The Pennsylvania State University

The Graduate School

Department of Communication Arts and Sciences

FROM PRIVATE TRAGEDY TO PUBLIC HEALTH: PUBLIC HEALTH AND THE RHETORICS OF RESPONSIBILITY

A Dissertation in

Communication Arts and Sciences

By

Jessica L. Kuperavage

To Be Submitted in Partial Fulfillment
Of the Requirements
For the Degree of

Doctor of Philosophy

December 2013

This dissertation by Jessica L. Kuperavage was reviewed and approved* by the following:

Jeremy D. Engels
Associate Professor of Communication Arts and Sciences
Dissertation Adviser
Chair of Committee

J. Michael Hogan
Liberal Arts Research Professor of Communication Arts and Sciences

Rachel A. Smith
Associate Professor of Communication Arts and Sciences

Susan Squier
Brill Professor of Women's Studies and English

John Gastil
Department Head, Communication Arts and Sciences

*Signatures are on file at the Graduate School

ABSTRACT

While biopolitics is firmly intertwined with governance at the beginning of the twenty-first century, at the dawn of the twentieth, federal surveillance and management of the population's health was in its infancy. This study examines the ways Progressive Era reformers disseminated information about preventive health measures and made their case for a deeper governmental commitment for the health of its people. The picture that emerges is the rhetorical development of large-scale, federal biopolitics in the United States. This study explores this development from the perspective of a series of health campaigns and reforms that addressed infant and maternal mortality between 1911 and 1921. It consists of four case studies, each of which captures a phase of this development: promoting individual agency, implementing risk appeals, assigning responsibility, and renegotiating the limits of government. By examining health campaigns, a media campaign, and contemporary Congressional testimony, the study creates a genealogy of one of the most significant health transitions in American history and the precedent for modern health reform. Ultimately, reformers' calls for governmental investment in health and the overwhelmingly positive response from the American public transformed the expression of sickness and health in 20th century America.

Table of Contents

LIST OF FIGURES

Chapter 1

Introduction

Figure 1.1: A Startling Innovation

In 1919, the Federal government of the United States spent $47 million to ensure the health of the nation's hogs, corn, and cattle.[1] Such heavy expenditure on the farm lobby without corresponding funding for human health was a central talking point for reformers – and the political cartoonist who drew "A Startling Innovation."[2] Following

the devastation of the Spanish Flu and the revelation that far more American infants died in 1918 than American soldiers in the trenches, the high expenditure on the health of animals and produce hit a discordant note with the public.[3] As one commentator wrote witheringly, "such discrimination in favor of hogs and corn should cease."[4]

While biopolitics is firmly intertwined with governance at the beginning of the twenty-first century, at the dawn of the twentieth, federal surveillance and management of the population's health was in its infancy. Although American cities implemented a number of public health policies during the nineteenth century, the United States Public Health Service was not established until 1913. Its budget that year was $200,000, which is equivalent to $4.6 million in today's dollars.[5] When it was established, it was as a result of years of campaigning on the part of the American Association for the Advancement of Science and other progressive organizations.[6] Local, state, and federal efforts to improve public health were just one facet of the biopolitical expansion of governmental power and responsibility for its citizens. One of the first groups to benefit from this new public health approach was mothers and infants suffering from a devastatingly high mortality rate.

As infant and maternal mortality transitioned from a private tragedy to a public health issue during the early 20th century, a significant reattribution of responsibility occurred in public discourse. This shift is representative of the broader public deliberation about the role of government in health care, and indeed government itself during the Progressive Era. Biopolitics functions by both increasing governmental surveillance and investment in the health of populations and by calling individuals to perform actions that will improve health outcomes. This dissertation examines the

persuasive process that accompanied the implementation of biopolitical strategies. How were individuals instructed of their role in ensuring health? Likewise, how were they assured of the utility and beneficence of more intrusive governmental actions to shape health? I answer these questions by observing biopolitics from the vantage point of the citizens who lived through one of the most significant twentieth century health transitions, examining the ways in which the appeals in health interventions changed as biopolitical structures expanded and developed. In doing so, I engage with scholarship on biopolitics, agency, risk, and Progressive Era rhetoric.

Ultimately, I argue that appeals to responsibility were integral to the process of biopolitical expansion during the Progressive Era. From the establishment of national health as a priority to the adoption of the first federal social welfare policy, Americans were inundated with messages about the role that they needed to play in order to improve population-wide health outcomes. In the case studies I examine, I identify four phases in this development: building agency, the implementation of risk appeals, the assignment of remedial responsibility, and renegotiating the limits of government. This dissertation offers rhetorical criticism of early public health materials, posters and pamphlets for maternal education, magazine stories and editorials, and Congressional testimony about the only federal legislation to specifically address infant and maternal health. By examining these artifacts, I trace the ways in which discussions of personal, familial, and governmental responsibility changed during a health transition. In this introduction, I set the scene for what follows by discussing biopolitics and its role in public health, the significance of women's rhetoric in addressing health issues during the Progressive Era, and theoretical approaches to responsibility.

Medicine and Power: Biopolitics and the Rise of Public Health

Deliberation about health as a right dates to Enlightenment era theories of government and citizenship. Historian Dorothy Porter writes, "by far the most important ideological influence on late eighteenth-century rhetoric about health and the political state was the Enlightenment philosophy of democratic citizenship."[7] While the health of citizens had been of practical concern in the past, social contract theory created a stronger rhetorical bond of duty between state and citizen. This is reflected in the democratic rhetoric of the time, which conflated the health of the country with the health of individual citizens. Thomas Jefferson wrote that an ill public resulted from a diseased political process; democracy was the political system that would promote better health by giving citizens the freedom to respond to unhealthy conditions.[8] However, there was no explicit endorsement of formalizing and bureaucratizing public health services in revolutionary America.

While the American founders acknowledged the importance of the health of citizens, it was in Europe that health surveillance was incorporated into government. Prussia and Austria-Hungary were among the first countries to develop bureaucracies that measured the relative health of their populations and traced the spread of epidemics.[9] Revolutionary France declared health a formal political right. In his study of the development of modern institutions, Michel Foucault calls this newfound interest biopolitics, which is characterized by the concern with the "population as political problem, as a problem that is at once scientific and political, as a biological problem and as power's problem."[10] States recognized the importance of optimizing the health of their

populations to prevent social uprisings, which often occurred in response to outbreaks of deadly disease. One aspect of biopolitics was the medicalization of the population and instruction in hygiene as a means of reducing the spread of disease.

The Enlightenment changed the way that medicine and health were conceptualized. As part of the embrace of reason, physicians adopted the medical gaze, using visual observation of the patient as a means of systematizing and identifying symptoms and their causes.[11] The fixation upon public health in Europe extended the clinical gaze to the population of the country.[12] European countries began engaging in surveillance of their populations' birth and death rates during the 18th century, which led to the formation of health norms. Foucault writes that "the norm is something that can be applied to both a body one wishes to discipline and a population one wishes to regularize."[13] These norms were a means of identifying both the onset of epidemics and recognizing endemic illnesses and the patterns that could indicate their causes.

The development of public health programs is one area in which biopolitics has served a primarily positive function. While biopolitics has often been critiqued as a negative force, Foucault maintained in his later works that it was neutral.[14] One of the principal features of modernity is the adoption of "positive technologies of power," which are characterized by "inclusion, observation, the formation of knowledge, the multiplication of effects of power on the basis of the accumulation of observations and knowledge."[15] While these new technologies require increased governmental surveillance, they also provide new insight into the causes of public health problems. Epidemiologic transitions, or the changes in a population's patterns of health and disease, occur as a result of such increased knowledge and technologies, as well as socioeconomic

and political factors that affect the population's standard of living.[16] The epidemiologic transition in the United States at the beginning of the 20th century was marked primarily by gains in the lifespans of young women and children, which was largely due to the dramatic declines in both infant and maternal mortality.[17] I argue that the Progressive Era was a particularly important age for the development of biopolitics in the United States, since reformers and legislators during this period extended the reach of government policies and developed new bureaucracies to improve the lives of the citizens.

However, the expansion of biopolitics in the United States also changed perceptions of the expertise that individuals could (and should) have over their own health, particularly in the realm of motherhood. Women, traditionally the family caregivers, saw their perceived expertise change during the Progressive Era as the field of medicine formalized and began its active involvement in the surveillance of pregnancy and childbirth.[18] This medicalization of pregnancy, birth, and childcare recast motherhood as a career for which training was every bit as important as the training men received prior to entering the workforce.[19] While women were expected to adopt the new practices associated with "scientific motherhood," they were also expected to rely upon the expertise of the medical profession to guide infant feeding practices, to engage in preventive care, and to seek the aid of a physician rather than a midwife during childbirth. The development of norms and technocratic norming practices during the Progressive Era likewise infringed upon the family and set in motion some of the most egregious offenses of the eugenics movement.[20] Therefore, the complexity of biopolitics during this era, as seen in the extension of governmental power in the health mechanisms of the family, provides an opportunity to note both the ways in which these new practices

promoted better health and the ways in which they provided a foreclosure of other possibilities to address health issues.

