

Barnard College, Columbia University

**New York City's Municipal Response to Maintaining Public Health during
the Great Depression**

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Introduction

“In the words of S.S. Goldwater, the city’s chief health officer, ‘There was a time when people feared the evil reputation of Bellevue. That has changed now.’ The Depression had taught the middle classes what the lower classes knew all along. ‘Bellevue stands as an institution that can compare favorably with any in the world’”¹

New York City Municipal Public hospitals have been an integral part of city life since the 18th century. Throughout the 18th and 19th centuries, these hospitals, like most hospitals at the time, mainly catered to the poor, those without the funds to pay for care in the home which was considered both more comfortable and more sanitary at the time.² However as scientific medicine developed and the social conditions changed in New York City with immigration and working conditions in factories/construction, more people went to hospitals to receive treatment for medical conditions.³

As this change occurred at the beginning of the 20th century, municipal public hospitals diverged in function from voluntary hospitals. Voluntary hospitals began to seek monetary benefit by serving private patients who could afford fees while public hospitals “though they served many ordinary workers with ordinary ailments, they carried the stigma of also serving the patients that private hospitals excluded, a group one newspaper characterized as ‘the dregs of society, the semi-criminal, starving, unwelcome class’...since (unlike the private facilities) municipal hospitals were required to accept every patient who applied to them.”⁴ Public hospitals were vital during epidemics or times of distress. New York City’s public hospitals stood at the forefront of helping New Yorkers during trying times such as the Great Typhus Epidemic of 1847-1848, set up the first New York Hospital unit for the Red Cross in World War I, and

¹ David Oshinsky, *Bellevue: Three Centuries of Medicine and Mayhem at America’s Most Storied Hospital* (New York: Doubleday, 2016), 218.

² Sandra Opdycke, *No One Was Turned Away: The Role of Public Hospitals in New York City since 1900* (New York: Oxford University Press, 1999), 21-22.

³ Opdycke, *No One Was Turned Away*, 23; 25-26.

⁴ Opdycke, *No One Was Turned Away*, 27.

pioneered care during the AIDS epidemic.⁵ The fact that public hospitals often treated those who others would not, the poor and those with chronic and contagious diseases, and the fact that they were not allowed to deny patients care made public hospitals seem prepared to serve as a safety net during a time of crisis.

During the Great Depression, when many New Yorkers were poor, the public hospital system in New York City seemed perfectly poised to treat the influx of people. Through a multitude of programs and services run by two different departments, the New York City municipal government offered diversified approaches to public health and made a concerted effort to communicate these initiatives to New Yorkers. The municipal government's programs and media communication (1) expressed their awareness of the problem and offered early solutions; (2) created immediate change within the Department of Hospitals to increase capacity; (3) further developed District Health Centers run by the Department of Health that allowed them to provide local low cost care for current needs and for the long-term. These programs and the awareness raised about them demonstrated how both departments deliberately expanded services to meet the needs of city residents, ensuring New Yorkers could receive affordable treatment during a time of economic crisis.

With the sudden economic depression in 1929, more New Yorkers availed themselves of these services. This marked a shift in the public's perception of municipal hospitals – more people used their services and formulated their own opinions about them. The government expanded to meet the increased need that was so great, an average day in a city hospital “had the feel of an epidemic.”⁶ As the quote suggests, historians or primary sources describe an epidemic

⁵ Oshinsky, *Bellevue*, 54, 263; Opdycke, *No One Was Turned Away*, 64.

⁶ Oshinsky, *Bellevue*, 218.

of sorts brought on by the dire economic situation and the need of people to receive low cost treatment.

However, few historians pause to examine where people went for care or how the masses of patients were handled. This is important because by all accounts of the time, it was a catastrophe, and it would have appeared that a contagious disease was bound to spread or that health would suffer. The New York City Department of Health Reports from 1932 indicated their surprise that this did not occur. They wrote in May of 1932, “The influence of economic condition is so well established that students of public health have been greatly surprised at the continued decrease in the general death rate in the face of the unfavorable conditions which have prevailed during the past two years.”⁷ Historians such as John Duffy confirmed this analysis noting that despite an increase in population, death rates for diseases and maternal death fell across the 1930s.⁸

Despite an increase in the amount of people who needed medical care and/or low cost medical services, the economy did not appear to cause wide spread epidemic. The fact that health was maintained and that there were no major outbreaks indicate that the systems in place worked. This thesis examines how the municipality organized its health services to meet the needs of New Yorkers during a time of crisis. The New York City government through two of its branches, the Department of Health and the Department of Hospitals, provided a diversity of approaches for New Yorkers to receive affordable medical attention and maintained communication with the public about health resources during the economic crisis.

⁷ Charles Boluan, ed., *City of New York Department of Health Weekly Bulletin 1932*, vol. xxi (New York: Department of Health, 1932), 153.

⁸ John Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2 (New York: Russel Sage Foundation, 1974), 367.

Chapter One illustrates the experience of New Yorkers and the effects of the economic downturn on their health. It then addresses early municipal responses and communication by both the Department of Health and Department of Hospitals to portray that despite communication, only the Department of Hospitals was able to adequately understand and meet the needs of New Yorkers and provide low cost or free medical treatment. Chapter Two continues to examine the role of the Department of Hospitals and how its mission and organization ensured no New Yorker would be barred from treatment. Their communication strategies were instrumental in making residents of the city aware of the free services they provided. Chapter Three returns to the Department of Health and explores their increased communication and adapted response in the middle to the end of the decade. The Department of Health further developed a program to provide low cost care to New Yorkers in their communities through the creation of District Health Centers and made sure their communication alerted New Yorkers to these services.

The Department of Hospitals organized municipal public hospitals in New York City. Generally, the term public hospital can refer to any government run hospital, such as hospitals run by a state, county, or city.⁹ In New York City, the municipal government operated the majority of public hospitals. In 1935, there were 30 public hospitals in New York City: three run by the Federal government, four run by the State of New York, and twenty-three run the by the city.¹⁰ Since the majority of public hospitals were run by the City of New York and this thesis investigates the municipal public health response to the Depression, the term public hospital when used in this thesis refers to and is interchangeable with municipal hospital.

⁹ Opdycke, *No One Was Turned Away*, 9.

¹⁰ Haven Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III* (New York: The United Hospital Fund, 1937), 11.

In addition to public hospitals, privately owned hospitals also operated in New York City during the Depression. There were two types of private hospitals: voluntary hospitals (non-profit hospitals) and proprietary hospitals (for profit hospitals).¹¹ While proprietary hospitals operated during the Depression in New York City, their services accounted for a small percentage of care. For example, in 1935 only 7% of hospital beds belonged to proprietary hospitals compared to 42.5% of hospital beds that belonged to voluntary hospitals.¹² As a result, when this thesis compares municipal hospitals it is to the group of voluntary hospitals, not proprietary hospitals, since voluntary hospitals interacted with a larger segment of the population. Therefore, the term private or voluntary hospital when used in this thesis refers to a hospital run by a non-profit organization.

Few historians have examined New York's municipal role in providing continual access to medical services during the Great Depression. Many books about the Depression relegate the discussion of public health to a few lines to discuss how the economy impacted the health of people. Other books about specific municipal institutions, like a David Oshinsky's thorough book about the history of Bellevue Public Hospital, only briefly mention their role during the Depression.¹³ Oshinsky devotes just one page to discuss Bellevue's role during the Depression. John Duffy, in his book *A History of Public Health in New York City 1866-1966*, covers the activities of the city government's Health Department during the Depression.¹⁴ However he focused on the changes in leadership and organization of the Department of Health and Hospitals during this time and the lack of funding, rather than the actions it took to alleviate the conditions

¹¹ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 9.

¹² Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 11.

¹³ Oshinsky, *Bellevue*, 218.

¹⁴ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 307-374.

of the poor. He only showed the actions the Departments were able to take at the end of the Depression once it received emergency funding.

This thesis departs from previous scholarship by looking at the early years of the economic downturn in addition to later years, and by examining what resources the city was able to provide to poor New Yorkers despite limitations in funding and how their services changed according to Department and over the course of the Depression. Sandra Opdycke in her book, *No One Was Turned Away*, in her exploration of the public hospitals in New York City, covers the important role public hospitals played in providing low cost or free medical services to New Yorkers during the Great Depression.¹⁵ However her account does not cover the activities of the Department of Health. This thesis examines the municipal public health responses to the Depression by combining both the activities of the Department of Health and the Department of Hospitals and by portraying how they acted over the course of the Depression. Through looking at the activities of both Departments, this thesis creates a clearer picture of the resources available to New Yorkers seeking affordable health care.

¹⁵ Opdycke, *No One Was Turned Away*.

Chapter 1:
A Warning Signal: New Yorkers' Increased Need for Affordable Health Care and Early
Municipal Responses

“Good morning, radio audience – and good health to you.

Most people do not seem to recognize a warning signal when they see one”¹⁶

-Dr. Thomas Darlington, Commissioner Emeritus, New York City Department of Health
WNYC Radio Talk, August 16th, 1932.

Between 1929 and 1942, the New York City Health Department shared its message to the people of New York City through technology that could unite them – the radio. Weekly broadcasts addressed seasonal health issues, preventive care, and advice from real, live physicians. In these broadcasts, the Health Department identified the problem that New Yorkers did not take preventive care seriously. Despite their ability to alert New Yorkers, they missed the warning signals that indicated the cause of the problem. They failed to understand how the economic depression made it difficult for people to maintain their health. Without properly acknowledging the cause of the problem, the Health Department was not in a position to create a solution to ensure that more people could receive healthcare.

During the beginning years of the Great Depression, from approximately 1929-1933, the Department of Health viewed the need for health services and feasibility of accessing healthcare differently from the average New Yorker. Walking through the streets of New York, the situation was severe. Where the Department of Health failed to properly work on the problem, the New York City Department of Hospitals continued to provide care and meet the increasing needs brought on by the Depression. When the Great Depression caused increased illness in New Yorkers and made it harder for them to access care, the New York City Department of Health

¹⁶ Thomas Darlington, “Heed That Warning Signal!,” in New York Department of Health, ed., *Radio Talks Given under the Auspices of the Department of Health July – August 1932*. Originally aired WNYC 16 August 1932 (New York: New York City Department of Health, 1932), Held at New York City Municipal Library, New York, NY, 255.

failed to adequately address the problem whereas the Department of Hospitals tried to provide the best care it could under dire times despite overcrowding and other challenges.

The economic depression that began in 1929 affected both society as a whole and individuals through their employment status and their ability to get goods. During the first few years of economic turmoil from 1929 to 1931, many companies laid off a portion of their workers.¹⁷ This meant more people were unemployed and did not have sufficient wages that they could use to pay their expenses. The economy hit the bottom in 1933 during which time unemployment rose from 3.2% in 1929 to 24.9% in 1933.¹⁸ With unemployment so high, an increasing number of the population did not have enough funds to meet their needs. Families would likely devote money to the most vital essentials such as food, leaving them without enough funds for other essential items such as healthcare. The early years of the Depression from 1929 to 1933 were especially severe and individuals greatly suffered from its effects.

