RURAL NURSING

YESTERDAY AND TODAY

VII.

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Chapter 1

The Present Need

Disasters such as mine explosions arouse popular sympathy and widespread remonstrance; they result in the demand for more careful inspection, for the purchase of safety devices and for other preventive measures regardless of cost. The needless death of hundreds of people every day under less dramatic conditions has become so common place, that few are moved to protest, to demand that adequate preventive measures be inaugurated, and that sufficient funds be provided to make such measures possible.

The dearth of trained workers, the curtailment of scientific research, the scarcity of educational materiels, and the lack of other equipment for the advancement of work in rural health, are due largely to the meagerness of appropriations for the official health agencies. The appalling waste of human life in the United States will continue until this fact is understood by the local, the state, and the federal government appropriating bodies.

For several years following the war, the federal government appropriated approximately one hundred million dollars annually for the construction of rural post roads, with the provision that each state accepting it's allotment of the fund, appropriate a like amount. But a similiar plan for the development of rural health work in co-operation with the states, provided for an expenditure

of only fifty thousand dollars a year. Although this money was so effectively used that it stimulated the expenditure of amounts five and six times as large, by the count and state government, it was impossible to have the subsidy for health work increased.

Rural hygiene is important to the health of the entire nation for at least three signifigant reasons:

(1) Milk and vegetables coming in from rural districts may bring diseases into the city.

(2) The source of most water supply is in the country.

(3) Because of the frequent and extensive travel between the country and the urban communities, the control of communicable diseases in the cities where half the people live cannot be achieved unless the other half who live in the country have sufficient health supervision.

Contrary to the opinion of many, life in the country district is not especially healthful. This astounding fact was prehaps best brought to our attention during the world war. The physical examination of thousands of soldier boys showed that the country lad is less enduring, and more prone to preventable physical disabilities, than his city brothers. In the examination of school children it was also found that the city child has less defects. To some extent this is due to the health work which has been carried on in urban centers, with emphasis placed in the schools, where as until just the last few years, very little health work has been attempted in the rural districts. At the present time in some of our large state having a large rural population, the death from tuberculosis is greater than in cities, where as twenty-five years

ago, tuberculosis was found chiefly in crowded city dwellings. The same might be said of typhoid fever, and now it may be looked upon as almost entirely a rural disease.

We who live in cities and see the country only from a train window or during a summer vacation, do not realize the conditions which often lie behind the quaint farm buildings, nestling beneath the spreading elms. We fail to see beyond the "barefoot boy with cheeks of tan", who instead of dreaming his life away in healthful surroundings, probably attends school in a badly ventilated and poorly lighted classroom, where he is deprived entirely, or receives only in a meager fashion, those health services which are so very essential in the training of the child for wholesome living.

Over wide stretches of our beautiful land, rural sanitation has been utterly neglected, and in many cases the farmers wife sends to market her eggs, milk, and fresh vegetables, and feeds her family on salt pork and fried potatoes.

Strange to say, while city slums were receiving careful attention, and sanitarains, physicians, and visiting nurses were battling with the harmful conditions found in our large industrial centers, practically nothing was being done for the rural population. Rural health was unconsidered, medical attention in the country hard to obtain, and rural nursing utterly lacking.

Chapter 2

Early Development

The first attempt to establish a rural nursing service was started by Miss Ellen Morris Wood in Westchester County, New York. After her graduation from John Hopkins Training School in 1896, Miss Wood devoted herself to the care of the sick in the vicinity of her home at Mt. Kisco. When the Spanish American War broke out, she volunteered for service, and although she returned home after the war to take up her former duties, she had suffered too severely from the strain and hardships. She soon contracted typhoid fever and died. Her work had however proved of such great value to the community, that after her death it was continued as a memorial of what she had done. It was finally organized into the District Nursing Association of Westchester County. As the work increased more nurses were engaged, and thus was organized the first purely rural visiting nursing association in this country.

Another pioneer effort at rural nursing was started in Connecticut. In 1916 a resident of Salisbury who had seen the work carried on in the Henry Street Settlement, was inspired to start some such service in her rural community. At first it was decided that the services of the nurse should be only for the poor, but when the well-to-do people began to beg for the services, it was decided that the rural nurse should be at the disposal of the

whole community, the well-to-do to be visited on a paying basis. These fees were to be used for running expenses, and by 1910 almost paid the actual cost.

Still another effort to bring nursing services to the neglected and isolated of the country side was inagurated by Miss Lydia Holman in the mountain districts of North Carolina. Her work has been one of the most beautiful and self sacrificing of any in our land.

For eleven years Miss Holman worked alone, trying to meet the ever increasing demand for services. She realized that more help was needed, and returned to Baltimore to secure aid. The result wes the formation of the "Holman Association for the Promotion of Rural Nursing, Hygiene and Socail Service".

Rural nursing progressed very slowly. The three exceptions just memtioned and a few other scattered efforts were practically the only nursing service available for the great mass of people living on farms or in lonely country districts of the United States.

Since 1905 leadors in Nursing were showing an active interest in nursing services for the rural community. They were aware that England, Canada and Australia had been carrying on this service in their rural communities for several years. In 1887, the British Empire celebrated the fiftieth anniversary of Queen Victoria's acession to the throne. It was a wonderful and impressive demonstration. From India, and Australia, from South Africa and Canada, from New Zealand and the Islands of the Sea, came delegations to do homage to the great queen, who for so many years had ruled over

them.

