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“Comrades for a Common Cause”: Jewish Women, Social Clubs, and Public Health Reform in the Progressive Era

Jessica Talavera-Rauh

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Lillian D. Wald, Jewish nurse and founder of the Henry Street Settlement in New York City, was working in a hospital as part of her training when she was called to the home of a woman who became ill after giving birth. In her memoir The House on Henry Street, Wald recounts the horrid conditions she encountered on the Lower Eastside of Manhattan, which at the time was an area of tenements inhabited by some of the city’s poorest residents. The family she met included a crippled father and seven children sharing just two rooms. Wald described her encounter with life outside the walls of her medical school as “a baptism of fire.”

Deserted were the laboratory and the academic work of the college. I never returned to them....my mind was intent on my own responsibility. To my inexperience it seemed certain that conditions such as these were allowed because people did not know, and for me there was a challenge to know and to tell....my naive conviction remained that, if people knew things,—and ‘things’ meant everything implied in the condition of this family,—such horrors would cease to exist, and I rejoiced that I had had a training in the care of
the sick that in itself would give me an organic relationship to the neighborhood in which this awakening had come. (sic)\(^1\)

Lillian Wald was one of many American women compelled to improve the bleak living and working conditions of the poorest American citizens. The various reforms women fought for during the Progressive Era, including labor, public health, education, and public policy reforms, along with the struggles women faced to obtain the right to vote, occupy volumes of historical research of the era. Progressive women took up the fight for social reform as part of their feminine duty to lift up the parts of America that had been left to suffer while a select few citizens flourished.\(^2\) Keith A. Zahniser details the many reforms in Pittsburgh spearheaded by both men and women, and emphasizes the importance they played in many programs championed by the Protestant community.\(^3\) Historians Dorothy Schneider and Carl J. Schneider have detailed the experiences reformist women called “New Women” by their contemporaries. Their book American Women in the Progressive Era, 1900-1920, is an excellent primer to explore the main issues at the heart of Progressivism as well as the diversity within the movement.\(^4\) However, as their narrative covers a broad scope of topics, it barely deviates from the prevailing narrative of the traditional Progressive women. More recently, Charlotte J. Rich and Martha J. Patterson challenge the prominence of the “New Women” as they examine the multiethnic impact it had on American women.

The role of Jewish women as part of the fight for labor reform has been heavily researched by scholars of the Progressive Era interested in looking outside the main realm of white Protestant women. Scholars have found that the number of Jewish immigrants working in the garment industry, estimated to be over half of all working women in New York City, provided a base for Jewish women to form unions to defend themselves against dangerous and exploitative labor practices. Incidents like the Triangle Factory Fire, in which female workers became trapped in the burning factory resulting in 146 deaths and many more injuries, united Jewish women of different classes and backgrounds. Leon Stein’s analysis of the tragic event’s effect on the labor movement, with particular emphasis paid to the immigrant women who had worked and died in the factory, is an important narrative in the history of labor reform.\(^5\) Other historians have focused their narratives on the efforts of Jewish women as they came together to form unions across the country. Gerald Sorin recounts the work of Rose Pesotta, a Jewish immigrant active in the


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garment trade union activities in California. Susan A Glenn provides a narrative of these issues by bringing together immigration, working-class life, the labor movement, and gender roles within the Jewish community in her own analysis. Scholars have shown that Jewish women played a significant role in the creation of regulations to maintain employee safety as well as to improve their way of life.

In addition to the scholarly research into Jewish women and labor reform, scholars have addressed Jewish women championing of causes that are frequently attributed to women of Protestant or Catholic background. One way of advocating for social change was through their own social clubs. Often facing discrimination within Christian groups, Jewish women created their own communities which came together to form their own social organizations. The largest and most influential was the National Council of Jewish Women (NCJW). Faith Rogow’s survey of the organization’s first century in Gone to Another Meeting is a thorough account of a network of Jewish women across the United States. Rogow addresses the Council’s founding in 1893 while also examining its agenda’s roots in both the burgeoning trend of women’s clubs in the nineteenth century and the Progressive social reform agenda. In Jewish “Junior League” (2008), Hollace Ava Weiner examines the efforts of the Fort Worth Council of Jewish Women to elevate their community within Fort Worth, where they experienced harsh anti-Semitism and felt estranged from the dominant Protestant female social networks in the South. Weiner’s narrative is only one of many close-up looks at individual sectors of the NCJW. For a comprehensive list of relevant books and articles, see Rogow, 289-290.