The weakened economy increased the likelihood of illness in New Yorkers and made it harder for them to access medical attention because of the prohibitive cost. Economic misfortune could physically impact the health of an individual. Families with one person employed were 66% less likely to be ill than those who were unemployed.¹⁹ The Depression not only made it harder to access treatment but made people more likely to need care for illness in the first place. With such a high unemployment rate in the beginning of the Depression, families were more likely to be ill and need care. Hospitals saw an increase in cases since the start of the economic trouble. In September of 1931, the *New York Times* reported that a United Hospital Fund Survey of 141 Hospitals in New York City “showed an abnormal and progressive increase in hospital

¹⁷ Robert S. McElvaine, *The Great Depression: America, 1929-1941* (New York: Times Books, 1984), 73–74.

¹⁸ McElvaine, *The Great Depression*, 75.

¹⁹ McElvaine. *The Great Depression*, 80.

cases concurrent with the period of industrial depression.”²⁰ Hospitals experienced the effects of the Depression. They treated more people since the beginning of the economic downturn showing the economy’s significant impact on the health of New Yorkers. Dr. J.G. William Greeff, the Commissioner of Hospitals in 1931, believed the cases hospitals treated were caused by the economic trouble. In an article describing hospital statistics in New York City, the *New York Times* explained that Dr. J.G. William Greeff, “attributed the large number of respiratory cases to lowered resistance induced by the unemployment situation...Another large group included those suffering from various forms of mental disturbance, who numbered 326. It is believed that the increase in these cases is also partly traceable to worry over poverty and hardship.”²¹ Unemployment caused New York City residents to develop illnesses they would not be subject to if employed.

The Depression made it harder for New Yorkers to access care because, with limited funds, many New Yorkers, especially the unemployed, did not have money for their health costs. Historian Sandra Opdycke explained that “at the depths of the Depression, about half the people in the city were eligible for free care in the municipal hospitals because they qualified as ‘medically indigent’ – that is, they could not afford private health care.”²² Large proportions of New Yorkers could not afford to pay for their health needs. In 1934 in New York City, approximately 15% of the population received relief.²³ Many other people were doing poorly and not receiving relief. Relief was seen as the last resort for a family. They would first live on savings, borrow from friends and family, and live on credit until they were forced to turn to

²⁰ “CHALLENGE CUMMING ON NATIONAL HEALTH: Medical Men Here Assert That Depression Has Caused Increase in Illness.” *New York Times*, 11 September 1931, p. 23 , ProQuest Historical Newspapers (99311775).

²¹ “MUCH ILLNESS LAID TO UNEMPLOYMENT: Dr. Greeff Attributes Rise in Hospitals’ Respiratory Cases to Lowered Resistance,” *New York Times*, 12 January 1931, p. 12, ProQuest Historical Newspapers (99545634) .

²² Opdycke, *No One Was Turned Away*, 77.

²³ Ralph da Costa Nunez and Ethan G. Sribnick. *The Poor Among Us: A History of Family Poverty and Homelessness in New York City* (New York: White Tiger Press, 2013), 161.

public assistance.²⁴ People did not have extra money to go towards medical attention when they were already borrowing on credit to buy food and receive shelter. The United Hospital Fund described in 1931 the economic impact New Yorkers considered before deciding to seek out medical advice and treatment:

There are many persons who ought to be treated, but who feel that they ‘can not afford to be sick.’ These include a very large number who cannot afford to pay for treatment and are not willing to accept charity. Physicians report cases where operation are indicated but are being deferred because those needing the operations fear to jeopardize their positions by being absent from their places of employment for the period that the operation and convalescence would require.²⁵

Someone who was too proud to ask for charity care might jeopardize their health rather than try to find funds to pay for their care. Even in situations where someone could receive care, the prospect of taking off time from work could lead people to avoid care. The threat of unemployment in the unstable economic time influenced some New Yorkers to move away from medical care.

The inability to receive medical attention was problematic not only for the individuals whose health suffered but also for the communities they lived in. There was the possibility that sick people who never received care could spread their illness throughout the city. The *New York Times* recognized the danger of this situation when they reported: “It certainly is not in the interest of the public health for sick persons to continue to go and come among their fellows. In many instances those who are ill are carriers of disease, and disease uncontrolled is a potential breeder of epidemics.”²⁶ The inability to receive health care had the potential to impact all of New York City, spreading health problems with the possibility of creating epidemics. It would

²⁴ DaCosta Nunez and Sribnick, *The Poor Among Us*, 161–162.

²⁵ “CHALLENGE CUMMING ON NATIONAL HEALTH.,” *New York Times*, 11 September 1931, p. 23.

²⁶ “CHALLENGE CUMMING ON NATIONAL HEALTH.,” *New York Times*, 11 September 1931, p. 23.

be in the best interest of New York City to address the problem to prevent health issues from spreading throughout the city.

At a time of increasing need for health care when many people could not afford it, there were limited options where people could afford to seek help. Many private doctors were not even available to see patients. Lorena Hickok was sent by the Federal government to survey the conditions during the Depression around the country. When she was in New York City in December of 1933, she described the information given to a man searching for private doctors: “The head of the Kings County Medical Society told him that 30 percent of the doctors in Brooklyn had had their telephones taken out – which meant they had been forced out of business. The percentage in Manhattan, he was told, is even higher!”²⁷ With many doctors no longer open, people had fewer places to go to receive medical attention. For the private doctors who remained opened, their cost was often prohibitive to poor New Yorkers seeking care.

New York City Health Commissioner Shirley Wynne criticized the prices charged by private physicians in 1930 when he stated that, “the profession must put expert medical and surgical service within the reach of the white-collar class.”²⁸ He understood the necessity of making health care affordable for all New Yorkers. The decreasing role of private physicians and the public’s ability to afford their services is significant because in better economic times, people tended to receive medical care through private doctors. For example, when the economic situation began to improve at the end of the 1930s, the Department of Health began to phase out their free prenatal and child health station clinics as people went to hospitals or received

²⁷ Lorena Hickok to Harry L. Hopkins "Memo on 'The State of the Nation' in the Great City of New York" from Washington [D.C.] 28 December 1933 in Richard Lowitt and Maurine Beasley, eds., *One Third of a Nation: Lorena Hickok reports on The Great Depression* (Urbana, Illinois: University of Illinois Press, 1981), 141.

²⁸ “DOCTORS WARNED OF STATE CONTROL,” *New York Times*, 17 November 1930, p. 25, ProQuest Historical Newspapers (98845266).

attention elsewhere.²⁹ While people might receive medical services from private doctors during good economic times, during the Great Depression, New Yorkers could not rely on private physicians to receive care.

New York City residents continued to face challenges to receiving medical treatment because of the reduced amount of resources available to them. During the Depression, hospitals run by private organizations, also called voluntary hospitals, accepted fewer patients who could not afford to pay than they had served in previous years. These hospitals closed wards/beds to save operating costs and accepted fewer patients who could not pay for their care.³⁰ In 1934 New York City voluntary/private hospitals, only about 16% of beds were dedicated to providing free care.³¹ Between 1930 and 1934, municipal hospitals had a 28% increase in the number of free patients served per year whereas voluntary hospitals had a decrease of 11%.³² This is at the same time when municipal hospitals increased their average occupancy rate from 92.8% to 97.7% occupancy and where voluntary/private hospitals decreased occupancy from 72.1% to 67.1% occupancy.³³ Voluntary hospitals which used to provide reduced or free medical services in higher amounts reduced the amount of free services they provided during the Depression. At a time when people needed medical attention and could not afford it, they could no longer go to previous places they had gone to receive care such as at private hospitals. Some of the only affordable places to receive medical treatment were municipal health care services. There were also private organizations and charities providing health care during this time. However, these welfare organizations were not unified and were not able to coordinate a large scale response.³⁴

²⁹ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 360.

³⁰ Opdycke, *No One Was Turned Away*, 74.

³¹ Opdycke, *No One was Turned Away*, 74.

³² Opdycke, *No One was Turned Away*, 75.

³³ Opdycke, *No One was Turned Away*, 75.

³⁴ DaCosta Nunez and Sribnick, *The Poor Among Us*, 162.

In order to provide medical services on wide scale to all New Yorkers in need, there would need to be a coordinated response or program at the municipal level to ensure all New Yorkers who needed it could receive care for their health needs.

It was clear that New Yorkers needed public assistance in order to help care for their basic needs such as food, shelter, and healthcare during the Depression. Lorena Hickok wrote in her report of New York City in October of 1933 that the city was “trying to feed, clothe, shelter, and provide medical care for 1,250,000 men, women, and children wholly dependent on public funds for their subsistence.”³⁵ These people relied on the city to meet their basic needs, including medical care. While these people needed public funds, she continued to write that, “New York City was wholly unprepared to take on this job... Two years ago, in 1931 the entire load carried by official and semi-official agencies consisted of less than half a million persons, aided at cost of a little more than \$30,000,000. During the first six months of this year those agencies cared for – or attempted to care for – 1,4117,675 human beings, at a cost of \$50,524,309.”³⁶

The amount of people requiring medical services rapidly increased in New York City during the early years of the economic downturn. Even when people were able to get relief funds, the amount usually did not cover all of their needs, leaving some needs like medical care unmet. Lorena Hickok quoted a letter from the Coordinating Committee on Unemployment of the Welfare Council in 1933 which explained how the relief funds were not adequate to provide for people’s needs. She explained that the Welfare Council said that “There is no margin for clothing or medical service in the present relief grants to most families, and, while the present law continues, no cash for carfare, medical supplies, and other small, but indispensable,

³⁵ Lorena Hickok to Harry L. Hopkins "Field: New York City, 2-12 October, 1933, Inclusive Report," in Lowitt and Beasley, eds., *One Third of a Nation*, 44.

³⁶ Lorena Hickok to Harry L. Hopkins "Field: New York City, 2-12 October, 1933, Inclusive Report," in Lowitt and Beasley, eds., *One Third of a Nation*, 45.

household necessities.”³⁷ The relief offered by the government was insufficient and covered the most vital essentials such as food, leaving other important needs such as healthcare unmet. Lacking funds to devote to their needs, New Yorkers needed to find other ways to pay for or access their medical treatment.

While New Yorkers could receive care from private organizations or doctors in New York City, the Department of Health and Department of Hospitals both coordinated healthcare and provided it to residents of New York. Having these departments as overarching supervisory organizations allowed them to address health needs in New York City on a city wide scale. The Department of Health historically had less of a preventative medicine role in order to cater to the concerns of private doctors who wanted patients to come to them for preventive services such as immunizations.³⁸ The Department of Health had a supervisory role overseeing standards of health issues like the cleanliness of milk providers and preventing or treating epidemics.³⁹ This supervisory role could have been beneficial to help organize services during the Depression. While private organizations may have provided medical attention, a report by the Welfare Council of New York City creating a Health Inventory suggested “the necessity for a city-wide health plan operating through an agency which would have the cooperation of the Department of Health.”⁴⁰ One reason given for necessity of the Department of Health to supervise was that the “geographical distribution suggest that development of these health services has followed the needs or interests of agencies rather than the needs of the city as a whole or of its several

³⁷ Lorena Hickok to Harry L. Hopkins "Field: New York City, 2-12 October, 1933, Inclusive Report," in Lowitt and Beasley, eds., *One Third of a Nation*, 49.

