**AFD Ep 400 - The Sheppard-Towner Act of 1921 - Recording Nov 21 [Bill/Rachel]**

- [Bill] November 23, 1921: Signing of "The Promotion of the Welfare and Hygiene of Maternity and Infancy Act, more commonly known as the Sheppard–Towner Act," "the first venture of the federal government into social security legislation and the first major legislation that came to exist after the full enfranchisement of white women," which "played an important role in the medicalization of pregnancy and childbirth, the decrease in infant mortality rates, and the expansion of federal welfare legislation in the twentieth century United States" (Previously discussed expansion of social legislation post 19th-Amendment ratification: http://arsenalfordemocracy.com/wp-content/uploads/2020/08/AFD-Ep-320-Links-and-Notes-1920-Look-Back.pdf)
    - [Rachel] What it did:
        - In 1918, the US had appalling maternal and infant mortality rates: it ranked seventeenth in maternal and eleventh in infant mortality. The [Children's] Bureau found a correlation between poverty and the mortality rate. For families earning less than $450 annually, one baby in six died within the first year; for the income range of $650-$850 annually, the rate was one in ten; and for those earning about $1,250 annually, the rate was one in sixteen. The studies found that 80 percent of America's expectant mothers received no advice or trained care. J. Stanley Lemons, The Sheppard-Towner Act: Progressivism in the 1920s, *The Journal of American History* , Mar., 1969, https://www.jstor.org/stable/1900152
        - "The Sheppard–Towner Act led to the creation of 3,000 child and maternal health care centers, many of these in rural areas, during the eight years it was in effect"
        - Midwifery: Professionalize or Medicalize?
            - Molly Ladd-Taylor, 'Grannies' and 'Spinsters': Midwife Education under the Sheppard-Towner Act, *Journal of Social History* , Winter, 1988. https://www.jstor.org/stable/3788221
              The Sheppard-Towner Act called for the education and licensure of midwives through state-run, Children's Bureau-regulated programs. These programs taught the use of sterile techniques, use of silver nitrate to prevent gonococcal blindness, and other standardized methods. They also provided information to birthing mothers about what to expect while they were expecting.
              These midwives faced opposition from doctors who saw midwives as dirty and superstitious, as well as the public health workers who trained them, who often had racist attitudes and contempt for cultural practices towards the majority Black and immigrant midwives.
              It wasn't all bad. Some midwives appreciated the knowledge from the public health workers, and some of the workers valued the skills of the midwives, despite the lack of formal training.
              The public health workers also faced opposition from conservative groups, who saw them as meddling with families and trying to replace the home with the state and violating the principle of states' rights, despite the rather modest provisions of the law. Conservatives also thought medicine should be the sole domain of skilled males rather than women who learned through tradition and oral passing of information. By the time the Act was repealed,

only 15% of births were attended by a midwife, mainly among Southern Blacks.
Midwives were especially important in rural and poor communities, as a doctor-attended birth was more expensive than most families could afford and there were horror stories of families rendered destitute after a doctor sued them for fees owed after a birth. Without a midwife, the alternative was an unattended birth, which was quite common at the time.