For Progressive women, public health reform was a key issue in their efforts to make the U.S. a better place to live. Their goals were both to educate the public about the best ways to prevent the spread of disease in overcrowded cities and to provide routine services to families and individuals who otherwise could not afford them. Many Jewish women were involved in the public health reform movement yet, with the exception of Lillian Wald, less has been said about how they as a community contributed to the movement on both a local and national level. This paper will connect the experiences of grassroots activists working on the local level and those defining the policies of national organizations, using both primary and secondary sources. In one of the few secondary sources available related to public health, Susan Lee Abramson Mayer enriches nursing history by identifying the role Jewish women played in the development of modern American nursing.

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\item \textsuperscript{8} Faith Rogow, \textit{Gone to Another Meeting: The National Council of Jewish Women}, 1893-1993 (Tuscaloosa, AL: The University of Alabama Press, 1993).
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\item \textsuperscript{10} Susan Lee Abramson Mayer, \textit{The Jewish Experience in Nursing in America, 1881 to 1955} (Ann Arbor: UMI, 1996).
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works on Jewish voluntarism include analyses by Arlene Kaplan Daniels\(^\text{11}\) and June Sochen.\(^\text{12}\) I will use a variety of primary sources, including writings by leaders in the field including Lillian Wald, Hannah Solomon, and Naomi Deutsch. I will also rely on record kept by organizations like the NCJW and settlement houses that are available to the public, as well as newspaper articles from the Los Angeles Times, the New York Post, the New York Times, and the Jewish Advocate. The information shows that Jewish women and their social organizations played an under-appreciated, but significant role in the fight for public health reform during the Progressive Era.

Feminist scholars have found that constructions of gender cannot be understood apart from race. It is impossible to understand the ways in which Jewish women engaged in health care reform without first understanding the relationship between gender and Jewish identity, which were further complicated by issues of class. Like their Christian counterparts, married Jewish women were viewed as belonging in the home, and they were often regulated when appearing in public settings. However, they were also seen as important economic and political actors within their families and communities. Husbands allowed their wives to handle the wages they brought home, giving their wives authority over income they were prohibited from earning themselves.\(^\text{13}\) Jewish women also played a public role organizing protests and boycotts against unfair landlords and corrupt merchants. According to scholar Paula Hyman, these acts were part of their identity as Jewish mothers, responsible for protecting their families and communities.\(^\text{14}\) Women’s community activism linked to motherhood was reflected in the Jewish community’s advocacy of suffrage and support for Jewish feminist agitation.\(^\text{15}\)

A new wave of immigrants from Eastern Europe and Russia in the late nineteenth century, tended to be poorer than their Western counterparts, most of whom had come to America from Germany and elsewhere in Western Europe a generation earlier. They took on the low-skill, low-wage jobs in urban factories and lived in the most crowded parts of the city. Unlike the married women of an earlier time, the new immigrant women, especially young single daughters, had to work outside the home, often becoming the primary breadwinners for the family when their fathers and brothers struggled to find work. In addition, they learned from their mothers how to assert their influence outside the home in the economic and political spheres, most often through unionizing and strikes. Their mothers supported their aspirations to


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\textsuperscript{14} Paula E. Hyman, \textit{Gender and Assimilation in Modern Jewish History: The Roles and Representations of Women} (Seattle: University of Washington Press, 1995) 112.

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create a better life. The Jewish community came to reject the contemporary ideals of American domesticity in favor of alternative measures of womanhood that supported women as wage earners, family managers and political citizens within and beyond their communities.