Public Health in the Early History of the United States

In contrast to Europe, American public health measures during the 18th and 19th centuries were localized and temporary. This reflected the history of disease as epidemic; however, during the 19th century, disease transitioned into a primarily endemic phenomenon.[21] During public health crises, including the yellow fever epidemic of 1793 and epidemics of cholera in the 1830s, many cities set up public health boards to enforce quarantine measures, but few survived after the illness abated. One exception was the public health board in New York City, which met at the beginning of each summer to authorize street cleaning.[22] During this time, there were few federal actions taken to reduce the spread of disease, although Presidents Andrew Jackson and Zachary Taylor both instituted penitential fasting days in an attempt to halt the spread of cholera.[23] In the 1860s, the U.S. Army undertook sanitary reforms in an effort to reduce the number of illness-related deaths, addressing endemic threats. As Northern generals conquered Southern cities, many enforced these reforms, which included trash collection, the inspection of stables, and latrine cleaning. Some of these reforms continued after the war, but most lost funding during the Reconstruction era.[24] Americans largely resisted compulsory public health measures. According to Michael Willrich, the "rise of modern public health administration during the Progressive Era (1890-1920) opened up a new set of constitutional questions."[25] There was organized resistance to smallpox vaccination, which critics labeled "medical oppression," and most welfare measures were unpopular

with the public. Only towards the turn of the century did concentrated and consistent efforts to reduce the spread of disease begin.

Historians trace the beginnings of the modern public health movement in the United States to the 1870s. This was in response to several exigencies, particularly the spread of disease during the Industrial Revolution and the development of germ theory.[26] The Industrial Revolution eroded social support structures as rural families relocated to cities and immigration from Europe grew. In cities, poor families shared tenement rooms, enabling the quicker spread of diseases such as cholera and typhoid.[27] Private organizations and charities set up shelters and hospitals but were incapable of fully accommodating the needs of the poor and sick. Meanwhile, with the introduction of germ theory, physicians and researchers could more accurately track trends and begin to better identify the carriers and conditions that led to illness. In the 1870s, most cities established permanent public health boards to address these problems, and associations of physicians and public health officials interested in lowering the infectious disease death rate began to form.[28] By 1900, 38 states had public health departments.[29]

During the Progressive Era, concentrated efforts were made to address infectious disease and other health problems. In the 1880s and 1890s, cities began using sand filtration to clean their water supplies, sewer systems were built, and government employees began to track the spread of disease as a means of identifying ways to eradicate it. In 1906, the American Association for the Advancement of Science (AAAS) began a campaign to establish a national public health organization. Seven years later, the United States Public Health Service was established.[30]

Foucault argued that modern societies view the human body as a productive force and use surveillance to monitor the ways that productivity is being influenced.[31] The events that led to rising public interest in infant and maternal mortality in the early 20th century can be associated with such a view of the human body. At the turn of the century, the prominent eugenic discourse of "race suicide" blamed women for falling birth rates and predicted poor outcomes for the country as a result. When, during recruitment for World War I, doctors noted a that 29% of men who had to be turned away from service due to childhood illnesses and malnutrition, public discourse about improving infant and child health identified the measures as a means of preparing the national defense.[32] Therefore, the transition in public communication and attitudes about governmental involvement in health during the earliest years of the public health movement can be seen through a study of the campaigns to reduce infant and maternal mortality.

Infant and Maternal Mortality

Until the Progressive Era, death was considered an unavoidable risk of childbirth.[33] Public opinion, and indeed, the opinions of many public health officials, changed only gradually throughout the first decades of the 20th century. One Chicago public health official noted in 1910 that she and her colleagues had "calmly accepted the annual harvest of death as if it were as inevitable as the weather; as if indeed a part of the weather. 'Hot weather, babies die,' was our unconscious thought."[34] As late as 1929, *Harper's Magazine* noted that a woman risking death or serious injury in childbirth was a problem that had "long been accepted as one of the inexorable laws of nature."[35] Researchers estimate that the infant mortality in 1900 was between 100 and 150 deaths

per 1000 live births.[36] In turn-of-the-century Chicago, the infant mortality rate was 20 percent. Maternal mortality was estimated to be between 6 and 9 deaths per 1000 births, making it the second leading cause of death for women between the ages of 15-44, after tuberculosis.[37] Maternal mortality was primarily due to poor obstetric training, unsanitary instruments, and the overuse of surgical interventions during delivery.[38] Deaths due to unnecessary surgery during childbirth rose considerably into the 1920s. Approximately 40 percent of maternal deaths were due to sepsis, or blood poisoning, while the majority of the remaining deaths were due to hemorrhage or toxemia.[39]

Likewise, multiple factors contributed to the high rate of infant mortality in the United States. Bottle feeding was growing increasingly common, and milk typically did not arrive in cities until 72 hours after milking.[40] In order to make the milk appear fresh, merchants added chalk dust, formaldehyde, salicylic acid, borax, and chemical dyes. Many families also purchased "stretching powder," which they added to the milk to make their purchase go further; as a result, many infants died from malnutrition. Milkmen used the same ladles and bottles for all of their orders, inadvertently spreading infectious diseases from house to house.[41]

Infant and maternal mortality were also impacted by the lack of medical care. Physicians received little obstetric training.[42] Most women at the turn of the century, particularly in rural areas, gave birth at home. Prenatal care was first recommended to women in 1909, and initially caught on slowly; in 1920, 80% of women still received no care prior to the delivery of the baby. Poor women typically worked until a few days before giving birth and returned to work within the week, risking both their health and the health of the newborn child. Income played a significant role in which families were at

risk; children born into families earning $450 a year or less had a one in six chance of dying before their first birthdays, while infants born into families earning $1,250 per year had a one in sixteen chance.[43]

Pioneering efforts in public health were focused primarily in urban areas, where city governments provided discounted milk and public nurses. There was little contribution from state governments to address the need for maternal education or more medical training for nurses, and no federal funding. Physicians and early public health officials believed that infants born in rural areas were healthier because of greater access to fresh cow's milk and fresh air. However, when the American Association for the Study and Prevention of Infant Mortality (AASPIM) was established in 1909 to gather the first nationwide data on infant mortality, its researchers found that rural infants and their mothers were also at high risk due to lack of access to physicians and maternal education, as well as the lack of reprieve from heavy household and farming work in the final months of pregnancy.[44] In its early years, the AASPIM developed a strategic blueprint for reducing infant mortality nationwide through the collection of birth and death statistics, streamlining charities serving women and children, and drawing public attention to the issue.[45] The information gathered by the AASPIM argued powerfully for the importance of a federal program to reduce infant and maternal mortality.

In 1921, the Maternity and Infancy Act, better known as the Sheppard-Towner Act, became the first federal legislation that addressed infant and maternal mortality to pass. The Sheppard-Towner Act promised to reduce the number of deaths by setting up health care centers, providing health services for infants and young children, and distributing pamphlets about child care to mothers.[46] In order to institute these policies,

the writers requested $8,920,000 total Federal funding for the years 1921 to 1927, plus $5,000 per year for states with a matching fund. While the funding was relatively small, most states embraced the program and provided the matching funds. For the advocates of the act, many of them members of women's clubs or settlement houses, the passage of the Sheppard-Towner was a remarkable achievement.

Women's Rhetoric and Civic Action

Seth Koven and Sonya Michel write that between "1880 to 1920, when state welfare structures and bureaucracies were still rudimentary and fluid, women… exerted a powerful influence on state definitions of the needs of mothers and children and the designs of institutions and programs to address them."[47]At Jane Addams' Hull House, figures such as Julia Lathrop (future head of the Federal Children's Bureau), Florence Kelley (a founder of the National Consumers' League and chair of the Women's Joint Congressional Committee), and Grace and Edith Abbott developed a strategic plan to "investigate, agitate, legislate" to improve the lives of women and children.[48] The work of these activists, joined by the statisticians at the AASPIM, dovetailed with the efforts of ordinary homemakers to develop a powerful argument for improving the lives of women and children.