A popular subscription fund of seventy-six thousand pounds raised by the women of England was presented to the great queen as a token of respect and affection. Seven thousand pounds of this her Majesty decided to use for the establishment of an Institute for the Training and Supervision of District Nursing, with which any properly qualified nursing association already established might affiliate.

Queen Victoria had followed with much interest the inception and the previous development of district nursing among the poor, and she ardently desired that the humble subjects of her realm should enjoy equally with the rich, the comfort and advantage of trained and skilled nursing in time of illness. She was aware that only through a National Organization, equipped to give training in district work which would be standardized, could this great service be carried on successfully, and with this in mind, she placed the major portion of her Jubilee fund into the hands of three trustees: Sir James Paget, the Duke of Westminister, and Sir Rutherford Alcock, men already interested in district nursing and well aware of its needs.

It was deemed wise to utilize, so far as possible all the valuable experience already gained by various existing Nursing Associations throughout the country, by inviting them to affiliate with the Institute, and co-operate in working out the plans and ideals of its founders.

The fundamental conditions for affiliation were: (1) A uniform standard of qualification and training for nurses. (2) That in large towns nurses should reside in Homes, under a qualified Superintendent, and should nurse only under the direction of a medical practitioner. (3) While not excluding poor patients who were able to pay something, the services were to be confined strictly to the poor. (4) That the work should be absolutely non-sectarian, and that the nurses should give no money or relief of any kind, except under special circumstances and then with the approval of the Superintendent.

All the principal associations of the country at once sought affiliation with the Queen's Institute, for the advantages accuring to them by affiliation were many, the greatest being the advantage of regular inspection by a Supervisior of the Institute, by means of which a standard of effeciency and training were assured, for already the great advantage of inspection from withou was manifest.

Soon country villages and hamlets were begging for the "Queen's Nurses". Rural nursing had always been a serious problem, midwifery and maternity care being the most pressing need. As early as 1634 we hear of the wife of a country clergyman, the Reverend Abraham Colfe, who included among her other charitable duties the care of women at the time of childbirth. "She was", wrote her husband, "for about forty years, a willing nurse, mid-wife, surgeon, and in part physician to all, both sick and poor, without expecting reward." Again in 1782, the Reverend Mr. Dolling, realizing the danger and

unnecessary suffering through which women of a certain small parish in his jurisdiction were exposed to, had raised a subscription in order to send a woman to a lying-in-hospital in London, where she might be trained in the care of maternity patients. She returned after a three months training and attended the wives of the laborers for a small fee.

The desire on the part of those interested in rural districts, that the country people should have Queen's Nurses, led to the formation of, Country Nursing Associations, which should whenever possible employ nurses with not only a full hospital training, but with district and midwifery training as well. In other words specially trained Queen's Nurses. The main objects of these associations were: (1) To promote local interest in providing trained nurses and midwives for the sick in their homes throughout the country. (2) To raise funds locally for the support and training of such nurses within the country. (3) To establish nursing centers as far as may be throughout the country. (4) To seek out and train suitable women in accordance with the regulations of the Queen's Institute.

Unfortunately many districts could not raise the funds to support a Queen's Nurse. The need in these districts was so apparent, that the Country Association undertook to train women free of cost, as midwives, giving them additional instruction in elementary care of the sick. These so called "village nurses", were supplied to the rural districts in need. In order to affiliate with the Institute, however, the associations employing village

nurses were required to appoint a Queen's Nurse as Superintendent, who would be responsible for the adequate and constant supervision of the practical work of these nurses, and would herself be under the direction and inspection of the rural superintendent of the Institute, thus forming with the other rural Queen's Nurses, the Rural Branch of the Organization. *

This employment of partially trained women as nurses in rural communities has met with much opposition and criticism; and yet the scheme in its practical application seems to have been a success. It necessitated the careful choosing of women, and required the most accurate and thorough training in minimum time. Miss Amy Hughes, former Superintendent-General, and one of the foremost graduate nurses of the country says, "There are certain centers where the village nurse is the right woman in the right place", and certainly their usefulness in isolated rural districts of the country cannot be questioned. In 1922 the Queen's Institute had two thousandm four hundred and thirty-two of these women employed. All of these women are trained nurses, and are under the supervision of a Queen's Nurse.

In canada no attempt was made nationally to standardize visiting nursing until 1897. The scheme was also based on the plan of the Jubilee Institute, with such changes as fitted it for a new country. In 1920 the Provincial divisions of the Canadian Red Cross Society began to assist in the development of health nursing as part of their peace time program.

*There is now no rural branch of the Queen's Nurses; it has been merged into the whole.

In New Zealand public health nursing is organized in a way that would probably not be possible in larger countries, particularly where the government is less centralized. One writer in speaking of this country says, "There is a general spirit of co-operation and neighborly interest in the small and intimate concerns of the community, just like, one big family."

Dr. Truby King first introduced public health nursing into New Zealand, because he believed that with the proper preventive measures the high rate of infant mortality prevailing in all countries could be reduced if these measures were firmly established. He believed that the public health nurse was the person to be utilized in this field. He himself provided the first infant welfare nurse to demonstrate the value of this work. This was the beginning of the splendid service which has made New Zealand the, "Place, where babies seldom die."