This openness to public roles allowed Jewish women to enter the field of public health advocacy. For Jewish women interested in health reform, a sure way of creating a career was through nursing school and then working within target communities. During the 1880s settlement houses were created to provide recreation, education, medical, and social service programs for residents, especially immigrants in impoverished neighborhoods. Many settlement houses were founded by Christian social workers and benefactors, such as Jane Addams’s Hull-House in Chicago. Educated nurses and social workers lived in the impoverished communities they served to easily provide direct services to their residents. The push to create support services in these communities extended to Jewish women, who acted as benefactors, organizers, and administrators for American settlement houses. The work they did at the local level provided them with the knowledge and authority to speak out on health issues.

Lillian Wald’s Henry Street Settlement was the most distinguished settlement founded by a Jewish woman. Raised in Cincinnati, Ohio and later Rochester, New York in a prosperous German-Jewish family, Wald studied at the New York Hospital Training School for Nurses from 1889 to 1891. In 1893, she enrolled in the Woman’s Medical College in New York City where she had the opportunity to organize home nursing classes for immigrants on the Lower East Side, where she claimed “ward work scarcely admitted freedom for keeping informed as to what was happening in the world outside.” After the visit to the tenements that year, Wald pledged her life to public health nursing and reform, leaving medical school, and moving with Mary Brewster to College Settlement on the Lower East Side. Later, using funds contributed by Elizabeth Loeb and Jacob Schiff, the two moved to their own apartment and established the Nurses Settlement at 265 Henry Street, in 1895. Wald envisioned a team of nurses that would provide their services “on terms most considerate of the dignity and independence of the patients.” They felt the work of nurses should be taken as seriously as the work of physicians, with the nurses responding to calls from patients at home. This distribution of services where they were most needed, regardless of connections with a religious institution, contrasted sharply with other visiting nurse services, where the nurses were often assigned exclusively to assist one physician. The new protocol required the nurses to have a more immediate relationship with the patient, reversing the position nurses traditionally held. Welcoming all groups of immigrants, both Jews and non-Jews, Wald did not think of Henry Street as a Jewish-only settlement,

16 Ibid, 130.
17 Ibid, 131.
18 Rogow, 87.
19 Wald, 2.
20 Rogow, 91.
21 Wald, 27.
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Worried that patients must be ashamed to receive charity, Wald and Brewster charged those who could afford to pay a small fee for their services. Their focus on providing services was always on those who needed the most help. Wald recalled, most especially during the early days of the settlement, “how often paying patients were set aside for more urgent non-paying ones; the counsel freely given from the highest for the lowliest.”

When a patient required treatment for which the nurse had not been trained, the settlement called upon physicians and surgeons to use their expertise, in some cases without compensation. The Henry Street Settlement allowed for the creation of a network of doctors to work as “comrades” alongside nurses who embraced their “common cause” approach to helping the impoverished. Their staff of nurses grew from four to a contingent large enough to cover house calls from anywhere in Manhattan, with divisions by district and specialty, such as the obstetrical staff. Among the patients treated at home by the visiting nurses, recovery rates were greater than those treated in hospitals.

Programs like the Henry Street Settlement would not have been possible without the trained nurses who defied contemporary social norms to create a career for themselves, and then dedicated their lives to working in some of the most squalid communities. Early Jewish American nurses were pioneers at a time when it was difficult to gain admission to training schools which had strict requirements designated by nursing organizations, and which also required nurses to register as members. Early public health leaders during this period include Lillian Wald, Amelia Greenwald, Naomi Deutsch, and Regina Kaplan. Even Emma Goldman, better known for her advocacy of anarchism, received medical training and worked as a nurse and midwife in the Lower East Side to help support herself. Goldman proved not to be an especially strong advocate for the settlement movement.