During the Progressive Era, the boundaries between public and private spheres shifted as women exerted their civic power. One significant factor that shaped women's rhetoric was the maternalist movement, which was active between 1911 and 1921.[49] Maternalist rhetoric appealed to domesticity and the traditional duties of motherhood to justify women's activism in the public sphere. According to members of the movement,

women were uniquely qualified to speak about moral matters that impacted the family. In doing so, they built their political activism upon a long tradition of women's charity work. Framing their activism as an extension of their maternal duty, the women "operated from a position of moral authority that male judges, administrators, and legislators, who otherwise opposed welfare measures, had been socially conditioned to cede them."[50]

While activists at settlement houses such as Hull House researched, publicized, and drove through legislation to address issues such as child labor and juvenile crime, much of their support came from middle class club women using more traditional methods of feminine civic engagement. Patrick Wilkinson writes that they were "masters of the letter-writing campaign, the news release, and the annual convention."[51] As Susan Zaeske and Alisse Portnoy both note, American women developed powerful letter writing and petitioning campaigns throughout the mid-19th century as they took on moral issues such as slavery and Indian removal. This tradition of feminine civic involvement was revived in the early 20th century; rhetorician Jennifer Borda writes that "women became involved in moral and social crusades during the Progressive Era in numbers not seen since abolition and the Civil war."[52] The women's club movement solidified in 1890 with the establishment of the General Foundation of Women's Clubs, and in the ensuing years, the focus of women's clubs shifted from literature and culture to improving society.[53] In 1904, *Atlantic Monthly* estimated that 275,000 women were members of clubs, making them a venerable force. Together, the settlement house women and the women's clubs successfully promoted pensions for single mothers and widows, early welfare legislation, and minimum wage laws for women at a time that such reforms were not politically

popular among voters.[54] The passage of the Sheppard-Towner Act in 1920, which provided funds for maternal education and public nurses to reduce infant mortality, was the capstone of their activism.

Rhetoric and Responsibility

The shifting boundaries between public and private had other implications as well, as Progressive Era government on local, state, and federal levels invested more fully in public health and social welfare measures. As part of the process of improving infant and maternal health, these agencies called for reciprocal efforts from private citizens. This dissertation observes the process of biopolitics with an eye to the ways in which it calls upon individual, communal, and governmental responsibility for population-wide health outcomes. Nurit Guttman and William Harris Ressler define responsibility as a combination of attribution to causality, obligation, and agency, and it is their basic definition that I use as a starting point. [55] The attribution to causality is the identification of factors that contributed to an outcome; if the contributing factors are unclear, or if uncontrollable factors may have played a role, perceived personal responsibility is mitigated or eliminated. Obligation also serves an important role by establishing the directionality of the responsibility – who is the responsibility owed to? Do reparations need to be made? Finally, one must believe that a person or group has the agency – skills, knowledge, and ability – to act in order to be held responsible for an outcome.

William G. Kirkwood and Dan Brown claim that "issues of responsibility are universal elements of the meaning of disease."[56] Addressing issues of responsibility is part of the process of sense-making when an event occurs. Individuals facing a new

diagnosis seek information about the role that genetics, environmental factors, and lifestyle may have played in the origins of the disease. On the societal level, assigning responsibility to factors that lead to poor health outcomes drives public policies and the way that public health priorities are set. responsibility has been studied from a variety of viewpoints, including the ways that people learn and develop self-efficacy, attribute the causes of their (and other people's) actions, determine which aspects of their lives they're willing to entrust to others, and assign the duties of restorative justice or blame. The following paragraphs engage with research on responsibility or related concepts from multiple disciplines as a means of laying the groundwork for their integration in later sections of the dissertation. Although each theory comes with its own disciplinary perspective and constraints, together they provide an image of communication that considers speaker, context, and audience.

Responsibility occurs within a structure of power that is shaped by procedures, hierarchies, recognition, and ability. Rhetorical theorists who have studied responsibility have done so largely from this perspective of agency. Karlyn Kohrs Campbell defines agency as "the capacity to act… to have the competence to speak or write in a way that will be recognized or heeded by others in one's community."[57] This perspective balances individual traits with environmental constraints. Agency addresses the problem of responsibility through the terms of structural power and its limitations on the capacity to communicate or act. Without agency, a person cannot truly take on responsibility; only in a context in which a person can negotiate the constraints of the environment in which they wish to act can he or she fulfill meet this condition of Guttman and Ressler's definition. [58]

Agency has also been studied within the social sciences. Social Cognitive Theory, developed by Albert Bandura, proposes a theory of agency from the perspective of psychology and builds upon his work on self-efficacy. Bandura writes that perceived self-efficacy "is concerned with judgments of how well one can execute courses of action required to deal with prospective situations."[59] It requires belief in one's sense of agency, as well as motivation and self-assurance. The effectiveness of any form of self-efficacy building strategy relies upon the appraisal that the person makes of the experience.[60] Therefore, self-efficacy focuses upon the causation and agency components of Guttman and Ressler's formulation of responsibility, but does not address the element of obligation. While agency in both of these perspectives is an important means of understanding the dynamics surrounding decision-making, in the context of responsibility, it does not connote an obligation on behalf of others. In order to do so, I turn to research that considers responsibility from the policy level.

Within society, some people are considered more responsible for certain issues than others. David Miller calls this "remedial responsibility," which is "to have a special obligation to put the bad situation right… to be picked out, either individually or along with others, as having a responsibility toward the deprived or suffering party that is not shared equally among all agents."[61] Remedial responsibility is assigned based on principles; once a crisis has occurred, people make value judgments about its contributing causes that guide the way that they respond to the situation. Remedial responsibility can be assigned in three different ways: through a connection to the problem, through the capacity to alleviate suffering, and through a causal connection to the problem. There are two types of remedial responsibility. The first is moral remedial responsibility, which

calls for individuals to re-asses their beliefs and actions in order to resolve the problem.[62] The second is remedial responsibility grounded in justice; this calls for social institutions to be restructured. Remedial responsibility, therefore, involves the invocation of personal qualities along with structural power.

In contrast, J.M. Balkin splits discourses of responsibility into two categories. The first category, which he calls "individualist," de-emphasizes personal responsibility. He calls arguments that emphasize personal responsibility "communalist."[63] There are certain structural qualities of the rhetoric of these two types of arguments about responsibility. One such rhetorical dimension of determining responsibility is the specificity or abstraction with which the circumstances leading to the negative effect are described.[64] The more specifically the chain of events is described, the less culpable an individual or group appears, since it minimizes the apparent foreseeability of the end result. The more abstractly a series of events is described, the more clearly the causal link will appear.

After considering these ways in which responsibility has been studied, this dissertation brings these theories into further conversation through a series of case studies. In doing so, it engages with theoretical concepts from the humanities and social sciences, a process which rhetoricians William L. Benoit and Mary Jeanette Smythe argue provides a useful perspective for considering the standpoints of speaker and audience alike.[65] The combining of multiple perspectives and theories within these case studies draws out similarities and nuances in the theories while also demonstrating what rhetorical methods can bring to the broader discussion about appeals to responsibility. Arguments about responsibility often drive public deliberation. This dissertation pursues

a broader understanding of the role that responsibility plays in the emergence of new governmental practices and policies by examining the way that its rhetoric changes during a public health transition.

Chapter Preview

This dissertation is organized into a chronological series of historical case studies ranging from 1911 to 1921. The first content chapter examines the New York Milk Committee's 1911 campaign to reduce infant mortality in New York City, a pivotal year in transferring the distribution of clean milk from a loose network of charities to a more centralized network affiliated with the New York City Health Department. A cornerstone to later efforts, this was the first infant health campaign to seek to change parental health behaviors in the home. Chapter two analyzes the visual rhetoric of public health campaign posters distributed by the United States Children's Bureau, which show a shift to risk communication. Chapter three focuses on the rhetoric of the influential efforts that prominent women's magazines took to promote the Sheppard-Towner Maternity Act, and chapter four analyzes the Congressional testimony of people who supported and opposed the Sheppard-Towner Act.

My first chapter examines artifacts from the New York Milk Committee's campaign to reduce infant mortality in 1911, the first year that the New York City Health Department subsidized the milk centers and provided maternal education materials. While charities began operating milk distribution centers in the tenements in 1893, their limited success indicated to health officials the importance of maternal education to reduce the contamination of milk in the home.[66] As a result, the campaign's focus was

shifted from milk providers to the family in 1911. The campaign provided materials with information about the causes of infant and child illnesses and their prevention. It also expanded its reach from providing milk for infants to referring malnourished women to food distribution centers to improve the likelihood that they would breastfeed. The infant mortality rate fell from 125.6 per 1,000 in 1910 to 111.6 per 1,000 in 1911.[67] The documents consist of two general categories: maternal education materials and fundraising materials. I argue that both categories contain educational and efficacy-building elements. Through this dual focus, the NYMC's campaign taught both the facts of how to safely feed and raise an infant, and communicated the message that parents were capable of reducing the likelihood of infant death.

The next chapter examines public health posters printed by the United States Children's Bureau between 1912 and 1918. The high immigration rate and limited education common during the Progressive Era lent particular significance to using images to communicate health information. Unlike the materials distributed by the NYMC, the Children's Bureau posters were largely composed of messages about risk. This chapter examines the visual rhetoric of risk, identifying patterns in the ways in which it is represented. Furthermore, it assesses the ways in which charts and graphs influence messages about responsibility and risk. I argue that the visual components of these posters not only provide information about the severity and susceptibility of the risk, but also differentiate between personal and governmental accountability for the control of risk factors.