³⁸ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 330.

³⁹ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 294;309.

⁴⁰ “ASK CITY-WIDE PLAN TO COMBAT DISEASE,” *New York Times*, 9 February 1930, p.24, ProQuest Historical Newspapers (99062384).

boroughs.”⁴¹ Private organizations could not adequately address health needs on a city wide scale. In order to determine the needs of the city and coordinate services to make sure all New Yorkers could receive health care, the Department of Health needed to take on a supervising role during the Great Depression.

The Department of Hospitals had more of a direct role in providing care than the Department of Health. The Department of Hospitals, which was created in 1928 just before the start of the Great Depression, oversaw the 26 municipal hospitals run by the New York City government.⁴² These municipal hospitals, also called public hospitals, were originally “designed to serve the types of patients that private hospitals found difficult or unrewarding to treat.”⁴³ As the title to Sandra Opdycke’s book about the role of public hospitals in New York City suggests, “No One was Turned Away.”⁴⁴ She wrote that “public facilities like City Hospital and Bellevue would pick up where [private hospitals] left off, accepting whatever ‘overcrowding’, whatever ‘stresses and strains’ were necessary to ensure that care was continuously available to everyone in New York who needed it.”⁴⁵ Municipal Hospitals were obligated to provide care to those who needed it regardless of someone’s ability to pay.⁴⁶ The Department of Health was in a weaker role to help provide solutions to the crisis of accessing affordable care than the Department of Hospitals at the time.

The Department of Hospitals served as a vital resource to New Yorkers trying to receive medical attention in the early years of the Depression even though they struggled to keep up with the increasing numbers seeking treatment and to cover services with available funding.

⁴¹ “ASK CITY-WIDE PLAN TO COMBAT DISEASE,” *New York Times*, 9 February 1930, p.24.

⁴² Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 315.

⁴³ Opdycke, *No One Was Turned Away*, 21.

⁴⁴ Opdycke, *No One Was Turned Away*, 71.

⁴⁵ Opdycke, *No One Was Turned Away*.

⁴⁶ Opdycke, *No One was Turned Away*, 3.

Municipal Hospitals faced overcrowding as they tried to meet the increased need. In 1931, the *New York Times* reported that “Since the unemployment situation became acute the number of patients in city hospitals has mounted rapidly and some institutions are treating more patients than their bed capacities call for.”⁴⁷ Despite physical limitations, municipal hospitals met the need and treated those who required care. The Commissioner of the Department of Hospitals, Dr. J.G. William Greeff discussed his desire for New Yorkers to utilize municipal hospitals for both preventive care as well as typical hospital cases. In radio broadcast in February of 1931, while many people thought the Department of Hospitals was only for hospital bed cases, Dr. Greeff “pointed out that the city maintained clinics where preventive medicine was practiced. He said diabetic clinics advised patients on their diet and that cardiac clinics were used chief in children of school age... Dr. Greeff said the Department of Hospitals constantly was urging the public to use its facilities for the early diagnosis and treatment of diseases.”⁴⁸ Even during a time when municipal hospitals were overcrowded, the Department of Hospitals still directed the public to use their resources. They tried to promote preventive care which would care for minor ailments of the poor so they would not need more extensive treatment in municipal hospitals later. The services offered by the Department of Hospitals were good alternatives for New Yorkers who could no longer afford to see private doctors.

The New York City Department of Health tended to downplay or ignore the severity of the Depression’s effect on treatments New Yorkers needed and their inability to access healthcare. During the 1930s, New York City measured city health through weekly reports issued by the Health Department. These reports included statistics on births, deaths, and

⁴⁷ “MUCH ILLNESS LAID TO UNEMPLOYMENT” *New York Times*, 12 January 1931, p. 12 .

⁴⁸ “GREEFF LAUDS CITY CLINICS,” *New York Times*, 17 February 1931, p.3, Proquest Historical Newspapers (99495622).

reportable infectious diseases like Tuberculosis.⁴⁹ In addition to these main statistics, current events might be discussed each week. This format of tracking health did not allow for a detailed view of current health needs during this period of economic trouble. It was designed to supervise and track epidemics, not to track the health needs of New Yorkers. Through judging the health based on death and birth, they could not account for the people who were not dying in the Depression but did suffer from disease and illness.

The weekly reports issued by the Department of Health rarely mentioned the impact of the Depression on the health of New Yorkers. Throughout the weekly reports of 1932, during some of the severest times of the economic depression, there was only one passage that connected the economic environment to health. On May 21, 1932, the weekly bulletin discussed “The Effect of Economic Stress on Health.”⁵⁰ The report continued by discussing malnutrition in school children. A chart showed that the percentage of children in New York City public schools who experienced malnutrition remained pretty constant between 1927-1929, but then began to steadily increase between 1929-1932.⁵¹ While the report did explain that some families might need aid to procure food, the report focused on providing accurate information to parents on proper nutrition for children. They explained that feeding a child well does not need to be expensive and that when the family income was limited, a family needed to arrange spending on food carefully and buy the proper nutritious food for children. This report also mentioned that school physicians referred families to welfare organizations. However, health officials seemed to unfairly estimate families’ abilities to spend money freely when buying food. The Health Department placed the blame on parents for not knowing how to feed their children in healthy

⁴⁹ Charles Bolduan, ed., *City of New York Department of Health Weekly Bulletin 1932*, vol. xxi, no.20 (New York: Department of Health, 1932), Held at New York City Municipal Library, New York, NY, 153.

⁵⁰ Bolduan, ed. *City of New York Department of Health Weekly Bulletin 1932*, vol. xxi, no.20, 153.

⁵¹ Bolduan, ed. *City of New York Department of Health Weekly Bulletin 1932*, vol. xxi, no.20, 153.

ways rather than looking at the economic impact that prevented parents from being able to properly feed their children.

The Health Department's failure to address the economic distress and its impact on accessing medical treatment can be seen through the advice it gave to the general public in New York City. The New York City Department of Health issued medical advice through a series of public radio broadcasts. These reports minimized the economic factors effecting residents of New York City and seemed to think education was the major barrier to achieving good health. It underestimated the impact the economic downturn had on accessing medical care. These reports often gave instructions to promote care that cost money with no regard to the fact that many people did not have the funds to afford it. For example, former Commissioner of Health Dr. Thomas Darlington criticized the public for not spending money on their health while they spend money on other goods. He scolded his New York City radio audience in August of 1932 and said "The average person spends money in a hundred foolish ways and thinks nothing of it. But what bemoaning accompanies the doctor's fee!"⁵² Darlington assumed that New Yorkers were selfish or stingy but failed to account for the real economic challenges people faced. Many people in New York City could barely afford their housing or food, leaving them with little money to spend on doctor visits. Darlington did give good advice; he recommended to "Go to your physicians once a year for a thorough examination. Go to him to find out how well you are, rather than have to go later to find out how sick you are!"⁵³ However, this was advice that was almost impossible for most New Yorkers to follow given the economic situation in the city.

⁵² Darlington, "Heed That Warning Signal!," in New York Department of Health, ed., *Radio Talks*. Originally aired WNYC 16 August 1932, 257.

⁵³ Darlington, "Heed That Warning Signal!," in New York Department of Health, ed., *Radio Talks*. Originally aired WNYC 16 August 1932, 258.

Occasionally, the broadcasts would briefly address the cost of their recommendation but only after being explicitly asked about it. Health Commissioner Wynne instructed mothers that nutrition was not the place to skimp with limited budgets. He instructed his listeners: “If mothers must work on a very limited budget, they should cut their expenses elsewhere, but they should not cut down on the milk ration for their growing children.”⁵⁴ While this is important health advice, he ignored the fact that many people’s budgets were so small that they had little choice in what they could buy. However, he did mention that a mother wrote to him in response to his directive to give children a pint of milk a day and that, “she found it much too expensive an item that she could not possibly afford it.”⁵⁵ Once someone specifically pointed out this problem to him, he adjusted his advice to provide options that were both low cost and still beneficial for people’s health. He provided an answer to this mother’s challenge on his radio broadcast in August 1932: “And here is something else most mothers do not seem to know – that canned evaporated milk to which an equal amount of water is added is equal to Grade B bottled milk...Research has quite clearly demonstrated that evaporated milk has the same nutritive value as pasteurized bottled milk. It is a safe supply of milk, and what is almost equally as important these days – the cheapest.”⁵⁶ Wynne only provided cheaper alternatives, and recognized the economic challenges of “these days” once someone specifically addressed the question to him. While his advice was helpful, in the process he also managed to criticize parents, saying that they did not seem to know this information. The Department of Health continued to issue health

⁵⁴ Shirely W. Wynne, “Child Care and Feeding in Hot Weather - II.” *Radio Talks Given under the Auspices of the Department of Health July-August 1932*. Originally aired WEAf 15 August 1932, Held at New York City Municipal Library, New York, NY, 254.

⁵⁵ Wynne, “Child Care and Feeding in Hot Weather - II.” *Radio Talks*, Originally aired WEAf 15 August 1932, 245.

⁵⁶ Wynne, “Child Care and Feeding in Hot Weather - II.” *Radio Talks*, Originally aired WEAf 15 August 1932, 245.

advice during the Great Depression but tended to avoid adapting their advice to fit the current economic needs of the people they served.

The Department of Health did not prioritize preventive care during this time. It is understandable that they would not focus on preventative services in their programming in favor of focusing on other health issues such as epidemic or occupational health. However, they did leave space in their programming through pages for current events in their health reports or initiatives such as radio broadcasts. While not their main focus, they did dedicate certain spaces to discuss preventative treatment such as in their media and publications. It would have been reasonable for them to regularly address preventive issues that they only addressed a couple of times in reports or broadcasts. Their failure to use the means available to them that they designated for advertising preventive issues resulted in their inability to adequately help New Yorkers at the time.

During the circumstances where the Department of Health did address the impact of the Depression on health needs and accessing care, it failed to take action to alleviate the situation. The Annual Report of the Department of Health for 1930-31 discussed how the economy impacted healthcare. The Annual Report described the unusual health needs in 1930 and 1931:

There have been unusually heavy demands upon the nursing service this year for assistance with many social and economic problems. The financial situation has produced conditions in many families which has greatly affected their health and the nurses visiting in the homes have been called upon to assist with these problems of unemployment and inadequate income. Such social service activities take a considerable amount of time. Very often the health work has had to take a secondary place because of these other needs which seemed more urgent. The only way to care for the health of the family is to help them with their economic problems. The nurses have worked closely with the Police Department and with the Home Relief Bureau.⁵⁷

⁵⁷ Shirley W. Wynne, *Guarding the Health of Seven Million People: City of New York Department of Health Annual Report 1930 - 1931* (New York: Department of Health, 1932), 89 .