The training program for nursing students was rigorous and made marriage and raising children impossible for most women entering nursing school at the age at which most women married. The decision to enter nursing meant choosing to have a career in public service over marriage. Marriage, a home and children were the ideal roles for all American women, especially those from a middle-class background who did not have to work. For women entering a profession, they felt they had a calling that could be a substitute for a family. The responsibilities of working in social work, in hospitals, and other health care projects were seen as extending the mothering and nurturing role from the home, making this type of work a suitable calling for women. Another obstacle for Jewish women to contend with was the discrimination in admissions to training schools for nurses. Many had quotas designating how many students could be of

22 Ibid, 30.
23 Ibid, 34.

25 Evelyn Rose Benson, As We See Ourselves: Jewish Women in Nursing (Indianapolis: Center Nursing Publishing, 2001) 68.
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The requirements for entering nursing school could be demanding, especially for immigrant women. However, some were able to overcome these limitations. Naomi Deutsch immigrated to Ohio with her family from Austria. She graduated from the Jewish Hospital School of Nursing in 1912 and then worked at the Irene Kauffman Settlement House in Pittsburgh before receiving a B.S. from Teacher’s College. All the while she continued settlement work with Henry Street. She became director of the San Francisco Visiting Nurse Association in 1925 and eventually became an assistant professor at UC Berkeley in charge of the public health nursing program. Deutsch, along with several of her peers, would go on to be very influential in shaping health policy in America.

Public health work was not limited to urban centers like New York City and San Francisco. Many Jewish women made a career in public service in the south and midwest, where rural communities required similar support services to fulfill their own needs. Regina Kaplan was first in her graduating class of twelve women at Mercy Hospital Training School for Nurses in Denver, Colorado, in 1908, proceeding to work as a “private duty nurse.” Rejected from military service during World War I because of her small stature, she enrolled with the American Red Cross on January 14, 1915. Kaplan worked for thirty-five years as superintendent and administrator for Leo N. Levi Hospital in Hot Springs, Arkansas. Kaplan organized and ran the hospital’s outpatient dispensary, an early forerunner to the modern emergency room that admitted all Hot Springs residents. She set up the Hot Springs chapter of the Red Cross, which taught health education classes for home nursing and first aid for men, women, and students. Kaplan also called for the hiring of the first school nurse for Hot Springs while also advocating for the creation of a no-cost public health nursing program.

The importance of nurses in reforming public health was illustrated by Josephine Goldmark in Nursing and Nursing Education in the United States (1923), a report Goldmark oversaw for the Committee for the Study of Nursing Education that was founded by the Rockefeller foundation. Goldmark, secretary for the committee and an accomplished social reformer in the area of labor reform for women and children and who worked on the Muller v. Oregon (1908) case with Louis Brandeis, reported that there was a great need

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26 Ibid, 64.
28 Mayer, 125.
30 Mayer, 100.
31 Ibid.
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26 Ibid, 64.
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for both more intense training of nurses and an emphasis on public health as part of their training. The report also endorsed an increase in the number of trained nurses to “50,000 public health nurses to serve the population of the United States,—as against 11,000 now in the field”, as the shortage of nurses was “the largest outstanding problem before the health administrator of the present day.” The committee’s findings prompted significant changes to nursing education, including the establishment of the Yale University School of Nursing where public health was emphasized in its curriculum.

Though some Jewish women like Wald, Deutsch, and Goldmark chose to pursue a professional career in service at the expense of starting a family, most Jewish women conformed to the societal expectation to marry young and start a family. Jewish women who were not willing to give up on their traditional duties as wives and mothers soon found other ways to participate outside the home through women’s social organizations. Middle-class white women had for years formed various secular clubs as venues for women to socialize and practice philanthropy. Those from middle-class families, like Hannah G. Solomon, were granted entry to prestigious organizations like the Chicago Woman’s Club, although admittance of Jewish women in general remained low. As a member of the most prominent Reform synagogue, Temple Sinai in Chicago, Solomon was part of a strong and influential middle-class community strongly committed to Jewish life.

Known around both the Jewish community and the secular women’s group networks, Solomon appeared to be the clear favorite to chair the Jewish Women’s Committee during the 1893 World’s Columbian Exposition in Chicago. Solomon made the decision to move the meeting from the Women’s Building and instead convene the group of Jewish women as part of the World Parliament of Religions at the exhibition. The four-day Jewish Women’s Congress discussed the possibilities of creating a national Jewish women’s organization. The congress concluded with the founding of the National Council of Jewish Women and election of Hannah Solomon as the founding president.