My final two chapters involve the analysis of texts pertaining to the Sheppard-Towner Maternity and Infancy Protection Act. The first of these focuses upon the role of women's magazines in driving public support for the legislation. These magazines already had taken part in promoting infant and maternal health by printing regular features meant to help new mothers care for their infants and recognize whether their children were meeting the appropriate milestones. In 1920, *Ladies Home Journal*, as well as *Good Housekeeping, Woman's Home Companion*, and *McCall's* embarked on a campaign urging their readers to support the legislation by writing their Congressmen and signing petitions. The magazines had to overcome the dual obstacles of convincing their readers that there was a societal responsibility towards mothers and their children and of convincing their readers that they themselves were responsible for changing society. How did these magazines shape their appeals for reader advocacy? To answer this question, I engage with literature on remedial responsibility and identify two appeals that explicitly connect women to the legislation.

The final content chapter of the dissertation analyzes the Senate testimony concerning the Sheppard-Towner Maternity and Infancy Protection Act. This includes the testimony of physicians, members of the Children's Bureau, private citizens, and the bill's sponsors. The debate over the Sheppard-Towner Act, the first federal legislation to implement social welfare measures, demonstrates a shift in perceived responsibility from parent to government. The testimony reveals significant points of tension between classical liberalism and biopolitics. This early debate over funding for infant and maternal health set the stage for later battles over public funding of health benefits.

This dissertation approaches the development of new biopolitical measures in the United States at the beginning of the 20th century through the eyes of people targeted by the health campaigns that taught the expectations of biopower. What were they told about health and its importance? What messages about personal and governmental obligations to health did health campaigns present? What were the rhetorical strategies used to shape new norms and expectations? How did these strategies shift over time to accommodate new policy approaches and a growing public health bureaucracy? By observing the materials that were used to directly teach and advocate new ideas about health, we can better understand the appeals that were used to call individuals to action. Only in the final chapter does the dissertation turn from a campaign perspective to a formal policy discussion that recognized the positive and negative implications of biopolitics. My final case study witnesses the successful defense of the expansion of this form of government and the ways in which arguments about objectivity were employed to make the case that a deeper investment in health interventions by the federal government was not only warranted, but not a threat. The negotiation of privacy and medical choice that occurred during this process demonstrates not only what can be gained through adopting biopolitical measures, but also what possibilities are closed off. The genealogy that emerges through these texts shows the messiness of the transition to biopolitics as it is: at times surprising, inspiring, disappointing, intrusive, and triumphant.

ENDNOTES

[1] Bessie Beatty, "The Purse-Strings" *McCall's* March 1921, 1, "Historical Federal Budget Reference," http://federal-budget.findthedata.org/ The U.S. Government spent a total of $18,493,000,000 in 1919. This level of spending was unprecedented at the time; the majority of the budget went to defense spending for WWI. In 1920, the federal budget dropped by nearly 2/3 to $6,649,000,000.
[2] "A Startling Innovation," *Minneapolis Journal*, 3 January 1908. Reproduced from Theda Scokpol, *Protecting Soldiers and Mothers* (Cambridge: Balknap Press of Harvard University Press, 1992) 303
[3] Anne Martin, "We Couldn't Afford A Doctor," *Good Housekeeping*, April 1920, 20 130-138, 20
[4] Anne Martin, "Every Woman's Chance to Serve Humanity: An Everlasting Benefit You Can Win in a Week," *Good Housekeeping*, February 1920, 20-21 124-128, 20
[5] John W. Ward and Christian Warren, *Silent Victories: The History and Practice of Public Health in Twentieth-Century America* (Oxford: Oxford University Press, 2007) v, "Inflation Calculator: Money's Real Worth Over Time," Coin News.net, Accessed 17 March 2012, http://www.coinnews.net/tools/cpi-inflation-calculator/ , "Budget of the U.S. Government: Fiscal Year 2011," White House Official Site, Accessed 17 March 2012, http://www.whitehouse.gov/sites/default/files/omb/budget/fy2011/assets/budget.pdf The 2011 federal expenditure on health was $82.8 billion; Medicare and Medicaid cost an additional $818 billion.
[6] Leroy Dorsey, "Preaching Morality in Modern America: Theodore Roosevelt's Rhetorical Progressivism," in *Rhetoric and Reform in the Progressive Era*, Ed. J. Michael Hogan, (East Lansing: Michigan State University Press, 2003) 49-83, 49-50 While the term "progressive" has been used to signify a variety of values, policies, and approaches, activists during the Progressive Era were united by a concern for the deterioration of the social structures of American society in the wake of the Industrial Revolution and urbanization and by the belief that government could intervene to reduce social ills.
[7] Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern* (Routledge: London, 1999) 56
[8] Porter, *Health, Civilization, and the State,* 56, Jeremy Engels, "Disciplining Jefferson: The Man Within the Breast and the Rhetorical Norms of Producing Order," *Rhetoric and Public Affairs*, 9:3 (2006) 411-435 Engels notes that in his private correspondence, Jefferson also wrote about the health of the public, which he framed in terms of the appropriate balance between reason and passion. Only through such a balance could the public itself thrive.
[9] George Rosen, *A History of Public Health* (Baltimore: Johns Hopkins University Press, 1958)
[10] Michel Foucault, *Society Must Be Defended*, (New York: Picador, 2003) 245
[11] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, (New York: Pantheon Books, 1994) 184
[12] Foucault, *The Birth of the Clinic*, 184
[13] Foucault, *Society Must Be Defended*, 253
[14] Michel Foucault, *Abnormal: Lectures at the College de France 1974-1975* (New York: Picador, 1999)
[15] Foucault, *Abnormal*, 48
[16] Abdel Omran, "The Epidemiological Transition: A Theory of the Epidemiology of Population Change," *The Millbank Memorial Fund Quarterly 49*:4, (1971) 509-538 Omran writes that populations typically pass through three stages: the age of pestilence and famine (expected lifespan 20-30 years, large number of deaths from infectious disease), the age of receding pandemics (expected lifespan 30-50 years, fewer epidemics, steadily increasing lifespan), and the age of degenerative and man-made diseases (mortality declines further, life expectancy at birth rises, and fertility of the population becomes the primary predictor of population growth)
[17] Abdel Omran, "A Century of Epidemiologic Transition in the United States," *Preventive Medicine* 6, 1977 30-51, 40 Omran writes that the United States was in the first stage of the transition until the mid-19th century, was in the second until about 1920, and has been in the third since.
[18] G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Towards Women and Sexuality During the 19th Century America* (New York: Routledge, 2004)
[19]Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison: The University of Wisconsin Press, 1987) 97

[20] James W. Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994)
[21] Foucault, *Society Must Be Defended*, 242, Omran, "A Century of Epidemiologic Transition in the United States" Omran writes that until the 1850s, 50% or more deaths in the United States were caused by fast-spreading infectious diseases such as cholera. As the quality of life rose, these epidemics became less prevalent, and more deaths were due to location-specific environmental factors.
[22] Porter, *Health, Civilization, and the State,* 148
[23] Porter, *Health, Civilization, and the State,* 146 Because cholera was far more deadly for alcoholics, people during the 1830s epidemics of the disease believed that it was a sign of God's vengeance against sinners.
[24] Porter, *Health, Civilization, and the State,* 150
[25] Michael Willrich, "'The Least Vaccinated of Any Civilized Country': Personal Liberty and Public Health in the Progressive Era," *The Journal of Policy History 20*:1 (2008) 76-93, 76
[26] Porter, *Health, Civilization, and the State,* 152
[27] Alexandra M. Levitt, D. Peter Drotman and Stephen Ostroff, "Control of Infectious Diseases: A Twentieth-Century Public Health Achievement," in *Silent Victories*, Eds Ward and Warren (Oxford: Oxford University Press, 2007) 3-17, 4
[28] Porter, *Health, Civilization, and the State,*157
[29] Levitt, Drotman, & Ostroff, "Control of Infectious Diseases," 8
[30] Porter, *Health, Civilization, and the State,* 159
[31] Foucault, *Society Must Be Defended*, 31
[32] Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929*, (Baltimore: The Johns Hopkins University Press, 1990) 201
[33] Kotelchuck, "Safe Mothers, Healthy Babies," 105
[34] Wolf, "Saving Babies and Mothers," 135-160, 135
[35] D.D. Bromley, "What Risk Motherhood?" *Harper's Magazine*, 6 (1929) 11-22
[36] Kotelchuck, "Safe Mothers, Healthy Babies," 106
[37] Kotelchuck, "Safe Mothers, Healthy Babies," 111 The death rate for nonwhite mothers was approximately 12 deaths per 1000
[38] Centers for Disease Control, "Achievements in Public Health 1900-1999: Healthier Mothers and Babies" 01 October 1999 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm
[39] Centers for Disease Control, "Achievements in Public Health 1900-1999."
[40] Wolf, "Saving Babies and Mothers," 139
[41] Kotelchuck, "Safe Mothers, Healthy Babies," 107
[42] Meckel, *Save the Babies*, 172
[43] J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920s," *The Journal of American History*, 55:4 (1969) 776-786, 776
[44] Kotelchuck, "Safe Mothers, Healthy Babies," 108
[45] Kotelchuck, "Safe Mothers, Healthy Babies," 108
[46] Lemons, "The Sheppard-Towner Act," 776
[47] Seth Koven and Sonya Michel, "Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920," The American Historical Review, 95:4 (1990) 1076-1108, 1077, see also Patrick Wilkinson, "The Selfless and the Helpless: Maternalist Origins of the U.S. Welfare State," Feminist Studies, 25:3 (1999) 571-597
[48] Patrick Wilkinson, "The Selfless and the Helpless: Maternalist Origins of the U.S. Welfare State," Feminist Studies, 25:3 (1999) 571-597, 574
[49] Patrick Wilkinson, "The Selfless and the Helpless," 597
[50] Wilkinson, "The Selfless and the Helpless," 578
[51] Wilkinson, "The Selfless and the Helpless," 574
[52] Jennifer L. Borda, "Woman Suffrage in the Progressive Era: A Coming of Age," in *Rhetoric and Reform in the Progressive Era: A Rhetorical History of the United States*, Ed. J. Michael Hogan, (East Lansing: Michigan State University Press, 2003) 339-386, 340
[53] Wilkinson, "The Selfless and the Helpless," 574

