Diseases Related to Cotton Dust

The globalization of the textile industry has outpaced international regulation for occupational related disease and safety. In addition to workplace safety breakdowns, occupational health hazards like byssinosis or “Brown Lung disease” from cotton dust threaten international workers.²³ As a result the health of workers continues to decline.

As early as 1970, the U.S. Congress passed the Occupational Safety and Health Act (OSHA), creating new opportunities for occupational health nurses. This act directly affected textile workers in the United States, recognizing byssinosis, a respiratory disease caused by cotton dust, or “Brown Lung disease,” as an occupation related illness.²⁴ As a result, by 2000 a study of the U.S. cotton dust standards and textile workers health revealed improvement in byssinosis prevalence rates and compliance with air standards. Clearly, the laws coupled with new machinery and air filtration systems had decreased the amount of cotton dust in U.S. southern textile manufacturing. However, as textile industries left the American South in the early twenty-first century, moving jobs to

developing countries, byssinosis associated with textile work increased in developing countries.²⁵

Unfortunately, the occupational safety standards and mandates present in the United States were not outsourced along with factory jobs.”²⁶ As a result in 2010, a review of byssinosis prevalence studies revealed rates reaching 8% in China, 30% in Indonesia, 37% in Sudan, , 45% in Ethiopia, and 50% in India.²⁷ These prevalence rates are similar to early surveillance studies in the American South prior to OSHA regulations.

In the wake of factory disasters and unchecked occupational disease concerns, developing countries need occupational health and safety programs. Occupational health personnel including physicians and nurses are the key contributors needed to achieve basic safe standards. In 2007 the WHO and ILO created Resolution 60.26, a strategic plan of action to improve global workers’ health. The ILO proclaimed, “Decent work IS safe work.” This collaborative action plan is in effect through 2017. The resolution stressed: filling the gaps in basic access to occupational health services including the needs of migrant workers; developing guidelines for surveillance and reporting; developing cooperative relationships between developing and developed countries; and incorporating workers health and safety coverage, rehabilitation, and compensation contingencies into national policies.²⁸ Government legislation in developing countries would also ensure that nurses work for the state government or health units not for businesses, thus maintaining a fine line between government and private agencies’ authority over workers’ well-being. Implications for future practice could include nurses

providing occupational health screening and prevention education, lobbying for occupational health standards, and building prevention programs in developing countries.

Occupational health experts, including nurses, are well positioned to intervene on behalf of workers' health globally. They have the expertise, advanced knowledge, and practical training to improve the safety culture. In the past nurses were intermediaries between worker and employer²⁹ and oversaw the infrastructure of early occupational health efforts in the development of mill communities. These leaders shaped personnel work and occupational health and safety as we know it today. These past experiences are valuable tools with which to evaluate current international issues in health.

Currently over 19,000 nurses practice in occupational health settings, such as manufacturing firms, comprising the largest group of health care providers dedicated to American workers. These groups of nurses work in occupational health settings, such as manufacturing firms. They promote healthy, productive workplaces, and individual worker well-being. Occupational health nurses provide extensive primary healthcare services to workers across the United States and deliver access to primary care for workers that according to the AAOHN, “focuses on promotion and restoration of health, prevention of illness and injury, and protection from work related and environmental hazards.”³⁰ Nursing and medical care services provided to workers encompass a system of health care tailored to the worker. Occupational health nurses provide extensive primary healthcare services to workers across the United States including health promotion programs including exercise and smoking cessation. These reinvigorated concepts, first used by industrial nurses like Frances Holman over a century ago, continue

to be important in occupational health nursing today and have the potential to expand in the United States and abroad