The Department of Health recognized that they could not help New Yorkers with their medical needs because too many other problems that were more urgent needed to be addressed first. They prioritized helping them economically so that they could then focus on health needs. While this technique had good intentions, it created a problem for New Yorkers. Where could they go to receive medical care in the meantime until their economic situation was improved? The focus for the Health Department at the beginning of the Depression was on helping people recover economically before giving services. In the meantime, this meant New Yorkers had to look elsewhere to receive treatment.

While the Department of Health did not fully address the healthcare crisis in New York City, the Department of Hospitals did its best to provide care to those who could not afford it. Municipal Hospitals long provided care to those in New York City who could not pay. They continued to do so during the Depression but struggled to keep up with the increasing demand. Despite these challenges, they did more to address the increase in health needs and the barrier to accessing care than the Department of Health did at the time. The Columbia Medical Dean Willard Rappleye described the situation of his doctors who worked in Bellevue Municipal Hospital in New York City. He first described the increased hardship of providing care when he wrote, “The present economic crisis in the country is having a pronounced effect on the methods of providing medical care for the people. Hospitals are having increasing difficulties in maintaining their programs because of the marked shrinkage in income from investments and in earnings from patients.”⁵⁸ He fully recognized the challenge to providing care including their struggle to maintain the same high level of care with fewer funds. He continued to explain that despite less funding, hospitals were busier than ever. He referred to the hospitals and clinics

⁵⁸ Willard C. Rappleye, *Columbia University Bulletin of Information: Report of the Dean of the School of Medicine for the Period Ending June 30, 1932*, Thirty-third series, no. 14 (New York: Columbia University Press, 1932), 10.

associated with Columbia Medical School, such as Bellevue Hospital, “in which the services have been increasing because of the depression, make increased demands upon the professional staff. Every department of the School is cooperating fully, however, in the financial emergency, and is prepared to meet cheerfully any further adjustments that may be found necessary.”⁵⁹

Despite an increase in people served, he remained committed to providing services while possibly needing to make internal adjustments to ensure their ability to continue providing medical care.

During the early years of the Great Depression in New York City, the municipal hospitals were able to better address the health needs created by the economic depression than the Department of Health. The Great Depression caused increased illness for New Yorkers and made it harder for them to access care due to the cost. The Department of Health tended to ignore the severity of the problem and when they did address it, failed to provide concrete resources for New Yorkers to receive care. The Department of Hospitals was able to provide immediate medical services to people through its municipal hospital system, though its resources were being taxed as more and more people sought care. In order to address the health needs of New Yorkers and ensure all could access medical care, New York City needed a large city wide response to address the problem.

⁵⁹ Rappleye, *Columbia University Bulletin of Information*, 11.

Chapter 2:

All for One and One For All: The Department of Hospitals' Role in Providing Continuous Access to Healthcare for New York City's Poor during the Great Depression

“Throughout the year the Department of Hospitals has endeavored to carry forward its high mission of ministering to the ill and disabled of the city of New York. That, despite conditions of unprecedented economic stress, it has been able in such measure to alleviate distress is due to the unflagging efforts of the working force.”

– New York City Department of Hospitals Annual Report 1930⁶⁰

On February 1st, 1929, the New York City Department of Hospitals came into existence.⁶¹ This new department united all 26 municipal public hospitals under one department, to coordinate the services they provided to the residents of the city of New York.⁶² New York had a history of providing medical care, particularly to the poor, since 1736 when the city designated a small area of the almshouse to provide medical services.⁶³ Across the 19th century, New York City slowly increased its health services for the poor and the number of their municipal, also called public, hospitals. By 1900, more than a dozen “municipal facilities opened, many of them designed to serve the types of patients that the private hospitals found difficult or unrewarding to treat: alcoholics, the paralyzed, the insane, the retarded and those with tuberculosis or other contagious diseases.”⁶⁴

While these hospitals grew, they came under different jurisdictions, making it hard to coordinate care.⁶⁵ As a result, the new Department of Hospitals aimed to address these problems and provide a uniform care system for New Yorkers. The beliefs and ethos of the hospitals did not change. Unlike the Department of Health and the response of voluntary hospitals in the early

⁶⁰ J.G. William Greeff, *Department of Hospitals of the City of New York: Second Annual Report - 1930* (New York: Herald Nathan Press, Inc.), Held at New York City Municipal Library, New York, NY, 13.

⁶¹ “The Hospital Department.” *New York Times*, 1 February 1929, p.17, Proquest Historical Newspapers (104766522).

⁶² “The Hospital Department.” *New York Times*, 1 February 1929, p.17.

⁶³ Opdycke, *No One Was Turned Away*, 18.

⁶⁴ Opdycke, *No One Was Turned Away*, 21.

⁶⁵ Greeff, *Department of Hospitals of the City of New York: Second Annual Report*, 9.

years of the economic depression, the Department of Hospitals ensured that the economy would not prevent patients from receiving care. Despite high demands on the Department of Hospitals, it met the increased needs of the New York City population through innovative ways to increase bed capacity and communication with New Yorkers because of its unique mission and long standing role serving the needs of the poor.

As the economy worsened in the early 1930s and New Yorkers became poorer, affordable options to receive medical attention disappeared. At the same time when the need for medical services increased, many doctors' offices closed because they could not afford operating costs.⁶⁶ Non-profit voluntary hospitals received less funding, prompting them to keep expensive private rooms open while they limited costs by closing the wards which serviced the poorest patients.⁶⁷ There were fewer places to go for New Yorkers, especially those on tight budgets, to receive medical care. Doctors were not available and non-profit hospitals' most affordable care option in the wards were filled or reduced in number.

The crisis of decreasing availability of affordable care is illustrated through the increase in ambulance service. The ambulance service in New York City was run by the hospitals. The United Hospital Fund survey published in 1937, but which mainly covered statistics between 1930-1934, indicated that over half of the ambulance calls were for issues that did not require hospital care.⁶⁸ There was a growing tendency for people to call an ambulance to get medical attention quickly without having to pay for care. The United Hospital Fund reported that "the number of ambulance calls rose from 205,011 in 1930 to 355,233 in 1934, a 73.3 percent increase. The ambulance service has been grossly abused by those who have called upon it for

⁶⁶ Opdycke, *No One Was Turned Away*, 74.

⁶⁷ Opdycke, *No One Was Turned Away*, 74.

⁶⁸ Ryllis Alexander Goslin and Omar Pancoast Goslin, *You and Your Hospitals: A Digest of The Hospital Survey for New York 1938*, (New York: United Hospital Fund of New York, 1938), 20–21.

care which they formerly obtained for pay from their family physicians. More than half of all calls are for minor ailments not requiring transportation to a hospital.”⁶⁹ Since the ambulances were run by hospitals, hospitals took on extra costs to care for people who were using them as a means to get free treatment. These people no longer accessed medical services in the ways they would during normal economic conditions. At the same time as people had less access to normal means of care, more people were using facilities from the Department of Hospitals. In 1930, one in fifteen New Yorkers used a service of the Department of Hospitals.⁷⁰ That number increased in 1935, where an estimated one in ten New Yorkers used a service of the department in any given year.⁷¹ As time went on in the Depression, the department felt the effect of the economic turmoil. Once people exhausted their savings, they could not afford medical care, and sought alternatives to pay for their treatment, often through the municipal hospital system.

The Department of Hospitals was able to play a large role in providing services both because of its mission to provide care to all New Yorkers, including the poor, and because it focused on providing services for everyday ailments in addition to contagious disease. The Department of Health spent a lot of its time focusing on preventing the spread of contagious diseases. In its regular reports, the department tracked statistics such as the number of contagious diseases in a population, health trends (generally around diseases), and demographic statistics.⁷² While the control of disease is important, with such a big focus on disease over other mundane issues, the Department of Health could not understand the trouble poor New Yorkers experienced with receiving medical care and the increasing amount of New Yorkers who found

⁶⁹ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 67.

⁷⁰ Greeff, *Department of Hospitals City of New York: Second Annual Report - 1930*, 10.

⁷¹ S.S. Goldwater, *City of New York Department of Hospitals Annual Report (Abbreviated Form) 1935* (New York: Department of Hospitals, 1935), Held at New York City Municipal Library, New York, NY, 3.

⁷² Bolduan, *City of New York Department of Health Weekly Bulletin 1932*.

themselves in that position. The Department of Health did have initiatives in other areas, such as maternal and infant health; however they devoted a significant portion of their time to reducing contagious disease. Due to their work and others as well, rates of disease fell throughout New York City.⁷³ Death rates for pneumonia, tuberculosis, and maternity deaths all declined between 1930 to 1934, while death rates for heart disease, cancer, and diabetes increased during that same time.⁷⁴ Other contagious diseases such as Diphtheria dropped from 1,891 cases in 1933 to 1,124 cases in 1936, about a 40% drop in cases.⁷⁵ During the same time from 1933 to 1936, the Department of Health failed to reduce numbers of contagious diseases such as measles and whooping cough due to lack of effective preventive treatment.⁷⁶ As the Health Department did such a good job to contain many, but not all, contagious diseases, people's health needs changed. There needed to be less focus on outbreaks and more focus from health professionals on treating everyday health needs and lifestyle or genetic conditions. The Department of Hospitals was in a better role to serve these everyday health needs of New Yorkers than the Department of Health.

Municipal hospitals played a vital role not only in providing care on the complex medical level, but also served the more minute health needs of the city. Hospitals had dispensaries or outpatient clinics where they provided care for less urgent medical issues. These dispensaries had long been a part of hospital services dating back to the 19th century, however in the early 20th century, these services treated more patients and offered more specialized services than they had in the previous century.⁷⁷ If a person had a medical issue and was in relatively good health, but

⁷³ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 8.

⁷⁴ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 7.

⁷⁵ John L Rice, *A Summary Report of the Work of the Department of Health City of New York 1934, 1935, and 1936* (New York: Department of Health, 1937). Held at New York City Municipal Library, New York, NY, 20.

⁷⁶ Rice, *A Summary Report of the Work of the Department of Health City of New York 1934, 1935, and 1936*, 20.

⁷⁷ Opdycke, *No One Was Turned Away*, 48.

could not afford a doctor, they could receive care at a dispensary, either through a small fee or for free.⁷⁸ Dispensaries usually charged half the cost to patients but the fee was reduced to zero for patients who could not afford the reduced rate.⁷⁹ However, there was no uniform policy and each dispensary could decide which patients were eligible for reduced payment.⁸⁰ There were 268 dispensaries in New York City, 99 at hospitals, and 169 independent, most of which were run by the Department of Health.⁸¹ These dispensaries were spread out across New York City with almost half of them, 119 of them, located in Manhattan.⁸²

Hospital dispensaries, both municipal and voluntary, served 4/5ths of patients who sought care at an outpatient clinic.⁸³ Individual hospitals took on a greater role in providing free or reduced fee pay for the growing number of urban poor. Municipal dispensaries faced the same challenges as municipal hospitals. Dispensaries at municipal hospitals were overcrowded because they could not turn patients away.⁸⁴ To try to alleviate overcrowding in their dispensaries, municipal hospitals would try to screen for patients who could afford care and send them elsewhere.⁸⁵ The overcrowding showed New Yorker's great need for affordable care for minor conditions. As one of the only places they could receive medical attention for minor issues, the hospital dispensaries played a vital role in the general population's health. Patients could go to these dispensaries to receive treatment for problems like boils, swollen limbs, or

⁷⁸ Goslin and Goslin, *You and Your Hospitals*, 21.