NCJW study circles epitomized the Council’s method of adapting an American practice to fit the circumstances of a Jewish organization. They borrowed the structures of literary clubs popular with Protestant, upper-class women, simply replacing literature discussions with analyses of Jewish texts and topics. The NCJW study circles distinguished themselves from Protestant and secular groups because they offered Jewish women the first chance to examine their religious background on a deeper level. They also gave women an opportunity to engage in religious debate from which they were previously prohibited, as scholarly religious study was limited to

34 Benson, 68.
36 Ibid, 79-100
37 Ibid, 86.
for both more intense training of nurses and an emphasis on public health as part of their training. The report also endorsed an increase in the number of trained nurses to “50,000 public health nurses to serve the population of the United States,—as against 11,000 now in the field”, as the shortage of nurses was “the largest outstanding problem before the health administrator of the present day.” The committee’s findings prompted significant changes to nursing education, including the establishment of the Yale University School of Nursing where public health was emphasized in its curriculum.

Though some Jewish women like Wald, Deutsch, and Goldmark chose to pursue a professional career in service at the expense of starting a family, most Jewish women conformed to the societal expectation to marry young and start a family. Jewish women who were not willing to give up on their traditional duties as wives and mothers soon found other ways to participate outside the home through women’s social organizations. Middle-class white women had for years formed various secular clubs as venues for women to socialize and practice philanthropy. Those from middle-class families, like Hannah G. Solomon, were granted entry to prestigious organizations like the Chicago Woman’s Club, although admittance of Jewish women in general remained low. As a member of the most prominent Reform synagogue, Temple Sinai in Chicago, Solomon was part of a strong and influential middle-class community strongly committed to Jewish life. Known around both the Jewish community and the secular women’s group networks, Solomon appeared to be the clear favorite to chair the Jewish Women’s Committee during the 1893 World’s Columbian Exposition in Chicago. Solomon made the decision to move the meeting from the Women’s Building and instead convene the group of Jewish women as part of the World Parliament of Religions at the exhibition. The four-day Jewish Women’s Congress discussed the possibilities of creating a national Jewish women’s organization. The congress concluded with the founding of the National Council of Jewish Women and election of Hannah Solomon as the founding president.

NCJW study circles epitomized the Council’s method of adapting an American practice to fit the circumstances of a Jewish organization. They borrowed the structures of literary clubs popular with Protestant, upper-class women, simply replacing literature discussions with analyses of Jewish texts and topics. The NCJW study circles distinguished themselves from Protestant and secular groups because they offered Jewish women the first chance to examine their religious background on a deeper level. They also gave women an opportunity to engage in religious debate from which they were previously prohibited, as scholarly religious study was limited to

34 Benson, 68.
36 Ibid, 79-100
37 Ibid, 86.
male scholars.  

Clubwomen were a major influence in the NCJW’s early years, as some pre-existing groups only had to transform from sewing groups into NCJW sections. However, a second minority group would prove to be influential in the development of goals for the NCJW. Characterized by women like Sadie American and Julia Felsenthal, who played major roles at the founding of NCJW, these women tended to be younger and single in comparison to their clubwomen counterparts. Many of them had received training and were employed as social workers. While older members raised money to cover operating costs of the settlement houses, only occasionally organizing programs there, the young women staffed the settlement houses on a regular basis. For the young workers, simply belonging to a group was not enough; they wanted to utilize the connections and networks they created to effect change through service to the community. They were responsible for guiding the NCJW along a more active path that emphasized giving back to the immigrant Jewish community over creating incentives for members.

Local chapters of the NCJW found different ways to express their philanthropy, with some focusing on improving health and wellness. For some, this meant founding their own settlement houses or raising money for others within their community. In New York, the NCJW worked closely with Lillian Wald, a member of the organization, to support her efforts through volunteerism and financial assistance. Many younger women received training in social work as part of the effort to provide legitimate and scientific aid to the communities that needed it.