- [Bill] Opposition:
    - The American Medical Association lobbied for the expiration of Sheppard-Towner because of their constant terror over creeping socialism, the possibility that more women were being given a role on health policy and formalized medical care, etc. Lemons: *The AMA first broke away from progressivism over the issue of compulsory health insurance; and after its house of delegates condemned health insurance in 1920, the association came to see the Sheppard-Towner Act as only another form of the same thing*. And also reactionary, anti-communist women's groups countered the women's groups that had pushed for its passage. It expired in 1929 but some of its provisions were revived a few years later in 1935 as part of the new Social Security Act in Title V: Maternal and Child Health Services Block Grant.
    - The United States has a pretty wild culture of openly insisting that any attempt to make life better, safer, and healthier is a communist plot to destroy the family: Utah's Democratic Senator William H. King said the legislation was supported by "neurotic women,...social workers who obtained pathological satisfaction in interfering with the affairs of other people,...and Bolsheviks who did not care for the family and its perpetuity." Senator King was one of the maniacs on the special Senate committee dealing with alleged pro-German and Bolshevik activities within the United States during and shortly after World War I, which we discussed at length in our episode on the American Protective League: http://arsenalfordemocracy.com/2021/09/12/unlocked-feb-23-2021-the-american-protective-league-feat-housetrotter-arsenal-for-democracy-ep-353/
    - From Lemons: *Mary Kilbreth, a leading anti-suffragist, wrote Harding a six-page letter which condemned his signing of the bill. "It is not brought forward by the combined wisdom of all Americans, but by the propaganda of a self-interested bureau associated with the Feminist Bloc." "There are many loyal American men and women," she warned, "who believe that this bill, inspired by foreign experiments in Communism, and backed by the radical forces in this country, strikes at the heart of our American civilization."*
- [Bill] Structure:
    - Annual appropriations for the Sheppard-Towner Act programs were around $1.2 to $1.4 million in 1921 dollars, which is roughly $17 to $21 million in more current dollars, based on what we found online. Just $5,000 plus a proportional population bonus was block-granted to state governments, which had to match the federal dollars. The Children's Bureau federal agency administered it nationally but only provided advice and recommendations to state governments on implementation. The Bureau could not even collect its own data across the country and instead attempted to rely on state-submitted data, which varied in quality and

quantity. The realization of this problem, which had obvious consequences both on policy efficacy and political defense of the law, ended up profoundly influencing the architects of the New Deal a few years later, who would insist on much stronger federal oversight and data collection of all the new assistance programs, including Social Security. https://www.cambridge.org/core/journals/journal-of-policy-history/article/abs/our-arithmetic-was-unique-the-sheppardtowner-act-and-the-constraints-of-federalism-on-data-collection-before-the-new-deal/3A2053A460D69FC5B358F8D18FA09E44

- Some states never even participated, including Massachusetts, Connecticut, and Illinois. (One can't help but be reminded in the recent context of the Affordable Care Act Medicaid expansions.) Once the law ended in 1929, states didn't really continue to fund these kinds of programs on their own either. States that already had strong public health systems before 1921 kept going with that and states that had not had that simply gave up, at least on average, during the interim period between 1929 and Social Security in 1935. There wasn't a lasting boom in maternal health investment from the push to appeal to the women's vote, even in states where women were a brand new voting bloc in non-federal elections. https://www.cambridge.org/core/journals/journal-of-economic-history/article/abs/political-economy-of-saving-mothers-and-babies-the-politics-of-state-participation-in-the-sheppardtowner-program/07EAD30B9FA9375FD01F07A43042FCFA
- Lemons, giving some hard numbers: *In reviewing the work under Sheppard-Towner, the Children's Bureau reported for the seven years that it conducted 183,252 health conferences and established 2,978 permanent centers of prenatal care. Visiting nurses made 3,131,996 home visits, and 22,020,489 pieces of literature had been distributed. In the final four years, more than 4,000,000 infants and 700,000 expectant mothers had been reached. The infant death rate in 1921 was seventy-five per thousand live births, and the years under Sheppard-Towner saw it fall to sixty-four per thousand. The maternal death rate was reduced from sixty-seven and three tenths per thousand in 1921 to sixty-two and three tenths in 1927, despite the fact that the general death rate of all people had risen slightly for the same period.*

- [Rachel] The emergence of hospitals and more professionalized healthcare
  - It's important to remember in the discussion of the 1920s social legislation targeting maternal and infant health that hospitals were only just starting to be recognizable in their modern form and basics like penicillin weren't even discovered until 1928. Hospital stay health insurance didn't exist until 1929. These things would proliferate during the 1930s and 1940s, but in the 1920s, when the Sheppard-Towner legislation was implemented and then repealed, birth would have been viewed as a home process, not a medical procedure requiring hospitalization, yet at the same time there would have been a big push beginning right around that time to make it exactly that, despite the health risks inherent in those hospitals. These political and economic forces, with bad timing, certainly helped kill this first attempt at federal social welfare legislation. It also made it difficult to make any headway on the health outcomes it hoped to improve because there was not enough official respect and understanding for non-medical birthing practices, traditions, and specialists then prevalent.