⁷⁹ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 61.

⁸⁰ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 67.

⁸¹ Goslin and Goslin, *You and Your Hospitals*, 21.

⁸² Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 54.

⁸³ Goslin and Goslin, *You and Your Hospitals*, 21.

⁸⁴ Goldwater, *City of New York Department of Hospitals Annual Report (Abbreviated Form) 1935*, 14.

⁸⁵ Goldwater, *City of New York Department of Hospitals Annual Report (Abbreviated Form) 1935*, 20.

general unwell feelings.⁸⁶ Treating these types of ailments while on a smaller scale could help prevent some of these patients from progressing into more severe conditions. Allowing medical conditions to progress not only would be detrimental to their own health, but would create further challenges in accessing care on a higher level, and add to the increasing population seeking treatment in hospitals. Through providing free or reduced cost services for minor medical treatments at municipal hospital dispensaries, the Department of Hospitals helped to maintain the general health of the population.

The unique role and mission of the Department of Hospitals ensured that it would be a resource to all New Yorkers, without a pay barrier. Municipal hospitals had a history of mainly serving free patients. Both in 1930 and 1934, about 95% of patients municipal hospitals served were free patients.⁸⁷ These public hospitals were a resource to their communities to serve people who otherwise would not be able to afford care. If a person could afford medical services, most likely, their doctor would have arranged to send them to a voluntary (non-profit) hospital like New York Hospital or Presbyterian Hospital.⁸⁸ This meant that if people could afford treatment, they would get it through other avenues. Municipal hospitals served as a catch all for people who could not go anywhere else. Historically, they mainly served those who were typically poor, such as new immigrants, meaning their patients often spoke little English.⁸⁹ However, during the Great Depression as the group of poor grew in New York City, the population of the hospital changed to match the new demographics of those without money. Municipal hospitals like Bellevue in Manhattan began to serve more middle class English speaking patients.⁹⁰ Historian

⁸⁶ Goslin and Goslin, *You and Your Hospitals*, 21.

⁸⁷ Opdycke, *No One Was Turned Away*, 75.

⁸⁸ Goslin and Goslin, *You and Your Hospitals*, 7.

⁸⁹ Opdycke, *No One Was Turned Away*, 77.

⁹⁰ Opdycke, *No One Was Turned Away*, 77.

Sandra Opdycke notes that municipal hospitals were not allowed to turn away patients from treatment due to time or space.⁹¹ Through the municipal hospitals they oversaw, The Department of Hospitals was positioned to take care of the increased amount of New Yorkers who could not afford care because that was the mission of organization – to provide care to all New Yorkers without any exceptions. They would serve anyone who came to their doors.

The Department of Hospitals eagerly took on this role within the city. The hospitals they supervised did not begrudgingly accept patients even when they were overcrowded and lacking for space. The department enthusiastically encouraged patients to come to its hospitals, regardless of their ability to pay, because they believed in their mission. Their dedication to their mission and their commitment to sharing it with the public helped increase awareness of places where New Yorkers could receive care. In a radio broadcast in 1938, the Commissioner of the Department of Hospitals, S.S. Goldwater, shared a message to all New Yorkers. S.S. Goldwater explained the role of the Department of Hospitals: “When you think of the Department of Hospitals, remember this - the City of New York is itself unselfishly interested in every sick person who needs hospital care and who cannot afford to pay for it. An appropriate motto for the Department of Hospitals would be all for one and one for all.”⁹²

The Department of Hospitals not only provided care but advertised its services. Compared to the voluntary hospitals who tried to reduce the amount of free treatment it provided, municipal hospitals actively encouraged more patients to come who they knew would not be able to pay them in full for their care. This ensured that all New Yorkers would have access to treatment on all levels, even within the midst of a depression. People who might not

⁹¹ Opdycke, *No One Was Turned Away*, 78.

⁹² “New York Advances.” *WNYC*, Radio Broadcast, 1 January 1939. Lacquer Transcription Disc. New York City Municipal Archives Online Gallery (MUNI-NEWS-1939-01-01-68960.7 LT276 EQ stereo).

know how to access medical services because of their new financial situations would have learned how to gain access to treatment. While this ethos stemmed from the department themselves, the statistics discussed at the end of this chapter indicated that they followed through on the promises it advertised to the public. The way in which the Department of Hospitals not only fulfilled its mission but went beyond that, to advertise its services, showed its dedication to promoting access to health care during the challenging time of the economic depression.

Municipal Hospitals encouraged people to come and seek care even while they struggled to accommodate the numbers of patients they served. The Department of Hospitals was well aware of the impact that the Depression had on use of its facilities. In its annual report from 1930, Commissioner J.G. William Greeff wrote, “The increase in the number of persons cared for in the municipal hospitals has undoubtedly been influenced to a considerable degree by the current economic depression.”⁹³ The department recognized the impact of economy and tracked how it affected their institutions and the services it could provide. As a result, the department actively took measures to increase its capacity to ensure it could serve as many people as possible. The Department of Hospitals identified creative solutions to accommodate the growing number of patients that they served. The annual report in 1930 continued to list some of the solutions the department was forced to consider to accommodate the increase. Municipal hospitals “found necessary during this year to shorten, wherever possible, the period of convalescence and to discharge patients at the earliest possible moment.”⁹⁴

In situations where the health of the patient would not be jeopardized, municipal hospitals started to shorten average stays. They were only able to do this through increased use of other services which allowed them to move patients out of hospital beds. Through making better use of

⁹³ Greeff, *Department of Hospitals of the City of New York: Second Annual Report*,” 10.

⁹⁴ Greeff, *Department of Hospitals of the City of New York: Second Annual Report*, 10.

their social service division, they “placed patients in convalescent homes, private hospitals, and their own homes. Investigation of home conditions and supervision of the convalescent patient in the home by the Social Service Division permitted many hospital beds to be released for the care of more acute cases.”⁹⁵ The Department of Hospitals was first and foremost always concerned with the health of their patients. They only approved solutions that would continue to support their patient’s health, such as supervising convalescing patients while at home instead of in hospitals. Through analyzing where they could cut services, they were able to make room for more patients in their hospitals. The department was able to think creatively to make more room for patients all while ensuring that each patient would still receive the care they needed.

In addition to moving patients out of hospital beds more quickly, municipal hospitals rearranged and added beds to make more room. Sometimes when municipal hospitals faced increased numbers of patients, “beds in wards have been supplemented by cots, chairs, and even stretchers to accommodate the overflow.”⁹⁶ While not the ideal situation, hospitals made room to accommodate all who sought care. Placement of hospital beds and pictures from the time period accurately display how the hospitals had to accommodate the patients in their available space. A picture from Morrisania Hospital, a municipal hospital in the Bronx, illustrated the addition of patient beds in wards, with beds lined up through the middle of the aisle to fit more patients.

⁹⁵ Greeff, *Department of Hospitals of the City of New York: Second Annual Report*, 11.

⁹⁶ “FREE-PATIENT GAIN A GRAVE PROBLEM,” *New York Times*, 24 July 1933. ProQuest Historical Newspapers (100613859), p.17

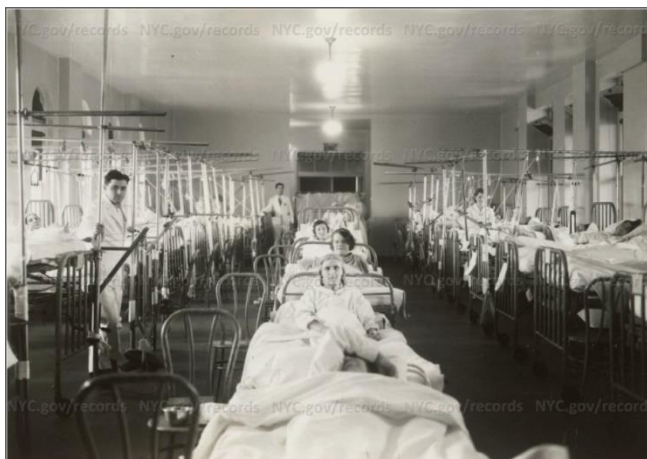


Figure 1. Overcrowded female traumatic surgical ward at Morrisania Hospital (New York, NY) c.1939-1941⁹⁷

In the picture, beds are lined up through the middle aisle in the room and beds are placed close together.⁹⁸ This allowed the hospital to serve more patients in each ward than they normally would have been able to. Crowding the rooms was not ideal, but allowed the hospitals to accommodate the sudden increase in New Yorkers seeking care.

Municipal hospitals served the community as a resource for people who could not otherwise receive help to have their medical problems resolved. Through making adjustments, the Department of Hospitals, unlike others, adapted to meet the growing need in the city. The *New York Times* did point out that accommodating these increased numbers could lead to problems in care, calling the increased load “serious if not dangerous overcrowding.”⁹⁹ The *New York Times* article published in 1933, continued to air concern over the effects of overcrowding, and wrote “the result has been lowered standards of adequate nursing service... ‘in spite of the loyalty and overtime work of the staffs.’”¹⁰⁰ There were negative effects of the increased service the municipal hospitals adapted to provide. Overcrowding even led to a lower level of patient

⁹⁷ *Dpc_1726*, 1939-1941, photograph, 5 in x 7 in. New York City Municipal Archives Online Gallery. New York, NY.

⁹⁸ *Dpc_1726*, 1939-1941, photograph.

⁹⁹ “FREE-PATIENT GAIN A GRAVE PROBLEM,” *New York Times*, 24 July 1933, p.17.

¹⁰⁰ “FREE-PATIENT GAIN A GRAVE PROBLEM.” *New York Times*, 24 July 1933, p.17.

care and nursing. However, the fact that they remained open and provided care was significant. In times when these patients would have been turned away from other places like voluntary hospitals or could not get sufficient help from the Department of Health, the Department of Hospitals was there. While their service was not perfect, they allowed people to access health care who otherwise would not have any access to treatment.

The Department of Hospitals' effort to provide care at whatever level possible is admirable and important since other institutions at the same time failed to care for the increased poor in New York City who could not afford treatment. At the same time that municipal hospitals were overflowing, voluntary hospitals were often only half full. With the economic depression, voluntary hospitals had trouble paying their bills and decided to close beds and reduce services, even when an increased number of poor needed their services.¹⁰¹ As a result, even with a growing need for more beds for patients who could not afford hospital fees, voluntary hospitals increased their percentage of beds used for private care and decreased their number of ward beds, the exact type of beds most of the poor would use.¹⁰² For example, NY Hospital, a voluntary hospital located on the East Side of Manhattan, decreased the amount of free care it provided. In 1910, 74% of its services went to free care for poor patients.¹⁰³ However, over the course of the 1930s, the percentage dropped from 12% of care to 5% of care being provided as free care for patients who could not pay. Reducing the amount of beds available meant there was less space than in the past for poorer patients. At a time when more patients were poor than ever and increased numbers of New Yorkers sought free or reduced price medical

¹⁰¹ David H. McAlpin Pyle, "The Critical Situation of the Hospitals in New York City," (Confidential Statement to the Trustees of the Voluntary Hospitals of New York City, June 1935) 1,4.