Bush Nursing, is the local name for a certain form of rural nursing which has been carried on for over two decades in Australia. The original scheme which was started by the Countess of Dudely, was planned on the Victorian order, and was to cover the whole of Australia. The plan however was too large, and instead independent organizations were formed in various states, much on the original plan.

The work of the Bush Nurse varies greatly, including all kinds of bedside nursing, school nursing, first aid when necessary, and some public health nursing. The greatest and probably the most

important part of the Bust Nurse's job is midwifery. The major portion of her time is devoted to this type of service and to the care of infants and children. Because midwifery forms such a large part of her job, every nurse is required to be a registered midwife.

Bush nursing brings a feeling of comfort and security to the thousands of people isolated in the back lands, where medical aid and hospital service is often unattainable. So far this type of nursing seems to be well adopted to the needs of the country which it serves.

Chapter 3

Red Cross Activity in Rural Nursing

In 1911, at the second annual meeting of, The Association for the Prevention of Infant Mortality, Miss Crandell, in an address on, Rural Problems, compared our indifference in the matter of rural health to the attitude of Great Britain, Canada, and Australia, in providing a nation-wide nursing service for their rural population. And then she said, "Why should not our National Red Cross Society, with all it's splendid organizations and resources, support, direct, and operate such a national service during intervals of time in which there is no need for it's emergency duties?"

Miss Crandell voiced the opinion of many leadors of nursing, and in 1913, the American Red Cross inaugurated it's, Rural Public Health Nursing Service, to meet the increasing needs for this type of service. In the following year the name was changed to, The Town and Country Nursing Service, in order to include small towns.

Communities were slow to avail themselves of this nursing service, and by 1915 only about fifty Red Cross Public Health Nurses were employed. Many communities did not care for National Supervision over a local service, and other communities were unable to raise the required money for the nurse's salary, although the expenses for administration and supervision were to be paid by the organization, the local community was responsible for the remuneration of the nurse.

Although this effort did not immediately meet with the enthusiasm anticipated, it did render a great service. It brought the need of rural nursing to the attention of the public, and gradually State Departments of Health, County Authorities, and other local organizations began to employ rural nurses.

Immediately following the war, in 1918, the Red Cross, decided to organize a country wide program for public health activities, and the Town and Country Nursing Service, was reorganized into a Bureau of Public Health Nursing. All the Red Cross Chapters through out the land were urged to interest themselves in establishing public health nursing in their midst. With this stimulation, the number of Red Cross Nurses increased tremdously. Immediately preceeding her departure on a tour of inspection in Europe, from which she never returned, Miss Jane Delano, Director of the Department of Nursing of the Red Cross, wrote; "One of the first things in the peace time program of the Red Cross will be the further development of public health nursing. With the return to civilian communities of twenty thousand graduate nurses, released from military duty we hope to extend greatly our Town and Country Nursing Service of the Red Cross, and interest nurses in public health activities so that skilled professional nursing will be available to even the most remote parts of the country."

Formal authority for the continuance of public health nursing as a permanent Red Cross activity was accorded by the Central Committee at a meeting December 13,1922 in the following resolution;

"Where there are no other agencies for such work, and the Chapters desire, the Chapters are authorized, when they comply with the following conditions, to engage in Home Service to Civilian Families, Public Health Nursing, and other similiar activities.

"1. Priority of needs of disabled ex-service ment, and preparations for disaster shall be considered.

"2. Suplication of alreadv existing work of a similiar nature in the community shall be avoided.

"3. There shall be an activie desire on the part of the Chapter for the service and the ability to finance it with credit to the American Red Cross.

"4. There shall be competent direction.

"5. There shall be observance of such standards of work as are fixed by the National Organization.

"6. Chapters should urge the assumption of the responsibilities for the conduct of such special services by the community as soon as wise and practicable."

The phases of public health nursing necessary in a complete program include, bedside nursing, child welfare work, school nursing, tubersulosis nursing, communiciable disease control and various means of health education of the community. This included classes in Home Hygiene and care of the sick. No one of these phases is sufficient in itself, but if a single nurse is covering a comparatively large area, she can not include all these phases in her program. This is particularly true at the beginning of a service. She must select one or two phases which are to be emphasized and include the others where ever they are met in her work. As in

the urban field, so also in the rural field experience has proved with with such large territories to cover and with such difficulties in transportation as confronted the rural nurses it was necessary for her to concentrate her efforts where she could be of greatest service to the largest number of people. This is the reason why the public schools have become the center of activity, especially in the large states of the Middle West.

The care of the child was not completed in the school room. Following the problem of the child into the home was the best means for the rural nurse to contact her families. Going into the home to secure the correction of a defect, the nurse will give advice and instruction to the pregnant mother, or advise in the care of a tuberculosis patient. She will interest herself in any health problems that will be found in that family.

In all the program planning of the Red Cross Nursing Service, there were three underlying principles:

"1. While not neglecting the remedial side of nursing, the emphasis in public health nursing is on the more constructive and educational side.

"2. Work in the individual home produces the most permanent and practical reforms in hygienic habits.

"3. Should an epidemic occur, or an emergency arise, requiring the nurse's attention, all other work is temporarily laid aside.

In organizing Public Health Nursing Services, individual Chapters have always worked to attain the high standards set by the National Organization.

In 1928 the AmericanRed Cross was, and probably still is, the largest single employer of rural nurses in the United States. It has helped to build over 2,000 services and has continually kept those high standards, which are so necessary if a service is to be successful and enduring.