- The modern hospital as it is conceived of today started taking shape in the 1860s. These hospitals had modern specialized departments and professionalized nursing staffs. The economic expansion and the urbanization of the population during the Second Industrial Revolution led to these large expansive hospitals, along with the developments of new techniques and knowledge of aseptic practices. Medical care shifted away from the home and into these hospitals, with physicians becoming more professionalized and moving into specialties. Along with this move, healthcare costs started to rise. Before the 1920s, hospitals operated without much money, with physicians donating their time, and nursing and other staff costs were low. As more complicated medical procedures became widespread, surgeons and other specialists began getting paid for their time and expertise, and with the rise of professionalized nurses, their wages went up as well. At this time, large hospitals began affiliating with universities and medical schools. Chilling quote: *At the same time, they remained committed to the mission of treating all, and they became ever more vulnerable in the marketplace.*
  https://essentialhospitals.org/about/history-of-public-hospitals-in-the-united-states/emergence-of-public-hospitals-1860-1930/
- As medical costs went up, people had to figure out ways to pay for it.
- *Commercial insurance companies did not write health insurance policies in 1908; they saw no way to avoid the risks of adverse selection (those who were sick would seek coverage, and those who were healthy would not) and moral hazard (coverage would encourage the insured to seek unnecessary services), and they lacked the means to calculate risks accurately and set appropriate premiums. Within the next 10 years, many European nations would adopt some form of compulsory national health insurance, but similar proposals in the U.S. were rejected because of lack of interest and resistance from physicians* [pretty rich coming from an AMA article] *and commercial insurers.*
- *During the 1920s, the cost of medical care rose due to growing demand and higher quality standards for physicians and hospitals. Families had more money to spend but less room in their homes to care for sick family members. Advances in medical technology, tougher licensing criteria, and the growing acceptance of medicine as a science led to the emergence of hospitals as credible centers for treatment. They were now modern scientific institutions that valued antiseptics and cleanliness and used medications for the relief of pain. When the American College of Surgeons was founded in 1913, it was the first body to accredit hospitals [4]. Of the 692 hospitals examined in 1918, only 13 percent received accreditation. By 1932, the percentage had grown to 93 percent of the 1,600 hospitals surveyed [5]. In 1929, the average American family had medical expenses of about $103—roughly 5 percent of the average annual income of $1,916. Typically 14 percent of these expenses were for hospital care.*
- *In 1929, a group of Dallas school teachers contracted with Baylor University Hospital to receive up to 21 days of inpatient care a year for regular monthly payments of 50 cents [7]. Similar prepaid service plans, many involving more than one hospital, were formed during the Depression years. While they gave consumers an affordable way to pay for inpatient care, their primary purpose was to assure hospitals a steady income stream during a period of declining revenues. By 1937, there were 26 such plans with more than 600,000 members total. These combined under the auspices of the American Hospital Association (AHA) to form the Blue Cross network of plans, the first of which had been established in 1932 in Sacramento. The creation of these plans was facilitated by*

*state legislation that allowed them to organize as nonprofit corporations, enjoy tax-exempt status, and avoid the onerous insurance regulations (particularly financial reserve requirements) that applied to commercial insurers.*

- *Over the years many legislative proposals for different approaches to health insurance were introduced and failed. In 1944 President Roosevelt asked Congress for an "Economic Bill of Rights" that included a right to adequate medical care, but this request was never fulfilled. President Truman proposed a national health insurance program that would have created a system covering all Americans, but it was denounced by the AMA and called a "communist plot" by members of Congress [13]. By 1950, national health care expenditures equaled 4.5 percent of the GNP (gross national product) and were continuing to rise.* https://journalofethics.ama-assn.org/article/us-health-care-non-system-1908-2008/2008-05