¹⁰² Goslin and Goslin, *You and Your Hospitals*, 12–13.

¹⁰³ Opdycke, *No One Was Turned Away*, 76.

treatment, the voluntary hospitals closed their doors and increased the burden upon the municipal hospital system.

At the same time that voluntary hospitals reduced their ward service, they increased their private and semi-private care. These hospitals made expansions, but instead of being in the area of ward care which was in high demand, these hospitals increased more lucrative areas despite lack of interest in that service. Between 1930 and 1934, voluntary hospitals increased their private and semi-private rooms despite a decline in people using them.¹⁰⁴ This illustrates that the hospitals had the ability to put in some resources to new endeavors or projects and could support more patients. However, instead of devoting their resources to the growing crisis of New Yorkers who could not afford treatment, they chose to remain silent, with empty beds and empty hearts, as they renounced responsibility for taking care of poor New Yorkers. It is understandable that the voluntary hospitals needed revenue to continue to operate and that private rooms were a lucrative way to increase funds. However, if those rooms were not filled to capacity to begin with, the funds these hospitals used to expand this type of care could have been spared and spent elsewhere. Data from the United Hospital Fund survey covering the years 1930 to 1934 indicated that voluntary hospitals were only 67.1% full while government hospitals on average were 96.6% full.¹⁰⁵ The ideal percentage of occupancy for a hospital is 80%.¹⁰⁶ In that same survey, sixteen out of twenty-three municipal hospitals operated above the level of efficient operation (about 80%) and six were operating beyond their intended capacity (over 100%).¹⁰⁷ Municipal

¹⁰⁴ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 27.

¹⁰⁵ Goslin and Goslin, *You and Your Hospitals*, 7.

¹⁰⁶ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 28.

¹⁰⁷ Goslin and Goslin, *You and Your Hospitals*, 45–46.

hospitals did their best to accommodate patients, even when they exhausted their space and operated above capacity.

At the same time, voluntary hospitals operated well below capacity. They had the room to treat the poor patients; however, they had a different focus than municipal hospitals. As private organizations, they were more focused on profits. Voluntary hospital's focus on profits rather than on ensuring access to medical services and municipal public health led them to keep their beds empty while expanding areas deemed to be "more lucrative." Voluntary hospitals had the ability to expand their services to meet the needs of the poor. However their concentration on profits over public health prevented them from acting to reduce some of the strain and overcrowding on the Municipal hospital system.

Voluntary hospitals often intentionally put the burden of caring for poor New Yorkers on to the municipal hospital system. A report by the United Hospital Fund indicated that half of ambulance calls made by non-profit voluntary hospitals brought their patients to a municipal hospital, not their own.¹⁰⁸ They tried to push patients onto others, not even helping patients who so to speak came directly to them for help. It might be logical for a voluntary hospital to avoid taking on free care patients to begin with. However, it is reprehensible that they turned them away once they already had them in their ambulance and began to provide treatment. They disregarded their culpability in treating the poor people of New York City. Compared to the tendency of voluntary hospitals to do only the bare minimum to support the growing poor population during the Depression, municipal hospitals went above and beyond to provide care to a growing segment of the population.

¹⁰⁸ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 69.

Even in voluntary hospitals who did take in poor patients, those patients were often funded by the Department of Hospital or the city government. There were several types of poor patients in voluntary hospitals. Some were able to afford part of their pay and others could not pay anything at all. Forms of medical insurance were in their infancy during the 1930s, and since it was still being developed and deployed, most patients faced paying a bill in full.¹⁰⁹ Patients who could not afford health fees were split into two groups: public charge patients whose care was paid for at a fixed rate by the government and free patients, for whom the hospitals did not charge for services.¹¹⁰ Between 1930 and 1934, the number of public charge patients in voluntary hospitals increased 129% while the percentage of free patients decreased 11.2% and the percentage of pay or part pay decreased 6.8%.¹¹¹ The voluntary hospitals were willing to accept more patients but only in situations in which it added no cost to them. Instead of increasing the amount of free patients by any amount or keeping it constant, they reduced the free patients, and only took public charge patients for whom they would be paid by the government.

These voluntary hospitals' reactions indicate the tough economic position they were in. They would be in danger of closing themselves without revenue leading them to take disinterest in free cases. As a result, the only hospitals that could afford to care for free patients were the municipal hospitals. In the wards of voluntary hospitals, the most affordable form of care they provided, in the late 1930s, 40% of patients were subsidized by the city.¹¹² While voluntary hospitals did provide service to the poor, it was mainly through the support of the municipality that it did so. In fact, many voluntary hospitals knew about the strain on municipal hospitals but

¹⁰⁹ Opdycke, *No One Was Turned Away*, 89.

¹¹⁰ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 26.

¹¹¹ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 26.

¹¹² Opdycke, *No One Was Turned Away*, 79.

refused to treat more poor unless the subsidies they received for treating them increased.¹¹³

These voluntary hospitals did face challenging economic times themselves. However, the government already compensated them at some amount for their patients. It was not a question of providing care at no cost, but a question of how much money they could get. To demand an increase in payment for public charge patients meant that voluntary hospitals were more concerned about monetary benefit than actually helping the poor. It was only through the efforts of the municipality, and their financial support of voluntary institutions, that a large amount of poor patients were able to receive care in voluntary hospitals.

During the time when voluntary hospitals reduced the care they provided for the poor, municipal hospitals expanded to meet the need. Government hospitals increased their services 34% between 1930 and 1934.¹¹⁴ In addition to accommodate more patients, municipal hospitals increased their bed capacity 19.4% between July of 1930 and July of 1935.¹¹⁵ These increases meant more patients could be served at any given time. In 1934, the government hospital average occupancy in New York City was 97.2% with some operating over 100% while the ideal occupancy rate is 80%.¹¹⁶ It is clear that the municipal hospitals increased their capacity both in amount of beds and in patients served during a period of increased need. This action showed the Department upholding its value to serve the poor. While the Department of Hospitals did offer itself praise for its mission and services in their reports and communications, they deserved credit for the work they did during the Depression. Even if their praise was somewhat self-centered, these statistics support the impact of their work. They increased capacity and services,

¹¹³ Opdycke, *No One Was Turned Away*, 79.

¹¹⁴ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 25.

¹¹⁵ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 17.

¹¹⁶ Emerson, *The Hospital Survey for New York*, vol. 1, *A Summary of the Report to the Survey Committee in Volumes II and III*, 28–29.

even operating over the recommended amount, all at a time when other medical institutions failed to do so. They did not just make empty claims to serve New Yorkers in need, during the Depression, their actions reflected their ideology.

Municipal hospitals were integral to providing care to a significant portion of the New York City population during the Depression. Without access to normal means of healthcare and unable to pay for medical care, these people would have gone without care if not for the mission, dedication, and innovative solutions that the Department of Hospitals implemented to accommodate the increased number of people in need. Their service was not perfect but it did fill a gap in coverage for the residents of the city. Providing some measure of coverage, even if staff were stretched thin, was better than leaving low income New Yorkers without anywhere to turn for help. The ability of the Department of Hospitals to rise to the occasion and provide treatment in its hospitals when others in the city declined to do so, showed the integrity of the department and their commitment to doing the best they could. They worked with limited resources, but refused to turn a blind eye to the health of New Yorkers who could not afford care during a difficult economic period.

Chapter 3:
District Health Centers: The Department of Health Meets the People Where They Are

“These Health Centers are really wonderful things.”¹¹⁷
-WNYC Radio Broadcast January 1, 1939

As the Depression continued and New Yorkers faced its lasting effects in the mid to late 1930s, the Department of Health changed its approach to providing care. While their original response to health needs in the early years of the Depression was lacking as discussed in chapter one, as time went on, the Health Department adopted a new strategy to provide care. This strategy solved many of the problems that the department had faced earlier. In direct opposition to some of their failures, this new strategy of localized healthcare, as expressed through their District Health Center program, would allow them to better provide services based upon the needs of the community. The new District Health Center Program also complemented the services of the Department of Hospital system to provide a fuller spectrum of services to New Yorkers. While not everyone supported this new system, it did enjoy popular support and improved health in the communities in which it was deployed. The emergence of District Health Centers run by the Department of Health in the mid to late 1930s illustrated the department’s changing approach to providing healthcare to a model that would be better able to meet the specific health needs of communities. District Health Centers provided better access to preventive services by offering more affordable medical treatment that catered to the needs of a community, improving health and creating more points of access to health care during the Great Depression.

District health centers provided a central location for New Yorkers to gain access to programs from the Department of Health. A New York Times article in 1938 quotes

¹¹⁷ “New York Advances.” *WNYC*, Radio Broadcast, 1 January 1939.

Commissioner of Health Dr. John L. Rice explaining the program, “The district health center program organizes the city into thirty health center districts, with each administrative unit serving a population of about 250,000 and bringing the facilities of the Health Department for preventive medicine and health education into the various neighborhood districts.”¹¹⁸ The department had an invested interest at this point in making sure their services were accessible to New Yorkers. This shift to providing the main services of the department in a local setting led to a neighborhood focus on health and a health care adapted for each community.¹¹⁹ These special buildings in each district housed both city health officers as well as those of private welfare organizations.¹²⁰ The Health Department designed health centers to be welcome additions to the community. The health centers were “two or three stories in height and [were] designed to create a welcome, intimate atmosphere, as far removed from the traditional formidable “institutional” type of building as possible.”¹²¹ The department made extra effort to ensure that people would want to use these services and that they would feel comfortable seeking medical attention. City officials hoped to create a singular place in each community for people to access care in a way that also met the needs of that specific community.

The Department of Health developed health centers to address many problems they faced in providing care. As discussed in chapter one, the Health Department often struggled to understand the needs of the people they served. The *New York Herald Tribune* in 1935 quoted a member of the committee who set up health centers when he described how these facilities could fix this problem: “The health center is something that the public can see, feel and have a heart in.

¹¹⁸ “14 Health centers Projected by City in 6-Year Program,” *New York Times*, 17 July 1938, p. 1. ProQuest Historical Newspapers (10243852).

¹¹⁹ Marian Moser Jones, *Protecting Public Health in New York City: 200 Years of Leadership 1805 – 2005* (New York: The New York City Department of Mental Health and Hygiene, 2005), 34.

¹²⁰ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 325.

¹²¹ “Opening Tomorrow, the First of 30 City Health Centers: City Beginning to Decentralize its Health Work,” *New York Herald Tribune*, 20 June 1937, p. A3, ProQuest Historical Newspapers (1318532467).

Health center activities can be adjusted to meet local conditions and needs. Public Health programs have too often failed to make progress because of lack of understanding... Health centers based on friendliness and understanding should help to remedy the situation.”¹²²

Through being a fixed part of a community, the Health Department helped to form relationships with people to understand them so they could better meet their needs.