Although the original policy of the Red Cross was that the Chapter should start a nursing service as a demonstration and speedily transfer the service to the local government, the experience of recent years shows that s substantial modification of this policy is necessary, if the work is to continue as an effective part of the community program. Out of these years of experience the following conclusions were reached.

1. That neither the permanency nor the usefulness of the service is assured, unless the foundation is sound.

2. That the Chapter in assuming responsibility for getting public health nursing under way, thereby obligates itself to see that the foundation is sound.

3. That this building of a solid foundation requires many more years of work on the part of the Chapter than was first expected.

In 1934 there were actively engaged in four hundred and twenty four chapters, seven hundred and seventy Red Cross Nurses preforming this type of health work. These services range from highly developed services of the New England villages to the scattered, extenseive services in some of our Western States. There are services in the county, in the town, in the mountains, on the plains, in the deserts, in lumber countries, and in the Phillippine and Virgain Islands.

In the Eastern States, the service is usually a small town service, where as in the Southern, Middle Western, and Western States, the service usually includes an entire county. This of course makes for a more limited program. Regardless of the size of the territory, it is part of the nurses work to stimulate and help with health educational projects.

In the year 1934 a gift of $15,000 from the Supreme Council of the Scottish Rite Masons of the Northern Jurisdiction, provided services in thirty-three communities. This fund was primarily used for the instruction of mothers in Home Hygiene and Care of the Sick.

Another benefactor in the same year was Will Rogers, with a gift of $25,000 all except $2,500 of which was allotted to the Public Health Nursing Service. In making use of this fund, the following points were considered:

1. A past record of satisfactory nursing service, whether a full time or itinerant, which had been discontinued fairly recently or was in immediate danger of having to be discontinued because of lack of financial support.

2. A real effort to obtain local financial support.

3, A probability that the service would be continued there after from local support.

To date fifty-two Chapters in some Twenty-five states have received financial assistance from this fund.

The American Red Cross has probably been the greatest single force in the development of rural nursing. With whole areas of the country yet untouched, the American Red Cross is undoubtly as much needed in this field today as it ever was.

Chapter 4

In the Hills of Kentucky

In 1925 Mary Brehinridge formed an organization to provide trained midwives for the neglected regions in the Kentucky Mountains,

Mrs. Brechinridge comes from an old family who had orignally settled in Kentucky in 1790. Her family has a record for public service as long as our national life. She has always been interested in the people of Kentucky, even though she spent a great part of her time away from her native state. After the death of her two children and the termnation of her unhappy marriage, she came to Kentucky to learn the actual conditions, and to find out just what she would have to work with. She was already a graduate nurse, therefor she went to England and took special training in midwifery at the British Hospital for mothers and babies, and studied with the Queen's Nurses. After securing her license, she returned home. With her own resources, and the aid of friends and relatives for financial backing she went to work. She took counsel from physicians and experts in Public Health, and secured the support of the Kentucky State Board of Health.

In Leslie County, situated in the very heart of those Kentucky Mountains, Mary Brechinridge began her work. She organized a strong local committee of the leading mountaineers of those parts. The first nursing center was opened with two trained midwives and

herself.

Midwifery is the primary work of these frontier nurses, although general care of the families and the prevention of disease are also great factors in their work.

Of the one thousand mothers or more who had been delivered by 1931, only one died in childbirth. She was infected with hook worm, and was also a cardiac case. One other mother died on the eighteenth day post partem, of mitral stenosis.

Several nursing centers have been established in these hills by now, covering a region of seventy by thirty miles. In this area there are over eight thousand people under their care. Most of these are women and children. The nurses are frequently asked to go outside of their region, and when this is possible they do so. In various ways, from time to time, these nurses serve about fifteen thousand people. During the drought of 1930, when no rain fell until April 1931, much suffering and disease had to be combatted. Pellegra, pneumonia and tuberculosis took a fearful toll, and of course hook worm is one of the most prevelant of diseases in the territory.

In seven years thirty one trained women have come as pioneers to that old frontier. During that time two have been wounded and one has died. In 1931 Mrs. Breckinridge was ready to leave on an outside tour, she was thrown from her horse, and substained rather severe injuries, but this did not deter her. She carried on extensive work from her bedside.

The nurses only means of transportation in these hills is on horseback. Many times a nurse spends twelve and fifteen hours of her day in the saddle. Mrs. Brechinridge who realizes the importance of health both physical and mental in her workers, insists that they take a six weeks vacation every year. This vacation is preferably broken into two three week periods.

The requirements of these nurses are: must be a graduate nurse, and are then taken on trial for six months in Kentucky. If satisfactory she must then go to England or Scotland to take training in midwifery. After her return as a registered midwife she must take training in Public Health Nursing, and then she may be enrolled as a frontier nurse in the mountains of Kentucky.*

*The Lobenstein school in New York now trains nurses in midwifery so it is not always necessary to go to England or Scotland.

Chapter 5

W.E.R.A. Nursing Program

On June 20,1934, the director of the Washington Emergency Relief Administration arranged to set aside $10,000 a month, beginning July 1, 1934, for the following six months, for a new State-Wide Nursing Project, under the directions of the State Health Department.

The purpose of the project was to give Public Health Nursing Service in all communities throughout the state, and particularly to the indigents and families on relief.