[54] Wilkinson, "The Selfless and the Helpless," 575

[55] Nurit Guttman & William Harris Ressler, "On being responsible: Ethical issues in appeals to personal responsibility in health campaigns." *Journal of Health Communication, 6*, (2000) 117-136.

[56] William G. Kirkwood and Dan Brown, "Communicating about Disease: The Rhetoric of Responsibility," Journal of Communication 45:1 (1995) 55-76, 59
[57] Karlyn Kohrs Campbell, "Agency: Promiscuous and Protean," *Communication and Critical/Cultural Studies*, 2 (Spring 2005): 3

[58] Guttman and Ressler, "On being responsible," 118

[59] Albert Bandura, "Self-Efficacy Mechanism in Human Agency," *American Psychologist*, 37:2 (1982)122-147, 122
[60] Bandura, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," 195-197
[61] Christian Barry and Kate Raworth, "Access to Medicines and the Rhetoric of Responsibility," *Ethics & International Affairs,* 16:2 (2002) 57-70, 59
[62] Christian Barry and Kate Raworth, "Access to Medicines and the Rhetoric of Responsibility," Ethics & International Affairs, 16:2 (2002), 57-70, 59
[63] J.M. Balkin, "The Rhetoric of Responsibility," *Virginia Law Review*, 76:2 (1990)197-263, 206
[64] Balkin, "The Rhetoric of Responsibility," 221
[65] William L. Benoit & Mary Jeanette Smythe, "Rhetorical Theory as Message Reception: A Cognitive Response Approach to Rhetorical Theory and Criticism," *Communication Studies*, 54:1 (2003): 96-114, 96 The social sciences can be very instructive in understanding how people learn and are persuaded, which can give new guidelines for considering texts. Benoit and Smythe argue that most 20th century approaches to rhetoric have focused primarily on the rhetor and the invention process. Drawing on the work of Aristotle, they argue that using elements of social scientific theories of persuasion can shift some of the focus to the audience. They write "declaring that the audience is important as the target of the rhetor's discursive ministrations is not the same thing as taking the audience's point of view. It is the difference between creating effective rhetors and creating critical consumers of discourse…. On our reading of the literature, if traditional rhetorical theory discussed the rhetoric of presidential debates, the focus would be on how the candidates can persuade voters, not how the audience comprehended the candidates' statements or how they benefit from watching these encounters." The social scientific theory they apply in their study is the Elaboration Likelihood Model.
[66] Kotelchuck, 106
[67] New York Milk Committee, "An Accomplishment and an Expectation," 1911, Archives of the New York Academy of Medicine

Chapter 2

From Private Tragedy to Public Health

A significant functional element of a speech act is the speaker's ability to navigate the constraints of agency. Indeed, agency, a relational measure of both a speaker's capability to communicate and an audience's willingness to acknowledge the speaker, serves as a precursor to effective communication.[68] As a discipline concerned with public deliberation, rhetorical studies has explored the ways in which various types of groups have represented their interests and responded to agential constraints. Valerie R. Renegar and Stacey K. Sowards examined the practice of contradiction within third wave feminism to address agential constraints through a response that employed self-determination and creativity, while Erin J. Rand has discussed the role of polemical appeals as a tactic in AIDS activism, and Amy Koerber has addressed agency within the context of breastfeeding activism.[69] However, another angle of agency has been left underexplored by rhetoricians: the way in which the audience of a persuasive act might develop the agential skills to engage in a beneficial practice. While also a persuasive event, observing this agency-priming process involves interpreting a different type of text, one which combines educational and agency-building content.

Health campaigns provide one such text, particularly during periods of time when previously social issues are reconceptualized as health threats.[70] Under these circumstances, people must be convinced of the legitimacy of the issue as a medical concern and of the usefulness of health measures in alleviating the danger. Furthermore, they must be assured of their ability to partake in health-promoting behavior. A successful health campaign takes on these multiple roles, providing both educational and

persuasive content to urge behavioral change and assure audience members of the ease with which they can adopt beneficial health practices.[71]

One such campaign took place in New York City, as a private organization known as the New York Milk Committee (NYMC) pioneered multiple approaches in its health campaigns to reduce infant mortality. NYMC members conducted research into the causes of infant mortality and organized community-level interventions that were informed by their findings.[72] In the first years that the NYMC operated, it focused on providing safe, clean, affordable milk to families living in New York City's tenements. However, it became the first American organization to break from this type of health intervention by incorporating maternal education into its campaign.[73] The decision to do this was the result of finding that milk, even if distributed cleanly, could be contaminated in the home. It was a radical reformation of policies seeking to improve infant health.

The 1911 NYMC campaign faced multiple constraints: widespread acceptance of the uncontrollability of infant mortality among its audience, ignorance of germ theory, and substantial poverty. The previous year, one eighth of infants born in the city had died prior to the age of one, equaling the entire population of New Haven, CT.[74] Health officials found that the environmental theory of disease, which attributed illness to night air and other uncontrollable factors, was still prevalent among tenement-dwellers.[75] The fatalism surrounding infant illness and death required a response that would both teach and encourage New York's citizenry to believe in their ability to protect their children. What does agency look like in the context of a health campaign? What strategies are employed to teach skills and encourage belief in one's own competence for change?

The 1911 campaign advocated for parents to change their response to infant illness and become active participants in preventive health measures. This campaign can be interpreted through two complementary perspectives on agency, one which considers the use of persuasive appeals to promote agency and teach new skills, and one which considers how the campaign depicts the innate agency of its audience. This chapter begins by describing the origins of the campaign and the ways in which it differed from existing efforts to reduce infant mortality. This is followed by a review of the concept of agency from both a rhetorical and social scientific perspective, considering the ways in which these approaches can be used to evaluate a health campaign. I then discuss the ways in which the campaign materials developed arguments about causality and the controllability of disease, demonstrating appeals to response efficacy and self-efficacy. Finally, I address the ways in which the agency of the campaign's audience was portrayed in the campaign materials.

The Value of Good Advice: Maternal Reform and the NYMC

The New York Milk Committee (NYMC) was one of the most influential organizations to address infant mortality at the turn of the 20th century. It was formed in 1906 after a conference held by the New York Association for Improving the Condition of the Poor, the New York Academy of Medicine, and the New York City Health Department.[76] The NYMC was composed of physicians, nutritionists, and philanthropists. Together, they sponsored and conducted research into milk sanitation, produced thousands of pieces of literature about the causes of infant mortality, raised funds for milk stations and the nurses to run them, and initiated state and federal

legislation to raise the quality of the milk supply.[77] Historian Richard A. Meckel writes that "the opening of the NYMC milk stations signaled the inauguration of… a phase in which infant mortality was redefined and reconceptualized, and in which the focus of infant welfare activity shifted from milk reform to maternal reform."[78] In particular, this shift in emphasis led to campaign work focused upon the role that individual mothers could play in raising healthier babies.