Other problems that the Health Department sought to fix in providing care were more logistical. Due to the size of city, it made sense to split services into smaller sections, especially when surveys showed great health disparities in different districts. The *New York Times* noted in 1931 how the population of each district matched the size of complete cities elsewhere in the United States. The *New York Times* illustrated these statistics and wrote “The lower east side district has a population of about the size of St. Paul, Minn.; the lower west side district is a little larger than Columbus, Ohio” and described New York City as having “30 cities in one.”¹²³ Due to the sheer size of New York, it was logical to implement care on a smaller scale to better fit each district which resembled the typical size of an American city. Through breaking New York into smaller areas, the Health Department could organize and provide resources through one center to a reasonable amount of people. A smaller more intimate setting was deemed necessary because public health officials believed that, “persons needing care are reluctant to make use of a huge centralized department at a distance from their homes, but will avail themselves of the facilities of a less forbidding neighborhood center.”¹²⁴ Health Centers worked to increase the number of people who sought and were able to receive health care. Ensuring that each area of the city received adequate care was so important the *New York Times* continued because, “The fact

¹²²“Dr. Rice Backs Decentralized Health Control,” *New York Herald Tribune*, 4 March 1935, p.12, ProQuest Historical Newspapers (1243110409).

¹²³ “Public Health Centers,” *New York Times*, 1 December 1931, p.26, ProQuest Historical Newspapers (99223455).

¹²⁴ “Opening Tomorrow, the First of 30 City Health Centers,” *New York Herald Tribune*, 20 June 1937, p. A3.

that in one district out of every 1,000 babies born, ninety-eight die in the first year, while in another only thirty-six, indicates that special effort should be made to overcome this disparity.”¹²⁵ Through looking at the needs of the people they served, the Department of Health would be more likely to meet the unique needs different communities faced during the Depression.

The health centers offered many services that could be accessed for free or at a low cost fee for poor New Yorkers looking to find medical care. While health centers did not offer the same intensive care for diagnosed medical conditions as hospitals and out-patient clinics, they did supplement what was offered at clinics through offering robust preventive care, education, and services for communicable diseases. Herbert Kaufman when writing about the history of Health Centers described them as a local headquarters for the activities of the Health Department in a district, offering services such as maternal and child health checks, tuberculosis control, control of venereal disease and control of acute contagious diseases.¹²⁶ When the Central Harlem Health Center relocated in 1937, a newspaper article in *The New York Amsterdam News* published a list of its services for the public to read. It announced: “The following services are now available in the district: prenatal, infant and preschool hygiene, including eye and dental clinics; social hygiene, including diagnostic and special treatment services for syphilis and gonorrhea; medical guidance and consultation chest clinics.”¹²⁷ While not all encompassing, they did provide a fair number of services in particular preventative services and in the control of disease, the main goals of the department.

¹²⁵ “Public Health Centers,” *New York Times*, 1 December 1931, p.26.

¹²⁶ Herbert Kaufman, *The New York City Health Centers*, revised 1959, Inter-University Case Program, no. 9, (University, Alabama: University of Alabama Press, 1959), 9.

¹²⁷ “Central Harlem Health Center’s Model Home to Replace ‘House Where Mme. Walker Lived,’” *New York Amsterdam News* 24 April 1937, p.24, ProQuest Historical Newspapers (226111657).

These treatments were available to all city residents but were targeted towards poor New Yorkers. When reporting on the Kips Bay-Yorkville Center in 1938, *The New York Times* explicitly states “the city health service is free to those who cannot afford to pay, but every effort is made to refer patients to private physicians.”¹²⁸ Through advertisements and statements in places like newspapers, the poor residents of New York learned about these free city facilities that they could go to for care. While the department tried to refer people who could pay to private doctors, they remained free for those who could not pay, something really important for people seeking care during the economic downturn. Taking children for preventative health checks would allow parents to catch and treat or prevent illness early reducing the need to seek expensive care later from a doctor or hospital once the condition developed. Health Center services could also take some of the strain off of public hospital systems. If Health Departments offered free treatment for venereal diseases, it would reduce the flow of people seeking care for them in hospitals. Providing alternate avenues for medical attention in Health Centers allowed the Health Department to complement the health care services offered in the Department of Hospitals for low-income New Yorkers. These services helped poor New Yorkers maintain their health at low cost or no cost to them.

The services offered by the Health Centers were especially important because when New York City first rolled out health centers, they placed their first few centers in areas that needed them most due to factors like a bad economic situation in a district or limited access to healthcare facilities. A report by the Committee on Neighborhood Development which helped plan the centers identified eight new health centers to build in their plan of 1931. This committee chose the centers based on needs in the community like “economic conditions, sickness and death rates,

¹²⁸ “Health Centers Expanding: Women Find Aid to Children Among Most Useful of Clinics’ Many Services,” *New York Times*, 31 July 1938, p.41, ProQuest Historical Newspapers (102560677).

type of population, extent of territory...adequacy of health facilities”.¹²⁹ As the city felt the effects of the Depression in the early part of the decade, the department made plans to implement free care in those badly affected areas. Unfortunately, it would take some time for their plans to come to fruition and to build the health centers. However, people who otherwise would not be able to access care during this tough time would gain access to care in their communities through these centers at the end of the Depression. Albeit somewhat late, the Health Department was concerned with meeting the needs of people in the areas hardest hit by the economy in addition to other areas of the city that had trouble accessing care.

There was generally support for the Health Center program among the public. In 1938, when the city was well into their process of establishing Health Centers across the city, Sydney L. Chan wrote a letter to the editor of the *New York Times* with the Title, “In need of a Health Center.”¹³⁰ He was upset that the Health Department had closed several baby health centers in the Eighth Assembly District of Manhattan explaining it made “it virtually impossible for the mothers to obtain assistance in the care of their babies.”¹³¹ Despite the fact that they were closed due to the demolition of the buildings that housed them, Chan expressed his frustration because “The omission on the part of the Health Department becomes particularly pathetic when we realize that the infant death rate for this district is the second highest in the city.”¹³² This man lamented the loss of city services and felt as if the city had abandoned his community during its time of greatest need for care. He continued to list other health concerns like the Tuberculosis

¹²⁹ “The Next Eight Health Center District: Report of Committee on Recommendation for District Health Centers,” (New York: Committee on Neighborhood Health Development, Department of Health – City of New York, 21 March 1931), Held at New York City Municipal Library, New York, NY, 1-2.

¹³⁰ Sidney L Chan, “Letter to the Editor,” *New York Times*, January 5, 1938, p.20. ProQuest Historical Newspapers (102523442).

¹³¹ Chan, “Letter to the Editor,” *New York Times*, 5 January 1938, p.20.

¹³² Chan, “Letter to the Editor,” *New York Times*, 5 January 1938, p.20.

rate in his district. He also identified a possible location for a new center and concluded his letter with the statement, “here is the sought-for opportunity where the much needed baby health center, public baths and public recreation center can be housed.”¹³³ His frustration and criticism of the city for failing to provide care for health services illustrated how vital he believed health centers were to maintain the health in a community. Members of the public supported the health care the city provided through their health centers and wanted them in their own neighborhoods.

Not all members of the public supported the Health Department’s delivery of services through a neighborhood model. There had been a long standing conflict between the New York Health Department and private doctors.¹³⁴ Health Department officials like Dr. Shirley W. Wynne, Health Commissioner from 1928-1933, often criticized the high fees private doctors charged which caused them to turn against him and campaign for his removal.¹³⁵ Earlier when health centers were first proposed in the 1910s, they failed to take off because of lack of support from the new mayor and because private physicians complained that it was too much competition for their work.¹³⁶ Others opposed the centers as well. Michael Davis, a well-known health care reformer, did not like the idea of health centers. He felt their services were redundant after he considered the recent expansion of hospitals and outpatient clinics in the city.¹³⁷ Some residents also opposed the centers for these same reasons. In a letter to the *New York Herald Tribune* in 1933, W.J.B expressed his disapproval of this program. He cited four reasons for his disapproval including adding an excessive additional cost to the city budget, duplication of services already provided by city funded hospitals and clinics, already existing health centers were not

¹³³ Chan, “Letter to the Editor,” *New York Times*, January 5, 1938.

¹³⁴ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 330.

¹³⁵ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 330.

¹³⁶ Kaufman, *The New York City Health Centers*, 6.

¹³⁷ Patricia D’Antonio, *Nursing with a Message: Public Health Demonstration Projects in New York City* (New Brunswick, New Jersey: Rutgers University Press, 2017), ProQuest Ebook Central, 85.

overburdened, and that it served as competition for private physicians.¹³⁸ Those who opposed health centers did not support them due to concerns about money, duplication of services, and competition with private doctors. These concerns are somewhat unfounded. As demonstrated in chapter one, many New Yorkers could not afford the care of private physicians. While the municipal hospital system did provide care, chapter two illustrated how over taxed the system had been and how additional city services were needed to reduce the burden on that system. Lastly, while money remained a large concern, due to Mayor LaGuardia's support for health initiatives and his dedication to advocating for health funds, New York City received large grants from the federal government and federal funds to support these projects.¹³⁹ While people did oppose these projects, the reasons for their complaints were not merited at the time.

Health centers were effective at improving health conditions in a neighborhood. In East Harlem, one of the test sites for health centers when they were funded privately but where city and private organizations both provided care, the Red Cross, working with both Health Department and private welfare agencies, established a health center in 1921.¹⁴⁰ The Health Center had a huge impact improving health in the area. Whereas "In 1920 the death rate in Harlem was 14.68, compared to 14.45 for all of Manhattan. Five years later the east Harlem rate was 11.66, compared to 15.20 for Manhattan."¹⁴¹ After the creation of a health center, the death rate drastically reduced and not only met but decreased beyond the average for the city as a whole. Its effect continued to be seen going into the 1930s. A newspaper article written in advance of a review and report on the center in 1933 declared "Nearly 2,000 persons are alive

¹³⁸ W.J.B. "Letter to the Editor: Against New Health Centers," *New York Herald Tribune*, Written 10 August 1933. Published August 13, 1933, p.A6. ProQuest Historical Newspapers (1114657607).

¹³⁹ D'Antonio, *Nursing with a Message*, 82-83.

¹⁴⁰ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 323.

¹⁴¹ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 323.

today in East Harlem who would have died had the death rate of this district continued to follow that which has obtained in Manhattan as a whole since 1921.”¹⁴² It continued to point out the services which lowered death rates in causes that were likely to cause death, “By bringing health services to the doorstep of every home through the co-ordinated efforts, the Health Center agencies, it is pointed out, have brought about a lowering of the general death rate and that of infant mortality and the reduction of disease.”¹⁴³ The Health Department saw the success of these test centers which motivated them to replicate it and roll it out on a city wide scale.