This project differed from former nursing projects in several ways:

1. Public health training was a requiste for all nurses employed.

2. Nurses were choseen according to their ability and experience, and not from the standpoint of need, in order that communities might receive the highest type of Public Health Nursing Service.

3. One supervising nurse was assigned to each of the six W.E.R.A. Relief Districts, instead of placing a supervising nurse in each county as was usually done.

In addition to the supervisors, two special nurses were appointed; one to act as field nurse to follow up the survey on handicapped children which had been made early in the spring, under C.W.A., the other nurse to organize and conduct classes in prenatal care for expectant mothers. The amount of money available made possible the appointment of a pediatrician to serve as State Director of Maternal and Child Hygiene.

The early part of July was spent in assignments and organization

of the work. Nurses were first placed in those counties not having any nursing service. Great care was exercised in the selection of nurses and none appointed who did not have training in public health nursing.

The W.E.R.A. Nursing Project, employed forty-nine regular field nurses and six district supervisors. The service functioned on a general program. It included all phases of public health nursing, and specialized in no particular branch. W.E.R.A. Nurses, endeavored to create an active desire on the part of those they served for high standards of living, and also worked to demonstrate the value of an effective public health nursing service to the community.

Although the lack of funds proved to be a serious handicap in the follow up work and in securing correction of defects, much note worthy work was accomplished during this six month period. With the beginning of school in the latter part of September, the amount of time spent in other phases of the work had to be shortened. With the coming of cold weather, nurses began interesting teachers and mothers in the need of hot lunches for these school children, many of who travel miles by bus or auto, and in some cases on horseback. Some of these children leave home in the morning at seven o'clock and do not return until five o'clock in the evening. Nurses worked hard and effectively in securing co-operation of various groups in order to secure the hot nutritious food these children needed. Extensive work in the control of contagion was also accomplished in many of the schools.

During this six month period when the Relief Administration financed the nursing service, The nurses worked so effectively in demonstrating the value of their work to the communities, that five counties have assumed the responsibility of their own nursing program and will begin financing their work from county funds on January 1,1935.

Chapter 6

Development in Oregon

With the organization of, "The Oregon Association for the Prevention of Tuberculosis," in June 1915, (later changed to The Oregon Tuberculosis Association) began the first active interest in rural public health nursing in Oregon. At this time visiting nursing was being carried on in Portland, but a very small group of nurses were covering the entire city. In no other part of the state was public health nursing being sponsered. The National Tuberculosis Association realizing that tuberculosis is primarily controlled and prevented by the improvement of general health, urged state associations to encourage, stimulate, and sponser public health nursing. Oregon is an outstanding example of what a State Tuberculosis Association hasdone to promote public health nursing.

In 1916 the Oregon Tuberculosis Association employed her first nurse, who was sent into the counties to do a state survey of tuberculosis. In the same year the Association offered nursing services for a definite time to counties selling a certain amount of seals. In 1917 the Oregon Tuberculosis Association sponsered a bill, which was passed, permitting the employement of county public health nurses by the county court. Up to this time no county in Oregon had availed themselves of the opportunity of securing the service of the nurse offered by the Association.

In 1918 a nurse was carefully selected for the first job, and Miss Jane Allen was sent by the Oregon Tuberculosis Association to do six months of public health nursing demonstration work in Jackson County. In the same year the first, County Public Health Association was organized in Jackson County. This first association was composed of fifty lay members, who immediately pledged support of the county nurse program. In the fall of the year at the completion of the Association's demonstration, the community fully realized the importance of the nurse, and influnced the county court to appropriate funds for the permanent employement of a county nurse. Thus in the fall of 1918, Rosetta McGrail went to Jackson County as the first purely rural health nurse to be employed in the state of Oregon by county funds. Jackson county has progressed far during these eighteen years in securing better health for her people. Today there are three county nurses and several school nurses in Jackson county.

Immediately following the demonstration work in Jackson County, Miss Allen was sent to Coos County by the Oregon Tuberculosis Association, to carry on a similiar project. This also proved very successful. The Coos County Public Health Association was formed shortly after the work was started by Miss Allen, and the county court included the salary for a county nurse in the budget for the year starting January 1, 1919. Miss Amy Cardiff became the second county public health nurse in Oregon, to be employed by county funds. Other counties witnessed the success of public health nursing in

these counties, and began forming County Public Health Associations, and asking for county public health nurses.

Realizing that the supervision of a State Bureau of Nursing was of vital importance if public health nursing was to succeed in Oregon, the Oregon Tuberculosis Association became instrumental in organizing a Bureau of Nursing within the State Department of Health. The Tuberculosis Association financed the entire set up and paid the salaries of the director, Miss Jane Allen, and her staff, from the time the bureau was organized in August 1919 until January 1921, when the bureau was officially taken over by the State Board of Health.

Since the Oregon Tuberculosis Association was primarily interested in promoting public health nursing in Oregon, an agreement was reached with the American Red Cross, that the field of public health nursing in this state would be turned over to the Tuberculosis Association. The Red Cross has sponsered some county public health nursing projects in Oregon, but for the most part the major portion of the work has been accomplished through the enthusiastic efforts of the Oregon Tuberculosis Association.