Much of the focus of other chapters was on preventing future health problems through education and wellness programs. On February 13, 1913, the Los Angeles chapter of the NCJW opened the Ida Strauss Nursery for the children of working mothers. The goal of the nursery was to “lighten the burden of mothers who are compelled to labor in the factories, laundries and shops.” A ten-cent fee provided a child with milk, and children considered “unkempt” would be bathed and given clean clothes. The nursery project served two key purposes: it provided low-cost child care to help working mothers, while also teaching them how to properly raise and care for their children. To the latter goal, the providing baths and clothes was considered a lesson to working-class mothers. These mothers, many of whom were immigrants, had to be taught American norms and expectations regarding cleanliness and dress. The nursery project demonstrated broader trends in women’s public health reform work. The NCJW, which had put its initial focus on maintaining Judaism among Americanized women, shifted to focus on social reforms after debates over proper religious observance split the group at its 1913 convention. The NCJW and its Los Angeles chapter joined thousands of others in taking women’s

38 Rogow, 54-60.  
39 Ibid, 92.

41 Rogow, 126.
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At the Ninth Triennial Convention in 1920, Dr. Luba Robin Goldsmith reported on the activities of the “Sub-Committee on Social Hygiene,” which held the responsibility of identifying needs and which directed programs that included “any activity dealing with the problems of physical, mental and moral health as affecting the individual, family, community or nation.”

The most successful programs provided educational services; these included meetings and classes each designed to reach a specific audience including men, married women, single young women, and children. Each group was taught “the fundamental principles of Health, Right Living and the Single Moral Standard in a clear, scientific and popular manner.”

The Sisterhoods of Personal Service represented an important group within the network of Jewish social welfare organizations which had a basis within synagogues. Founded in 1890 in response to the influx of immigrants in New York City, the Sisterhoods provided a variety of vocational, educational, and social programs for their benefit. Though each sisterhood carried out its welfare on their own terms and assisting in established settlement houses, many opened their own offices in the communities they had been assigned to, and some established their own settlement houses. Sisterhood settlement houses offered an array of services including English and citizenship classes for adults, housekeeping and occupational sewing classes for women, kindergartens and daycares for the children of working mothers, and recreational activities such as opportunities for both children and adults to spend summer vacation outside of the cramped, urban environment.

The Sisterhoods of Personal Service drew on the contemporary tradition of women’s charity within American synagogues. In addition, they modeled themselves on the popular middle and upper-class Protestant women’s groups formed earlier in the nineteenth century. Inspired by the idea that women held responsibility to uplift the moral standing of society, antebellum Jewish women had formed “ladies’ benevolent or aid” societies that offered financial assistance to their synagogues and the impoverished Jewish community.

The push for wellness went beyond just educating women; many Progressives saw a need for better recreational activities, especially for children, as the ability for children to play would improve both their physical and mental health. Arthur Colt Holden, a Progressive reformer, argued that recreation and relaxation would create better citizens. Sport and physical culture adapted to issues of gender and class in the Progressive Era as the expectations for recreation were passed on to immigrant women.

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43 Ibid, 154.
Traditional care-taking roles from the home into the broader world of immigrant aid and public health reform.

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Reformers believed that physical recreation could offset the negative consequences of unsanitary urban conditions, and physical exercise was seen as the answer.

El Nido camp was originally created by the Los Angeles Section of the NCJW. The group had advocated the establishment of a Children’s Bureau in Los Angeles in 1925 and three years later built a camp and residential center for underprivileged and “pre-tubercular” girls in Laurel Canyon. In addition to providing basic health services, the facility was used as a recreation camp during the summer “for poor girls who otherwise would have no vacation.” Chair Mrs. Albert Eschner and the rest of the Los Angeles NCJW raised the funds that enabled the camp to stay open year round and treat and house 1000 girls within the first five years. The El Nido camp was just one example of recreational facilities created by Jewish women and community organizations. The Council of Jewish Juniors in Washington, D.C. raised money for the Dorothy Goldsmith Camp Fund, which they established to send needy children to camp during the summer months.