The first significant efforts to reduce infant mortality in the United States focused on the issue of nutrition and milk contamination.[79] Milk stations established in the 1880s-1900s supplanted an urban milk market dominated by highly contaminated milk.[80] These milk stations were set up in store fronts, and distributed low-cost or free milk to low-income women with young children. While the milk stations provided an important reprieve from the contaminated milk most shops in the city were selling, reformers found that their efforts resulted in only a slight change in the rate of infant deaths.[81] Several factors contributed to this finding: milk was being contaminated in the home, infants were being fed improper diets, milk stations would only distribute milk to the mother (making them inconvenient for many families), most mothers only went to the milk stations when their children were already sick, and new methods for categorizing infant deaths led to an artificial spike in deaths from "cholera infantum."[82]

After reformers ascertained that clean milk programs had limited effects due, at least partially, to contamination after purchase, they developed health campaigns that changed the focus of the intervention from providing milk to keeping it sanitary in the home. Rather than changing the supply of infant food, they turned their efforts to shaping healthier practices for mothers and other caregivers.[83] Dr. S. Josephine Baker, the first

Public Health Commissioner of New York City and a member of the NYMC, led the development of programs that aimed at intervention in the home.[84] Earlier NYMC campaigns had distributed clean milk at a reduced price, provided nurse or physician assistance when an infant or young child was sick, investigated the bacterial content of milk in milk shops, and run infant milk stations throughout the borough of Manhattan. In 1911, the NYMC added to these efforts with additional milk stations, the implementation of maternal education at the milk stations, the dispersal of maternal education materials, nurse home visits, the coordination of medical services for women in labor, and detailed record-keeping to test the effectiveness of campaign measures.[85] That year, the organization ran 79 milk stations, educated 12,401 mothers, medically examined 27,095 babies, and distributed 420,452 gallons of milk.[86]

Although the NYMC sought to enact a significant belief change in its primary audience of impoverished New Yorkers, it also acted upon another result found by its studies: that large numbers of middle and upper-class infants were also dying from preventable causes.[87] The middle class was particularly susceptible since it did not seek services from the NYMC and other charities but could not afford the quality of care that the upper class paid for.[88] The majority of women who used artificial feeding and needed the education about safe milk handling were not the original target audience of poor immigrants, but instead the women who had been targeted for philanthropic purposes.[89] While New Yorkers in the tenements of the Lower East Side were accustomed to seeking and receiving the aid of the NYMC, middle- and upper-class families were unlikely to identify with its clients.

Therefore, the NYMC's 1911 maternal education campaign faced the same obstacle with two distinct audiences: in changing the focus of the intervention from the sources of milk to food safety measures in the home, it had to convince families throughout New York of their ability to safeguard their children's health without alienating them. The shift in proscribed attitudes and responses to illness and medicine was accompanied by a print campaign that built parents' agency and taught them the causes of infant illness. The NYMC produced two sets of printed materials that provided maternal education about food handling, diet, and pathogens – one that explicitly claimed it was for maternal education, and one that was purportedly for philanthropic purposes, but which also contained messages about infant health. Materials for the NYMC's clients in poor and working class areas were printed in several languages, included addresses for all of the NYMC-run milk stations, and instructed parents to come to the milk stations for clean milk and medical attention. Philanthropic materials asked for material support for the milk stations, used statistics to provide support for the effectiveness of the NYMC's work, and were frequently printed on postcards, a popular collector's item at the time.[90] However, both taught skills and included arguments about the preventability of infant illnesses and death.

Audience Agency and Efficacy

Rhetorical scholarship on agency engages with questions of the role of audience and environment in persuasion. In doing so, scholars address the theoretical linkages between persuasion, action, and power.[91] So central are these concerns to persuasion that Christian Lundberg argues that Aristotle's definition of rhetoric comes implicitly with the provision of agency and context: "Rhetoric may be defined as the *faculty* of observing in

any given case the available means of persuasion."[92] While rhetorical scholars recognize the characteristics of an audience and setting as significant to communication, Michael Leff argues that the overriding emphasis on scholarship on agency has been upon that of the rhetor.[93]

The work of Aristotle and others points towards the possibility of also considering the role of audience agency in a persuasive act. For Aristotle, "putting the audience into a certain frame of mind" is one of the principal means of persuasion, and indeed, it is through the response of the audience that a rhetor can attain his or her objective.[94] In *Rhetoric*, this is addressed through the concept of *pathos*, or the emotional arousal of the audience; modern social scientific research contributes additional information about audience persuasion.[95] While the effects of persuasive messages can never be determined via rhetorical analysis, since far too many components shape individual behavior, rhetoricians can use insights into learning and empowerment processes to shape their evaluations of texts. One area where such a rhetorical analysis can occur is in public texts that seek to change beliefs and behaviors through a combination of instruction and persuasion, such as the NYMC's health campaign to reduce infant mortality.

The cultivation of audience agency, which is necessary in order for audience members to be persuaded of their own capacity to act, can be considered from the perspective of cognitive research. One of the more influential approaches to agency within the social sciences was proposed by psychologist Albert Bandura in his Social Cognitive Theory.[96] Bandura argues that human action is influenced by the factors of personality, behavior, and environment. Where Social Cognitive Theory differs from rhetorical approaches to agency is in its emphasis, which is upon understanding the ways

individuals develop the skills to make decisions and achieve goals. As a result of this area of research, Social Cognitive Theory "offers both predictors and principles on how to inform, enable, guide, and motivate people to adapt habits that promote health and reduce those that impair it."[97] Bandura states that four processes shape people's perceptions of their ability to attain success: self-observation, self-evaluation, reactions to performance, and self-efficacy. Each of these contributes to individuals' abilities to set and achieve goals, but the one that has been the subject of the most research is self-efficacy, a concept proposed by Bandura in 1977.[98]

Self-efficacy, a person's evaluation of his or her ability to learn behaviors and their effects, provides one means of insight into how and why people act. Information alone is insufficient to change health habits.[99] High self-efficacy is a strong predictor of whether a person learns new skills, as well as a person's maintenance of positive health behaviors over time.[100] Indeed, dozens of studies have demonstrated the powerful role that efficacy plays in behavior. According to Bandura,

> Efficacy beliefs influence whether people think erratically or strategically; optimistically or pessimistically; what courses of action they choose to pursue; the goals they set for themselves and their commitment to them; how much effort they put forth in given endeavors; the outcomes they expect their efforts to produce; how long they persevere in the face of obstacles; their resilience to adversity; how much stress and depression they experience in coping with taxing environmental demands; and the accomplishments they realize.[101]

In order to change a person's cognitive process when confronting a situation, the person must believe that their actions will cause an outcome. [102] Unless a causal connection is made and the person believes that he or she is capable of performing the required tasks, behavioral change in response to a health campaign is unlikely. While research on self-efficacy can demonstrate why people respond to some campaigns and not others, it can also lend insight into methods of creating and evaluating more persuasive health messages.[103] Indeed, within the social sciences, message design theories have been used to analyze existing health campaigns.[104]

Bandura argued that an effective health campaign that addresses learning within a situation in which the target audience has agency must include four components to build and maintain a lifestyle change.[105] The first of these is information about the health threat, including its causes and long-term effects. The second is messages designed to help the target audience develop the social skills needed to take action. The third component is the opportunity for at-risk individuals to practice their skills. The final component is building positive social support networks that can help individuals to sustain their lifestyle changes.[106] The multi-pronged health campaign approach taken by the early milk reformers in tenement neighborhoods in New York City largely addressed these four steps. Printed materials about the causes of infant malnutrition and death provided basic information intended to inspire interest in preventive measures. These materials also supplied information about how to adopt healthy infant feeding practices and showed "before" and "after" pictures of real children from the local area whose mothers had followed the advice. At the milk distribution centers, women were given the opportunity to perform the recommended skills under the guidance of trained nurses.

Finally, the program included sending nurses door-to-door to check on new mothers, learn their needs, and provide the services they needed (including housekeeping). In my analysis, I focus on the use of education and messages about efficacy in the print materials, addressing the first two components proposed by Bandura. These two areas overlap, particularly in causal arguments within the campaign.

Response Efficacy and Causality

Education played a substantial role in the materials produced by the NYMC during its 1911 campaign. The development of germ theory during the latter part of the 19th century posed a contradiction to earlier popular theories of disease and elevated the importance of new practices in medicine and public health work.[107] However, this new explanation for disease did not enter a vacuum: it met and melded with prior practices that parents had used to protect their children. Even noted researchers and health professionals were skeptical of bacteria as the cause of disease; public health scholar Alfred Yankauer writes that Rudolph Virchow, founder of modern pathology, and Florence Nightingale both rejected germ theory decades after it had been proposed.[108] The adoption of new health practices also faced another hurdle. Preventive health measures do not yield clear positive feedback. Instead, success is the lack of illness. This provokes an important problem with developing efficacy: people give up their efforts to improve their control over their lives if they doubt their ability to perform the task or if the environment seems unresponsive.[109] A significant part of the education provided via the campaign concerned the causes of disease.