To build an enduring nursing service of unquestionable standards, the Oregon Tuberculosis Association insisted upon employing only thoroughly trained and efficient nurses. The demonstration nurses who were sent into the counties had to be secured from other states. In the counties, the final selection of the permanent nurse to be employed, rested with the county

judge. Occasionally a judge would be influnced to employ an untrained nurse just because she was a resident of that county, instead of securing the services of a qualified nurse from another state. The Oregon Tuberculosis Association was aware that until the education necessary for the training of public health nurses could be offered in Oregon, this difficulty would continue.

Immediately began plans to secure the facillities for such a course of education. It was deemed necessary that such a department should essentially be affiliated with a university. In 1920 the University of Oregon organized a Department of Public Health Nursing in their School of Social Work, which was then functioning under the University of Oregon Extension Service in Portland. Oregon was singularly fortunate in securing the services of Elnora E.Thomson as director of this department. Much might be said of the energetic work, and the stimulating influnce of Miss Thomson. Suffice it to say that, a large measure of the tremendous success of this department may be attributed to the efficiency of an understanding director.

The Tuberculosis Association paid two-thirds of the salary of Miss Thomson for several years. When it was necessary for the department to expand, the Association paid the salary of an Assistant Director. In 1928 the Department of Public Health Nursing was changed to a Department of Nursing Education. In 1932 this Department of Nursing Education was moved to the University of Oregon Medical School, and now functions as a branch of that institution.

The number of nurses who have secured their education through this department and have successfully filled positions in various phases of public health nursing, speak for the success of the organization of such a course of education.

In every field of public health nursing into which the Oregon Tuberculosis Association has entered, she has built for permanency by efficiency in organization. Today we see flourishing in the counties of Oregon a good start of well organized public health nursing services. The result of those first ventures of the Oregon Tuberculosis Association are continually expanding into a larger and a more powerful program for the improvement of the general health of the people of Oregon.

Chapter 7

The Marian County Demonstration

Marian County, in the heart of the Willamette valley, was the first land in our state to be tilled by permanent settlers, and so according to the West, it is considered an old community. There is a variety of farming, manufactoring and lumbering, but for the most part, local industry follows the most important crops. Land holdings are small and most of the land is worked by the owners. The valley is dotted with self-sufficient little towns, and in 1930 Marian County boasted eighteen full-fledged cities, ranging from the state capital, Salem with a population of 26,260 to the minature city of Saint Paul with a population of 148.

In 1924 when the Common Wealth Fund offered to set up a thorough going piece of child health work in some county on the pacific coast intense community interest flourished in all parts of Marian county. After a careful study of the thirty two communities which were competing for the grant, Marian county was choosen.

This project is by far the most outstanding and thoroughly complete health service which has yet been offered in rural Oregon. It was a demonstration jointly sponsered by the people of Marian county and the Common Wealth Fund, covering a five year program. The demonstration was carried on from 1925-1929. It resulted in the county and its principal cities continuing the health program which had been developed, at their own expense.

At the beginning of the demonstration there was only a part time health unit in the county, but early in 1926, a full time health department was set up by the county and the city of Salem. The full time health department worked toward the following.

1. To rid the enviornment in which people live of conditions which are likely to cause disease, especially by guarding milk, water and food supplies from contamination and by securing the clean and safe disposal of human waste.

2. To guard against epidemics, by preventing as far as possible the occurence of the diseases which cause them, and by holding them closely in check when they do occur.

3. To encourage the public to take advantage of preventive medicine as a means of building up health and warding off disease.

4. To educate the public in healthful living through general publicity and especially through the nurses, who teach health in the homes, and the teachers who guide children in the schools.

5. To keep accurate tally of births, deaths, and diseases, so that the community is aware of its gains and its losses, and also the points at which its safety is threatened.

The health services varried in the different communities, according to the needs and preferences of the neighborhood. But all the services were carefully considered and well planned.

Realizing the importance of a pure clean milk supply for the protection of a community, particularly its children, Salem got to work on this problem. Previously the only check on milk sold in Salem was an annual inspection made by the State Dairy and Food Commission. In 1925 a state inspector thoroughly testing the milk found that none of the milk was 'clean'. Only thirty percent of the was 'fairly clean', and seventy percent was, 'dirty'. Intensive work was immediately begun to improve these alarming conditions. Tactful educational work among producers and distributors proved amazingly

successful, and in two years marked improvement was noticeable. Ninety-four percent of the milk now being sold was 'clean', and only six percent remained 'fairly clean'. Where formerly six out of ten bottles of milk were being pasterized, now eight bottles out of every ten were being pasterized. What is also important, is the fact that pasterization was being done under much better conditions.

Since the demonstration was originally a child health project, the most important service was to get babies better fed. The lack of sunshine made it all the more important to plan carefully the diet of babies and children. Physicians advised the routine use of cod liver oil and the addition of fruit and vegetable juices to the diet at the age of five months. Nurses spent much time in homes advising and helping mothers with nutritional problems of children. Conspicious results could be seen where parents seriously took the advise offered to them.