According to Dr. J. Hilgard Tyndale, “pre-tubercular” described the condition of pretubercular as the period before the development of lesions identifiable as tuberculosis, caused by “an impoverished nutrition.” Tyndale, “The Pre-Tubercular Condition,” in Transactions of the American Clinical and Climatological Association Meeting (1891, 8), 180-183.


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In 1902, Jewish women in Bella Unterberg’s home in New York founded the Young Women’s Hebrew Association (YWHA), a sister organization to the Young Men’s Hebrew Association (YMHA). The YWHA was dedicated to the social and spiritual uplift of young Jewish women. Their goal was to “establish an institution akin in character to the YMHA but combining therewith features of a religious and spiritualizing tendencies.”

The specific Jewish identity of the YWHA set it apart from the YMHA, which had both male and female members participate in the settlement movement for many years. While the YMHA observed Jewish traditions and sought to preserve their Jewish identity, the guiding principles were rooted in Americanism rather than Judaism. At the turn of the century, many Jewish women challenged these principles and created their version of settlement houses as a positive force for enhancing Jewish life. Their rebelliousness was part of a backlash against the tendency to assimilate, and was also part of the movement of, as superintendent Sophia Berger explained to the Jewish Advocate, “preserving the

“Comrades for a Common Cause”

essential Jewishness of our people. As Jews we want to save our Judaism. As Jews we bring these girls in here that they may find shelter and help and find, too, the God of their fathers.” The YWHA included a synagogue that held weekly services and Bible Study as well as classes in Hebrew and Jewish history.

The YWHA offered more than just religious services and Hebrew classes. After its eight story facility on 110th street was completed, the New York YWHA was described as “the only large institution of its kind in America.... Besides being a most comfortable home for one hundred and seventy girls, the building is also a true center for the communal interests of the neighborhood” which offered job and language skill training as well as a “completely equipped modern gymnasium and swimming pool.” Athletic classes in sports such as swimming, tennis, fencing, and a variety of popular dance classes were offered in the city facility. The YWHA additionally sponsored summer camping trips which included hiking, canoeing, and all other types of sports and recreation activities. The roof of the center was used during the summer for a day care program for “anemic and cardiac children, and the children of poor families.” The YWHA provided employment services for young women in need of jobs, and cooperated with many war relief efforts during World War I.

The Council of Young Men’s and Kindred Associations (CYMHKA) was organized as YWHA activity spread across the country, resulting in the merging of YWHA and YMHA counterparts. In 1921, the Jewish Welfare Board (JWB) absorbed the CYMHKA, with the ultimate goal of forming “all-inclusive Jewish community centers.” Independent chapters of the YWHA were pressured to merge with their brother associations to form YM-YWHAs from 1921 to 1923. The original New York chapter of the YWHA resisted and maintained their independence until 1942, when the building on 110th Street was leased to be used as army barracks. They moved their activities to the YMHA building on 92nd Street, where they officially merged with the YMHA three years later, and were subsequently reincorporated as the Young Men’s and Young Women’s Hebrew Association.

The experience Jewish women gained from their social work, whether they were nurses, volunteers, or administrators within social groups gave them legitimacy in larger associations exploring how to improve general public health. Lillian Wald participated in many campaigns to improve public health and expand the practices conceived at Henry Street. Wald’s visiting nurse program was so successful in reducing casualties that it was expanded around the U.S. as more public health organizations

52 “For the Young Women’s Hebrew Association of New York,” Jewish Advocate 16:2 (March 15, 1912), 1.
55 Ibid.
56 Ibid.
57 Ibid.
58 Ibid.
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52 “For the Young Women’s Hebrew Association of New York,” Jewish Advocate 16:2 (March 15, 1912), 1.
55 Ibid.
56 Goldwasser, 475.
57 Kaufman, 198.
58 Ibid.
59 Ibid.
and settlement houses relied on “visiting nurses” as a significant method of providing health care to those who could not afford it. Wald also conceived of the Federal Children’s Bureau in 1905 which she campaigned for constantly. After it was established in 1912, she commented that it was “a great step forward in social welfare.”\(^6^0\) The bureau served an additional purpose in providing a political voice for the coalition of female reformers who served on the board and, as women, concurrently held no official right to vote or otherwise exercise any political power, and for Wald, it was “a symbol of the most hopeful aspect of America...its existence is enormously significant.”\(^6^1\)