Health centers’ success also relied on their unique educational role in a neighborhood. The Department of Health could help a community by providing education that would prevent them from injury or illness in the first place. District health committees linked the public with health centers through education programming and through bringing the views of community members to the attention of those running the centers. For example, the Kips Bay-Yorkville health district committee introduced a campaign in 1937 to shift the behavior of adolescent boys from swimming in the east river to swimming in city pools. As a result of their education campaign, “swimming in the East River decreased 58% last year [1937] as the result of a campaign carried on by the Kips Bay-Yorkville health committee.... The campaign induced 1,499 boys to give up their East River plunges and pay their first visit to city swimming pools.”¹⁴⁴ The education campaigns had real effects on the behaviors of the people who lived in their district. The success of these campaigns is contributed to by the new found community understanding and buy-in the Health Department sought. Through neighborhood district

¹⁴² “Health Center Claims Saving of 2,000 Lives,” *New York Herald Tribune*, 15 January 1933, p. A3, ProQuest Historical Newspapers (1114616181).

¹⁴³ “Health Center Claims Saving of 2,000 Lives,” *New York Herald Tribune*, 15 January 1933, p. A3.

¹⁴⁴ “Boys’ Plunges into East Rive Cut 58%,” *New York Herald Tribune*, 2 January 1938, p.19, ProQuest Historical Newspapers (1240575524).

committees as mentioned above in the Kips Bay-Yorkville district, health officials were more likely to succeed with their health campaigns.

The community buy in to the Health Center program ensured that health care catered to the needs and desires of the community. The idea is expressed in a report on the Health Center Districts,

We see, for example, that Central Harlem, although third from the top in rate of death from all causes, has the highest infant, maternal, and tuberculosis mortality rates and the highest incidence of venereal disease in the entire city. In diphtheria and pneumonia mortality it was exceeded only by three other districts but in cancer and diabetes it does not appear among the first five. In fact it is twenty-fifth on the lists in both cancer and diabetes... Too general and unqualified an attack on certain conditions would obviously be wasteful in certain places; on the other hand, the shockingly high death rates in certain parts of Manhattan and Brooklyn demand an immediate direct attack that can best be made and more economically conducted by a strengthened district health administration.¹⁴⁵

Looking at the health needs of a community ensured people would get the treatment for the conditions affecting them. But the implementation goes beyond the basic desire to target the most prevalent diseases. The Health Department really sought to meet the needs and involve the neighborhoods these centers were located in. Reflecting on the achievement of the Central Harlem Center, the *New York Amsterdam News* noted,

The success attained by the Central Harlem Health Center is due in a large measure to the fact that no health program is superimposed upon the community. In every instance, representatives of the people to be benefitted are invited to sit in on the planning of what is to be done to them. They share in the responsibility of deciding what are the major health problems of the district and in the execution of programs selected to meet these problems.¹⁴⁶

¹⁴⁵ Godias J. Drolet and Marguerite D. Widdemer. *Health Center Districts, New York City Handbook: Statistical Reference Data Five-Year Period, 1929-1933*, 3rd ed. (New York: Committee on Neighborhood Health Development, Department of Health, City of New York, 1935), Held at New York City Municipal Archives, New York, NY, 26.

¹⁴⁶ "Central Harlem Health Center's Model Home," *New York Amsterdam News*, 24 April 1937, p.24.

Health centers involved the communities in their decision making. This would help prevent the type of disconnect noted in chapter one where the Health Department made recommendations about nutrition on the radio that would be almost impossible for their listeners to follow. This is better than their previous system because even if they still preached prevention and to pay for medical services which this article does recommend, it was done in collaboration with community. So if the community told the Health Department they could not afford the advice, the Department of Health would have to take that into account when deciding on a course of action.

Listening to the voices of the neighborhood and having the community involved during this time period, meant, among other things, that city health officials would be better able to provide services to the low income communities their health centers served. In a profile on the health centers in 1938, the *New York Times* gave examples of services that would meet the needs of these centers' low income clientele. They wrote of the activity of "skilled dieticians helped these neighborhood women to devise ways of stretching the family food dollar; assured them that tomato juice may replace orange juice in the small child's diet, and that expensive vitamin concentrates are not necessary to infant health – as many of them think they – but that cod-liver oil serves the purpose very well."¹⁴⁷ This advice stood in opposition to the advice the Health Department gave at the beginning of the decade. Before the Commissioner of Health gave nutrition advice with little regard to the position and needs of a community who could not afford to follow through with his recommendations. Now the department adapted their recommendations to the specific group they served. Health officers offered advice in a plausible way in which the people could afford to act on and represented their reality.

¹⁴⁷"Health Centers Expanding," *New York Times*, 31 July 31 1938, p. 41.

The emergence and implementation of District Health Centers helped the Department of Health reach a wider audience to provide free or low cost care while ensuring that they would do so in collaboration with a community. Keeping the community in mind ensured that the health projects they implemented would be successful and were actually doable for the population they served. As a result, these services were generally supported by the population and led to increased health in the communities where they served. Death rates fell, education increased, and economically appropriate advice was followed. This shift in providing services allowed the Health Department to better serve the poor New Yorkers affected by the Depression than they were able to at the beginning of the decade. While it took time to get funding and implementation was slow, the health centers provided access to affordable local care during a time of great economic turmoil.

Conclusion

Despite the effects of the Depression on the health of New Yorkers and their ability to receive affordable treatment, the initiative of the New York City municipal government through the Department of Health and the Department of Hospitals ensured the economy or crisis of the time would not inhibit people from receiving medical services. At first the Department of Health failed to grasp the severity of the impact of the economic downturn on the health of New Yorkers and affordable care. They continued to communicate with the public through mediums such as the radio but failed to adapt their resources and advice to meet the new needs of a poorer public without the funds to pay for health care. During this time the Department of Hospitals quickly adapted its services to care for increased numbers of New Yorkers for low or no cost at their municipal hospitals and outpatient clinics. They advertised their services on the radio like the Department of Health. They continued to offer treatment and adapted to meet new needs of the Depression unlike the Department of Health in the early 1930s. Their actions are remarkable when compared with other voluntary hospitals that lacked the same mission to provide equal care to all and reduced their services for the poor. The Department of Hospitals stayed true to their mission and adapted their practices to serve more patients. The Department of Health eventually developed their services, providing a new model of care in the community that could meet the specific needs of the people they served – for a reduced or low price. They strived to serve the public and advertised their services to the communities they worked in.

The ability of the Department of Hospitals to adapt its services to meet increased demand and that of Department of Health to implement new types of programs illustrated how the municipal government was able to provide vital health services to New Yorkers. For New Yorkers looking for medical treatment, there were viable options for them to receive care either

at community health centers, hospital dispensaries, or municipal hospitals. These options were affordable and they could not be turned away or receive subpar treatment due to their financial status. During a time of financial instability when many people suffered, the city ensured residents would have continual access to a diversity of health treatments. They actively advertised these services and communicated with the residents of New York to ensure they understood the options available to them.

While New York City government did avail itself of federal relief programs, looking at the municipality's role is valuable because of the unreliability of the federal government to intervene at local levels, the municipal government's unique dedication to innovative health programs, and the city administration's ability to maximize federal relief funds. At first, local communities were in charge of handling the effects of the economy. For example, at the beginning of the Depression, President Hoover's Emergency Committee on Unemployment did not offer federal solutions but rather sought to work with groups on a local level.¹⁴⁸ Federal support often arrived in the form of funding and federal programs aimed relief at unemployment, not healthcare. Once they did get federal help, New York City was successful at using federal money and maximizing its benefit. New York City Mayor Fiorello La Guardia strongly supported public health measures and was especially talented at securing federal funds.¹⁴⁹ As a result, he was instrumental in ensuring federal money contributed to city health programs. His efforts worked and "By 1935 the availability of PWA and WPA (Works Progress Administration) funds was having a decisive impact upon the Health Department. In addition to making it possible to expand existing programs and inaugurate new ones, the department was

¹⁴⁸ DaCosta Nunez and Sribnick, *The Poor Among Us*, 166.

¹⁴⁹ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 343; Opdycke, *No One Was Turned Away*, 73.

now able to embark upon a massive building program.”¹⁵⁰ The federal relief programs were important to allowing the city to run the innovative programs mentioned throughout this thesis. However, without the initiative of the municipal government to adapt their health services to reflect the real needs of new Yorkers, the federal relief would not have improved New Yorkers’ access to affordable healthcare.

This thesis explored the role of the municipal government in providing health services during the Depression in New York City. Many other organizations whether voluntary hospitals or non-profit welfare groups such as the Association for Improving the Condition of the Poor also provided services to low income New Yorkers during this time.¹⁵¹ The work of these private organizations and the municipal government were not isolated. They at times worked together to provide medical services as was demonstrated in the early years of the District Health Centers. Welfare Organizations also provided important support and relief for the poor on their own. Further research might benefit from exploring the working relationship between the municipal government and welfare organizations in New York City and compare their responses to providing health care during the economic turmoil in the 1930s. However, the municipal role was unique because unlike voluntary organizations, they were often required to meet the need of New Yorkers which forced them to develop creative solutions to provide continuous access to care. This was seen in places such as the municipal hospital system. Voluntary organizations on the other hand did provide vital relief but were not required to and could cease to operate once their budget or other reasons demanded them to. This thesis examined the municipality’s responsibility to provide public health and how that role instigated them to develop a diversity of health resources and active communication about these services to the public.

¹⁵⁰ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 351.

¹⁵¹ Duffy, *A History of Public Health in New York City*, 2 vols., 1866-1966, vol.2, 329.

Due to the current crisis caused by the outbreak of the COVID-19 virus, governments on many levels including federal, state, and city, are all stepping in to coordinate care. Hospitals are overflowing with increased patients and governments are helping them work together to distribute supplies and patients. This shows the continued relevance of local governments to coordinate services during a time of crisis. They create innovative solutions to apply on a wide scale to adapt medical services to meet new needs. Through an overarching body that can coordinate care, the government ensures services are available to residents and communicates to people how they can access these services. In a sense, the government today has followed in the footsteps of the New York City municipal government during the Depression and succeeded in ways that New York City failed during the 1930s. Today on the statewide level, Governor Cuomo of New York showcased the ability of government to innovate care when he talked about bringing public and voluntary hospitals together to coordinate care, share resources, and evenly distribute patients when a hospital becomes overburdened.¹⁵² In an uncanny resemblance to the public hospitals during the Great Depression, *Gothamist* reported “The need for one system became apparent last week when Elmhurst, a 545-bed public hospital that is also a renowned teaching institution became ground zero for coronavirus patients, stretching the staff and equipment beyond capacity.”¹⁵³ Today the government on all levels from the municipality up has helped coordinate a public health response with communication to residents and instructions via media. The government in its position as a supervising authority is able to provide services during a crisis, develop new organizational ways to provide medical services, and effectively communicate with the people it serves. During a crisis whether the Great Depression or today,

¹⁵² Elizabeth Kim, “Can New York Create A Unified Hospital System to Respond to the Coronavirus Pandemic?” *Gothamist*, 1 April 2020.

¹⁵³ Kim, “Can New York Create A Unified Hospital System” *Gothamist*, 1 April 2020.

the government, through its organizational role, is able to adapt its approaches to providing medical care to ensure their services meet the current need.

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