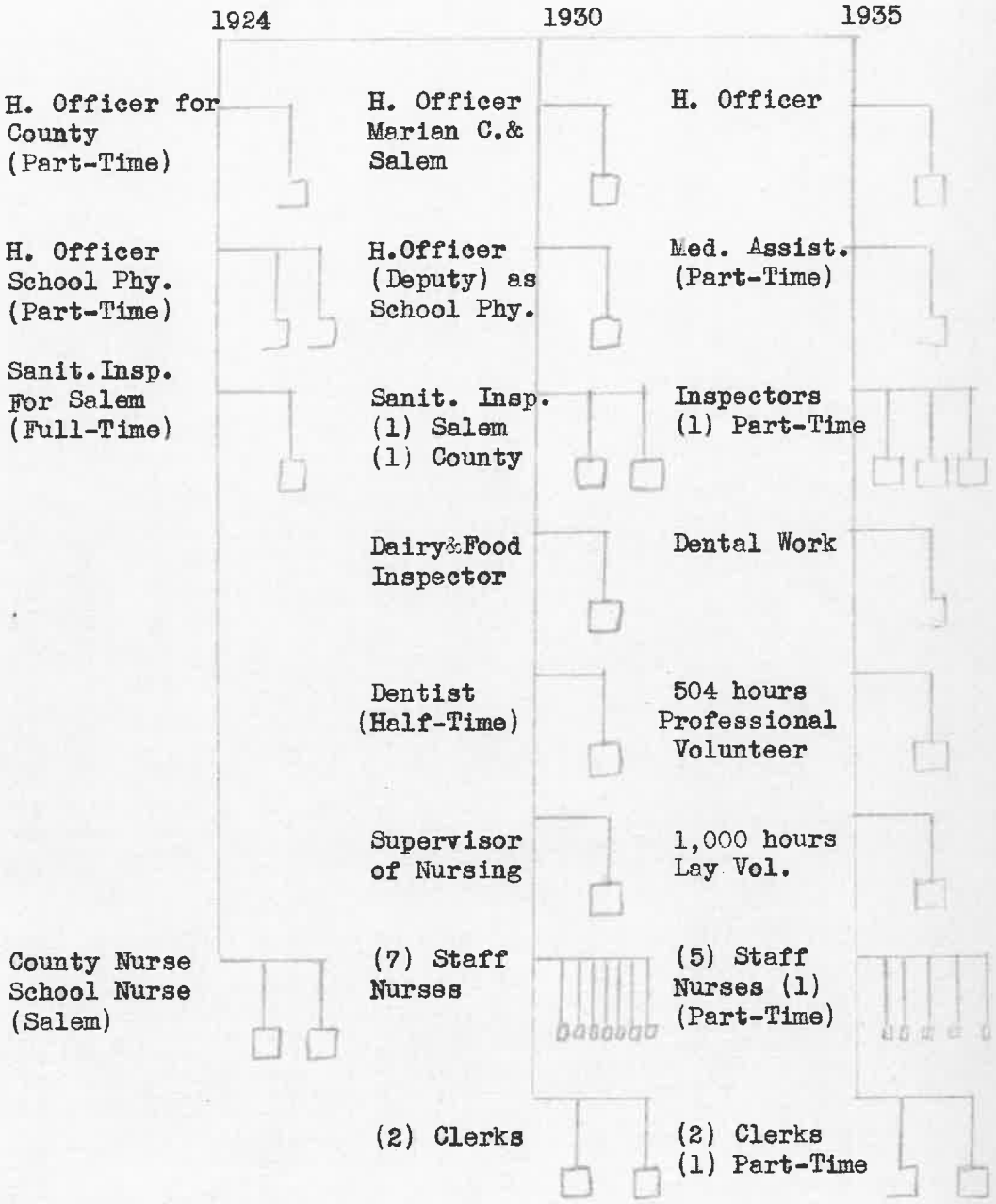
In an old lake bed in Marian County Japanese families form little settlements. Here where the soil is exceedingly excellent for the growing of celery, these little yellow people work hard and long. The infant death rate is very high, and the children who survive are bow legged and ricketic. Outstanding in the whole colony was an eighteen month old baby whose legs are straight. He has been the subject of many envious comments from all the neighbors. His mother proudly offers the information, that he was given cod liver oil.

Five years after the demonstartion, V.O. Douglas, M.D. Marian County Healthe Officer says:

"I would say that most of the work of the Child Health Demonstration has proven to be satisfactory, meaning that it brings results. There has been some more emphasis, however placed on the control of communicable diseases and sanitation, and probably not so much on infant and pre-school clinics. This is not a matter of choice, but a matter of necessity and the demands of the community. Our present general set-up consists of all the phases of a public health program, some of which are emphasized more than others."

The total budget for the year 1935 is $21,253 as compared to $19,315 in 1934. During the demonstration period the budget was as high as $42,000, accounted for both by a larger staff and larger salaries.

Marian County Health Workers



Chapter 8

Oregon Today

The public health campaign of today is becoming more and more clearly an educational movement, dominated by the motive of improving the hygienic conduct of the individual life with the aid of preventive advisoary medical service. In teaching the individual the principles of healthful living and in bringing the individual into timely contact with the medical resources of the community, the public health nurse has proved herself a most valuable asset to the community which she serves. Community nursing has come to be recognized not as an expense, but as an investment which fully compensates in a remarkable manner, by the saving of human lives and the prevention of suffering.