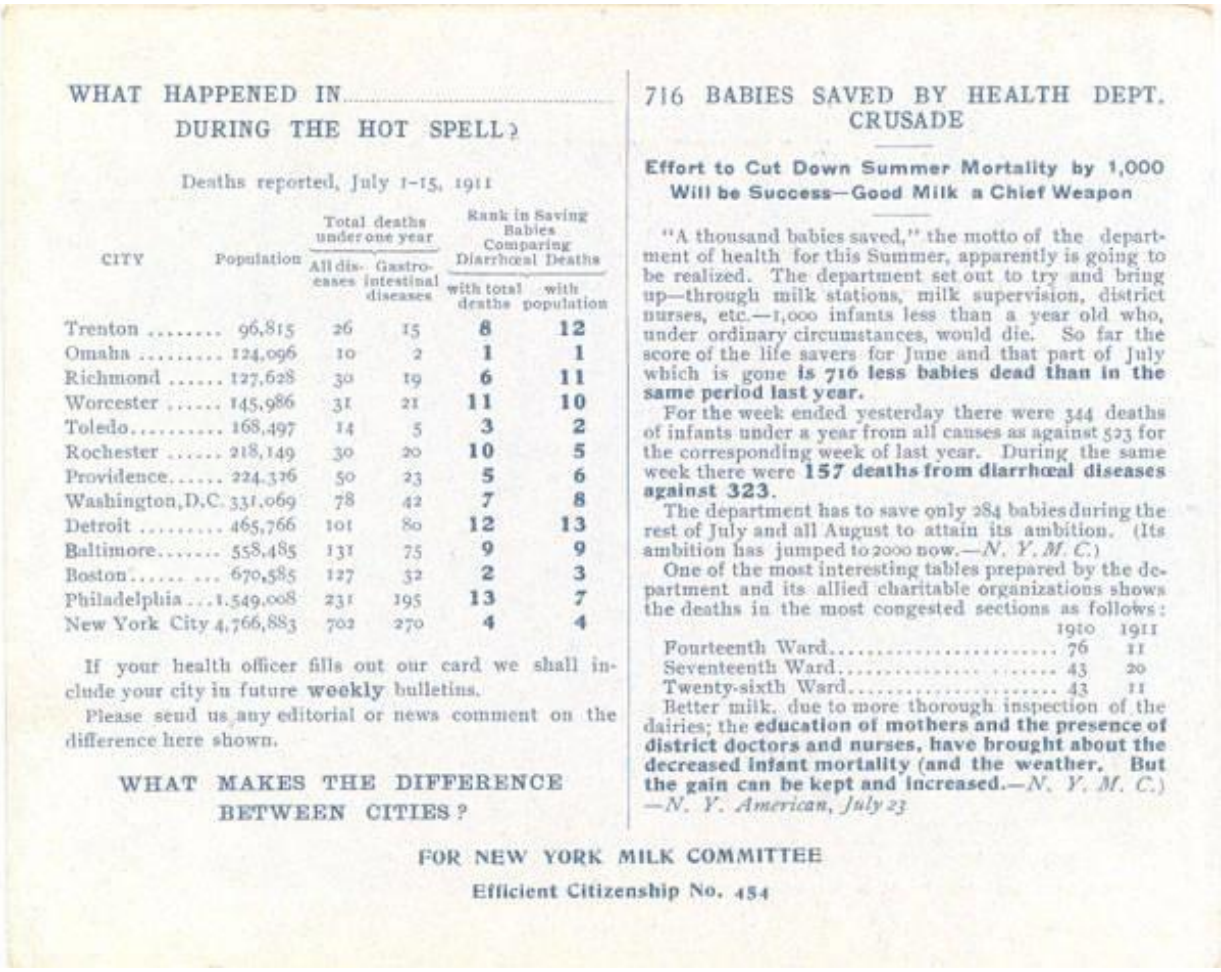
One of the critical functions of the NYMC campaign was teaching causality between proscribed behaviors and preferred results. Causal beliefs form a critical connection between an action and a goal, which Bandura calls response efficacy.[110] Indeed, the best indicator for efficacy is whether a person attributes his or her success reaching a goal to their role as an agent.[111] For parents to feel control over the health of their children, they must believe that they have the power to shape outcomes. In her memoir about her public health work in New York City, Dr. S. Josephine Baker noted the response of many of the families she tried to help: "They were just horribly fatalistic about it while it was going on. Babies always died in summer and there was no point in trying to do anything about it….I might as well have been trying to tell them how to keep it from raining."[112] This lack of response efficacy among the mothers targeted by Baker through her work with the NYMC was closely tied to beliefs about the controllability of illness.

While the 1911 health campaign built its causal appeals upon germ theory, it also acknowledged the older, sanitary theory of disease. A circular titled "What Milk to Buy" declared that "Flies carry filth and disease germs," creating a causal connection between the flies and illness that acknowledged both the older and newer theories of disease.[113] As with the problem of convincing people of the effectiveness of preventive measures, germ theory relied upon acceptance of something not outwardly observable. However, the successes of the sanitarian movement during the 19th century, which emphasized eliminating dirt and waste, lent it continued influence in the NYMC's appeals.[114] "Given pure milk, good air and fair sanitary surroundings, 60% of [infant deaths] in the crowded tenements are preventable," stated one of the promotional materials for the campaign.[115]

The overlap between disease theories was not altogether unproductive, since sanitation measures did help to reduce some endemic diseases, but the campaign did make distinctions between environmental factors that could and could not cause illness. “Hot weather itself does not kill infants so much as the deterioration in food,” stated one material.[116]

Indeed, the distinctions between factors that posed a threat to infant and child health frequently emphasized the controllability of the issue. While hot weather, “sewer gases,” and night air were still perceived as causes of illness by many who lived in New York City, they fell outside the realm of individual control.[117] Shifting health beliefs from these environmental factors to the effectiveness of sterilization practices, while not itself necessarily easy, did propose greater control over the factors that caused illness in the home. Circulars such as “What Milk to Buy,” gave detailed information on how to choose a milk distributor, how to keep it fresh, how to make an ice-box and keep it clean, how to sterilize supplies, and a recipe for milk modification, so that it would meet infant nutritional needs.[118] Extremely detailed instructions were combined with information about “disease germs,” how they were spread, and how adhering to the instructions would prevent illness.

While arguments about causality were made throughout safe milk handling instructions in several campaign materials, the campaign also argued for causality and controllability through recounting campaign successes. Statistical data suggesting the effectiveness of the NYMC’s campaign most frequently appeared in the campaign’s philanthropic postcards, but it also was reprinted in some of the maternal education materials. Stephanie Houston Grey notes that a growing number of academic fields



WHAT HAPPENED IN.....
DURING THE HOT SPELL?

Deaths reported, July 1-15, 1911

CITY	Population	Total deaths under one year: All diseases	Total deaths under one year: Gastro-intestinal diseases	Rank in Saving Babies Comparing Diarrhœal Deaths: with total deaths	Rank in Saving Babies Comparing Diarrhœal Deaths: with population
Trenton	96,815	26	15	8	12
Omaha	124,096	10	2	1	1
Richmond	127,628	30	19	6	11
Worcester	145,986	31	21	11	10
Toledo	168,497	14	5	3	2
Rochester	218,149	30	20	10	5
Providence	224,326	50	23	5	6
Washington, D.C.	331,069	78	42	7	8
Detroit	465,766	101	80	12	13
Baltimore	558,485	131	75	9	9
Boston	670,585	127	32	2	3
Philadelphia	1,549,008	231	195	13	7
New York City	4,766,883	702	270	4	4

If your health officer fills out our card we shall include your city in future **weekly** bulletins.

Please send us any editorial or news comment on the difference here shown.

WHAT MAKES THE DIFFERENCE BETWEEN CITIES?

716 BABIES SAVED BY HEALTH DEPT. CRUSADE

Effort to Cut Down Summer Mortality by 1,000 Will be Success—Good Milk a Chief Weapon

"A thousand babies saved," the motto of the department of health for this Summer, apparently is going to be realized. The department set out to try and bring up—through milk stations, milk supervision, district nurses, etc.—1,000 infants less than a year old who, under ordinary circumstances, would die. So far the score of the life savers for June and that part of July which is gone **is 716 less babies dead than in the same period last year.**

For the week ended yesterday there were 344 deaths of infants under a year from all causes as against 523 for the corresponding week of last year. During the same week there were **157 deaths from diarrhœal diseases against 323.**

The department has to save only 284 babies during the rest of July and all August to attain its ambition. (Its ambition has jumped to 2000 now.—*N. Y. M. C.*)

One of the most interesting tables prepared by the department and its allied charitable organizations shows the deaths in the most congested sections as follows:

	1910	1911
Fourteenth Ward	76	11
Seventeenth Ward	43	20
Twenty-sixth Ward	43	11

Better milk, due to more thorough inspection of the dairies; the **education of mothers and the presence of district doctors and nurses, have brought about the decreased infant mortality (and the weather. But the gain can be kept and increased.**—*N. Y. M. C.*)
—*N. Y. American, July 23*

FOR NEW YORK MILK COMMITTEE
Efficient Citizenship No. 454

Figure 2.1: A Response Efficacy Appeal

embraced statistical methods during this time period, viewing the collection of such data as a concrete means of contributing to effective governance and policy-building.[119] Statistics provide valuable information, but, beyond that, categorize and shape interpretations of the issues they refer to. [120] Record-keeping by the NYMC and other private organizations, later adopted by the federal government, provided a measure by which health interventions could be compared for the first time. [121]

The 1911 campaign is a particularly potent example of the importance of statistics and data-gathering to this movement. "A thousand babies saved" proclaimed one slogan for the campaign, and indeed the infant death rate was carefully monitored by the NYMC and used as a type of persuasive appeal in philanthropic literature.[122] "In five wards of Manhattan where there were no milk stations the reduction in deaths was 14 per cent for May and June," stated one postcard, "while in seventeen wards where there are milk stations the reduction in deaths for the same two months was 43 per cent."[123] The NYMC's comparison of data across wards and populations supported its assertions about the preventability of infant death, given appropriate intervention. Furthermore, it created the argument that there was a direct connection between the interventions it was performing – teaching sanitary milk handling, providing medical care and advice – and the improved results.