Endnotes: Chapter 5

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Olivier Zunz, *Making America Corporate, 1870-1920* (Chicago, IL: University of Chicago Press, 1990), 101.
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- ⁵ Edward Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville, TN: The University of Tennessee Press, 1987).
- ⁶ Niki Mandell, *The Corporation as Family the Gendering of Corporate Welfare, 1890-1930* (Chapel Hill: University of North Carolina Press, 2002) 147, 158-159.
- ⁷ Christine Hallett, Michele Abendstern and Lesley Wade, "Industry and Autonomy in Early Occupational Health Nursing: The Welfare Officers of the Lancashire Cotton Mills 1950-1970s," *Nursing History Review*, 14, (2006): 89-109.
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Appendix

Figure A.1 Growth of Mill Facilities from 1900-1925

Date	Machinery	Proximity	White Oak	Revolution	Pomona	Total
1900	Spindles	13, 312		15,000		28, 312
	Looms	415		326		742
1910	Spindles	44, 800	61, 320	30,000	18, 498	154, 618
	Looms	1,400	2,000	820	330	4,550
1920	Spindles	52, 129	61, 320	65, 968	24,416	203, 832
	Looms	1,600	2,596	2,048	798	7, 042
1925	Spindles	52, 129	61, 320	65, 968	24,416	203, 832
	Looms	1,600	3,000	2, 048	798	7, 446

Table adapted from figures provided in: Report for United States Senate Sub-committee on profit-sharing welfare work conducted by Proximity Manufacturing Company, Greensboro, N.C. September 5, 1938. Box 117 Folder 1194 History. Cone Mills Records. Wilson Library, University of North Carolina, Chapel Hill.

Figure A.2 Welfare Expenditures January 1 to December 31, 1914

Type of Work	Proximity	White Oak Mill Village
Graded Schools	\$4,599.64	\$4,866.26
Kindergarten	\$784.33	
Welfare and Trained Nurses	\$2,457.40	\$2,947.16
Boys Club	\$165.90	\$240.25
Landscape	\$3,787.49	\$2,216.46
Hams Distributed to Employees, Christmas-1914	\$856.95	\$1,067.43
Totals	\$12,851.71	\$11,337.56

Table adapted from figures provided in: Report for United States Senate Sub-committee on profit-sharing welfare work conducted by Proximity Manufacturing Company, Greensboro, N.C. September 5, 1938. Box 119 Folder 1216 History. Cone Mills Records. Wilson Library, University of North Carolina, Chapel Hill.

Figure A.3 Welfare Expenditures Work January 1 to December 31, 1915

Type of Work	Proximity	White Oak
Graded Schools	\$5,818.50	\$5,441.09
Kindergarten	\$762.49	
Welfare and Trained Nurses	\$2,657.15	\$3,203.38
Boys Club	\$189.20	\$200.00
Landscape	\$2,990.33	\$1,900.77
Hams Distributed to Employees, Christmas-1915	\$799.68	\$961.85
Totals	\$13,223.35	\$11,647.09

Table adapted from figures provided in: Report for United States Senate Sub-committee on profit-sharing welfare work conducted by Proximity Manufacturing Company, Greensboro, N.C. September 5, 1938. Box 117 Folder 1194 History. Cone Mills Records. Wilson Library, University of North Carolina, Chapel Hill.

Figure A.4 **Aerial View of White Oak Village and White Oak Denim Mill, 1925**



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at:

<http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.5 **White Oak Mill Village Housing**



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at:
<http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.6 White Oak Village Grade School



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at:
<http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.7 East White Oak Village School: Female teachers standing at opposite porch columns surrounded by children of black employees.



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at:
<http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.8 **Vaccination Clinic White Oak Mill Village School, 1925**



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at: <http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.9 Frances Holman pictured center in white demonstrates as mothers with babies look on.



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at: <http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

Figure A.10 The teachers, welfare workers, YMCA staff and nurses
(Frances Holman is back row, left with black hat.)



Carl J. Balliett, *World Leadership in Denims through Thirty Years of Progress: Dedicated to the Founders of the Cone Mills at Greensboro, North Carolina* (Greensboro, NC: Proximity Manufacturing Company, 1925). Available at:
<http://babel.hathitrust.org/cgi/pt?id=wu.89097537807;view=1up;seq=10>