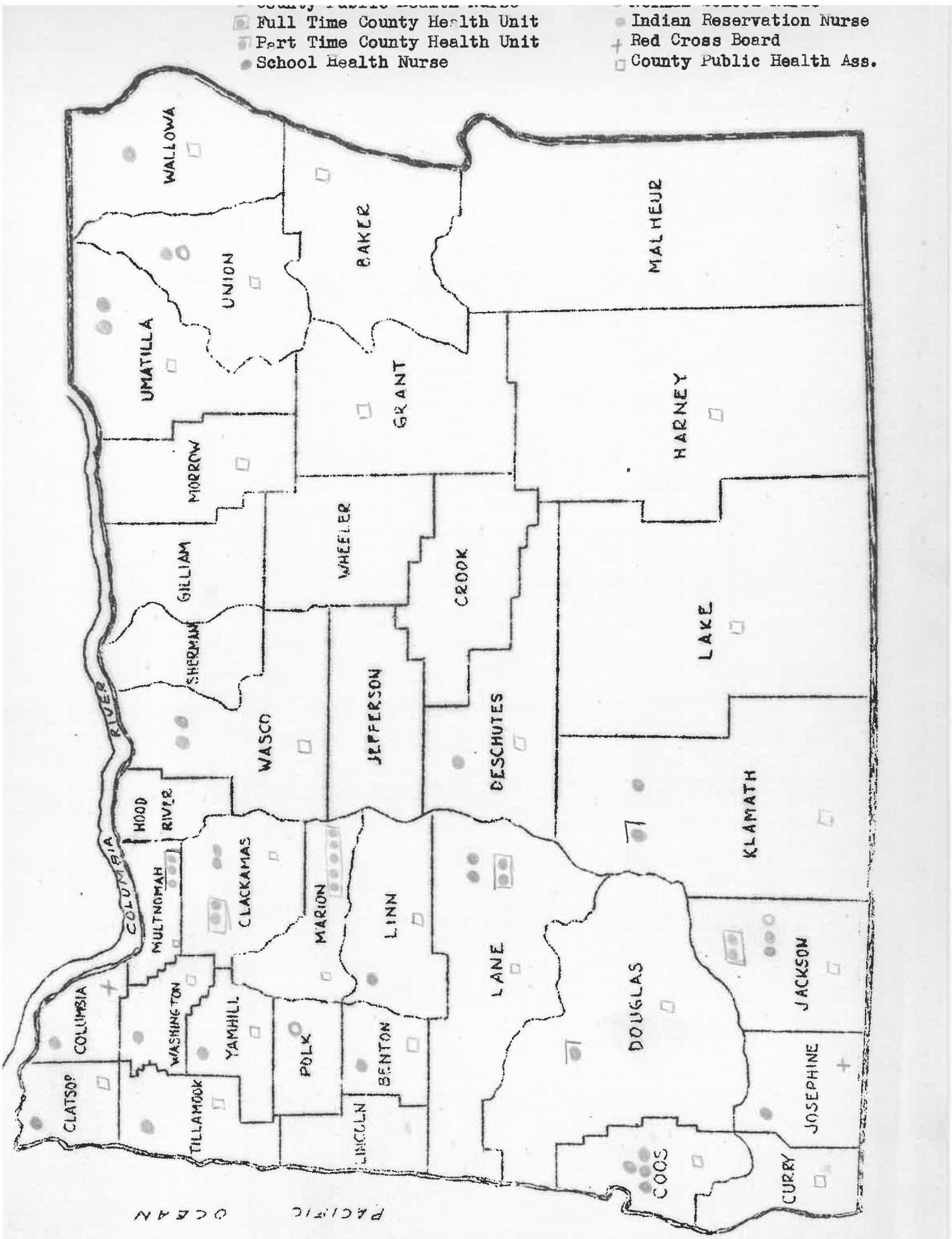
The development of public health nursing in the rural areas is still comparatively recent, and the value of a complete nursing service is appreciated by few communities. However it is unwise to develope this service too rapidly, for the services should be increased only as the authorities and the people of the community recognize the need for and demand more service than the existing facillities can give. This education of our state to the needs of health services in its communities is gradually coming about.

Today public health nursing is firmly rooted in Oregon. It has to be sure advanced slowly, but it is based upon a firm foundation of effective organization and the utilization of the

communities own resources. However the number of nurses employed in Oregon is entirely inadequate. Many of the counties have but one nurse to carry on the entire program of public health nursing, over an extensive rural area, having a widely distributed population. Two or even three nurses are employed by some counties, but Marian County is the only county which is employing a staff of five nurses. In addition to the county nurses there are about sixteen rural school nurses in various districts of the state. Multomah county has a staff of three nurses, and the city of Portland has a well organized, but understaffed, Visiting Nursing Association. This is financed by the Community Chest. Perhaps the best organized School Nursing Service in the United States is being carried on in Portland today. A Medical Director, three Field Supervisors, and twenty-one Staff Nurses, make up the professional group in this Association.

At the present time twenty-two of the thirty-six counties of Oregon are employing full time county or school health nurses. Six of the unorganized counties receive itinerant service from the Oregon State Tuberculosis Association. Two full-time nurses are employed by this association, and are sent or loaned to various counties. Some counties pay all or aprt of the nurse's salary, and the other counties contribute what they can. These nurses are especially educated for the type of work necessary as a demonstration service. They are well able to go into any county for a few weeks, several months, or whatever time is demanded by

a particular district, and effectively carry on an excellent nursing program. The work of the itinerant nurses as well as the work of all the other public health nurses in Oregon is under the supervision and advisory care of the Department of Public Health Nursing within the State Board of Health. This Bureau of Nursing, promotes, standardizes, and supervises, public health nursing in Oregon.



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