Her work on the Federal Children’s Bureau was just one of her many roles on committees dedicated to social reform, as well as developing standards for the training and practice of public health nursing, including the Committee for the Study of Nursing Education and the National Organization of Public Health Nurses.\(^6^2\)

Many other Jewish women served important roles in health organizations outside the Jewish community. Naomi Deutsch worked with numerous other organizations, including the American Association of Social Workers, the American Nurses Association and the National Conference of Social Workers. She also served on the board for the California State Nurses Association and the National Organization of Public Health Nursing for various periods and was president of the California State Organization for Public Health Nursing. Her most prominent position came about in 1935 when Deutsch was appointed director of public health nursing for the U.S Children’s Bureau, a job that carried much responsibility yet also allowed Deutsch to play a major role in the development of nursing as part of the Social Security Act of 1935.\(^6^3\)

Regina Kaplan was also involved in the American Nurses Association as well as the Arkansas and Colorado State Nurses Associations. From 1945-46, Kaplan served as vice- president of the American Hospital Association and sat on the board of trustees for Arkansas Blue Cross after urging Levi Hospital to participate with them. Kaplan’s work with hospitals as a means to promote public health led to her participation in many professional organizations that held influence over how American hospitals were operated.\(^6^4\)

The influence of social clubs often reached beyond the meetings of singular communities. Accomplished club members translated their experience to respected positions within the movement, working with esteemed organizations to further the movement. Dr. Goldsmith and Constance Sporborg represented the NCJW at the annual meeting of the American Health Association, which provided literature to local chapters interested in matters related to health. Goldsmith was also appointed to the International Conference of Women Physicians and Convention of Delegates from National Women’s Organizations, which she described as “one of the most important and far-reaching steps in the

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\(^6^0\) Wald, *The American City*, June 1912, p 847.

\(^6^1\) Wald, *The House on Henry Street*, 167.

\(^6^2\) Benson, 51.

\(^6^3\) Benson, 66.

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60 Wald, The American City, June 1912, p 847.
61 Wald, The House on Henry Street, 167.
62 Benson, 51.
63 Benson, 66.
64 Mayer, 101.
consideration of Social Hygiene Problems.\textsuperscript{65}

Public health reform adopted many forms throughout the United States in the early twentieth century, and the Jewish women who took part in this movement represented the full spectrum of activities and goals of the Progressives. Lillian Wald, Regina Kaplan, and Naomi Deutsch embraced the ideals that allowed them to pursue a career in nursing, which for them and many other women became a lifelong quest to improve the health care and health education their clients received. Though many more young Jewish women would move on to raise families and to participate in alternative roles, women like Wald, Kaplan, and Deutsch represent those who gained enough prominence to directly influence policy decisions through their placements on institutional and government committees and organizations.

Social clubs created by Jewish women played an important role in providing both young single women and married wives and mothers an opportunity to contribute their time, skills, and financial resources to providing services they saw a need for. These included not only support for existing settlement houses, but also programs run entirely by the clubs themselves, like day nurseries and wellness camps for children and educational programs for families. Their efforts to improve the quality of life for lower-class citizens was reminiscent of other Progressive reforms which focused on the leaders telling their clients what they thought was best for them. Records of these programs indicate that thousands of children and adults participated in these programs across the country. The women running the organizations were motivated by both secular and religious thought which encouraged women to become involved within the community more frequently and more efficiently by receiving training in social work.

The contributions of Jewish women in the field of public health were influential in not only creating local programs, but also in advancing the push for public health on a broader scale. The work they did to improve their own communities gave them the knowledge and experience that enabled them to participate in committees and professional organizations, where they could implement changes to official policy related to public health and healthcare. As many had hoped, these women’s efforts would continue generations later in new and evolving forms, as Jewish women contributed through healthcare work and philanthropy towards better welfare in general and in particular in the second half of the twentieth century.

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