As demonstrated, the NYMC's 1911 campaign featured several prominent arguments about the causes of infant illness. The campaign materials rejected environmentally-based disease theories, which had indicated that illness was caused by bad air, in favor of a combined sanitation and germ theory approach. This shifted the controllability of illness from being akin to "preventing rain" to being reducible to a series of basic steps, such as boiling water, which could be taken by most mothers. The educational component of many materials included how to sterilize equipment, how germs spread within the home, and the nutritional needs of children at a variety of ages. Finally, the materials argued for a causal link between the NYMC's campaign outreach measures and the drop in infant deaths over the years that it had been implemented. However, response efficacy messages only made up part of the campaign. Research from

the social sciences indicates that some of the most effective health campaigns use persuasive messages that combine response efficacy with self-efficacy.[124] Messages of encouragement, which affirmed parents' ability to take part in preventive health measures, formed another substantial component of the campaign.

Self-Efficacy in the Campaign

While creating a causal link between an action and outcome formed one important element of this health campaign, an individual must also believe that he or she is capable of performing the action.[125] This belief, a person's self-efficacy, may face a number of challenges, including the barriers of poverty, time, stigma, energy, or motivation. Bandura's work on self-efficacy yielded several ways that people could be taught a stronger sense of their ability to perform a task. Of these, two appeared in the persuasive appeals of the NYMC's campaign: vicarious experience and verbal persuasion.[126]

Vicarious experience involves modeling positive behaviors or demonstrating threatening outcomes for negative behaviors, making narratives particularly useful in health campaign materials.[127] In a pamphlet titled "The House with the Blue Front," a narrative follows a mother from her ignorance of safe feeding practices to the illness and recovery of her child after she visits a NYMC milk station. "Take a mother who has strenuously refused to rear her offspring along scientific lines," it begins, "She gives it tea, coffee, strawberry shortcake and pickles. One day alarming symptoms develop."[128] In these opening lines, the pamphleteer establishes a scenario in which fairly common dietary choices of the day (e.g. tea) are combined with foods that most of the readership would consider egregious for a baby (e.g. pickles), both emphasizing the harm of all of

the included foods and establishing the audience as superior parents to the woman in the vignette. These first sentences also associate science with infant feeding, indicating that training is necessary to completely surpass the parenting flaws demonstrated by the sample mother. Her child ill, the mother "experiences an instant change of heart" and seeks directions from a person in the street to the nearest NYMC, "where she knows help in the form of a trained nurse awaits her, and baby is saved, with what we may describe as the cheers of the populace."[129] Modeling of a behavior may be either live or symbolic.[130] The narrative provided by "The House with the Blue Front" provided a symbolic model of behavior, which required readers to sufficiently identify with the people in the story in order to practice vicarious experience.[131] Through the narrative of the uninformed mother, the pamphlet managed to communicate inappropriate feeding practices that would lead to illness, the best way to identify a NYMC station, and who to speak to at the station. Its positive ending demonstrated the success that a parent could expect if she sought help at a NYMC milk station.

Vicarious experience was also visually represented in the materials through a series of "before" and "after" images. Literacy - particularly English language literacy - could not be counted upon in the Lower East Side target population. Under such circumstances, images contrasting emaciated babies with plump ones stood in for the narrative explaining how exactly the child underwent the change. The NYMC made a point of showing infants from the tenements in their natural surroundings in both shots to establish that the children were from the target population. A circular that was printed in English, Czech, Italian, and Yiddish states next to the pictures, "Bad milk and bad care made this baby sick. Good milk and good care made this baby well. You can keep your

baby well. Our nurse and doctor will tell you how. Free advice."[132] Another material, printed only in English, paired "before" and "after" images with a rhyme: "A story I'm showing of mother not knowing and now my story's begun/ I'll tell you another of lessons to mother and now my story is done."[133] This pamphlet combined the images with sample menus for 2 and 3 year old children. In all, there are 5 materials from the 1911 campaign that use "before" and "after" images and are paired with some sort of information about either where to seek help or how to safely care for infants. Baker noted that being able to demonstrate to mothers the effectiveness of new health techniques was important when trying to convince them to listen to "intrusive strangers with curious ideas."[134] The combination of information and persuasive appeals on the materials with "before" and "after" pictures served to boost both self-efficacy and response efficacy.

Self-efficacy appeals within the campaign also used verbal persuasion to reassure parents of their ability to act. According to Bandura, verbal persuasion can take several forms, including suggestion, exhortation, and encouragement.[135] A circular that was printed in English, Czech, Italian, and Yiddish told parents "You can keep your baby well. Our nurse and doctor will tell you how. Free advice."[136] Since self-efficacy varies from task to task, the variety of tasks targeted by these messages within the campaign, while paired with more general statements of encouragement, was broad. Parents were assured of their capability to seek help, to clean bottles, and to properly feed their children within a tight budget. Many of the maternal education materials combined recommendations to take sick children to get care at a milk station with addresses for all of the milk stations operating in New York City.[137] Self-efficacy appeals also appeared in the philanthropic literature distributed by the NYMC. "Your help is essential in carrying

Figure 2.2: A Self-Efficacy Appeal

out this work," declared one circular, "Babies can be saved."[138] Philanthropic materials sometimes included slips that could easily be filled out and returned to the NYMC. Materials such as these combined encouragement with concrete steps that parents or philanthropists could take in order to achieve a positive outcome.

While some of these appeals were positive, encouraging parents with the promise of good health outcomes, others took a more threatening tone. "A Letter to Expectant Mothers," a circular intended to promote pre-

natal care and the adoption of protective health habits during pregnancy, combined positive and negative appeals. “You can do much at this time to insure your baby being born well and

strong,” it instructed, “Prepare yourself in advance – be regular in your habits; build yourself up by eating wholesome food; avoid beer, whiskey and drugs; talk to your doctor about yourself, or go to any BABIES PURE MILK AND HEALTH STATION for advice.”[139] This portion of the circular combined a message about self-efficacy, encouraging mothers that they could perform these actions, with a response efficacy message that instructed them how to achieve the positive outcome. However, this was followed by a more negative appeal: “Do not forget you owe it to your unknown babe to bring it into the world well and strong. This you can do if only you are willing to learn how.”[140] This statement appealed to guilt and obligation, but it also made a direct tie between the preferred outcome and the ability to learn, reinforcing efficacy.

Campaign Depictions of Agency

Although the persuasive messages of the campaign recommended courses of action for its audiences, the campaign also created a vision of parents and medical professionals that depicted the agency of these groups. Rhetorician Erin J. Rand argues that agency is an adaptation to “institutional forces that make the effects of certain actions intelligible.”[141] Through modeling behaviors and response efficacy appeals, the NYMC represented mothers as capable agents in the care of their children. The campaign gave a positive depiction of the power of individual initiative and responsible care-seeking behavior. Lower and working-class women in Manhattan, the original audience of the

NYMC, were portrayed as enthusiastic and capable of engaging with the campaign and thwarting infant illness. "Sickness was prevented and lives were saved because mothers were taught and because pure milk and a few essentials were provided at low cost," one campaign material boasted, while another described these mothers as "ignorant but eager to learn."[142] Indeed, a large number emphasized the value of education to mothers and the potential effects on infant health.[143]

The philanthropic audience saw itself portrayed as an integral part of a rational and humane movement. They were repeatedly instructed that their "help is essential in carrying out this work."[144] Philanthropic materials also included nationalistic messages such as the statement that "the nation that has the babies has the future."[145] The connection of individual, local efforts to national and international outcomes depicted a high level of environmental responsiveness to individual philanthropic initiative. This vision of providing a more humane future was accompanied by assurance of the capability and resourcefulness of the low income women who would benefit, portraying both audiences of the campaign as capable agents.

The maternal education materials evoked parental responsibility by portraying the type of parent who did not engage in preventive health measures. While the narrative about the mother who successfully sought help at the "Blue Front" milk station after feeding her infant pickles provided an example of vicarious experience for readers, she also represented the life-threatening harm that could result if a mother was too stubborn to adopt recommended measures.[146] Another type of mother was found in "One Case out of Many," which recounted a story from a public health nurse employed by the NYMC. The mother, who had already lost one of her children to an illness, "was weak,

discouraged, and unwilling to talk—a picture of a nervous break-down."[147] With the nurse's intervention, the family was able to save a second sick child. Poverty and neglect were also offered as a means of explanation; "What ails the child usually is nothing in the world but starvation…. Hundreds of babies starve to death every year in New York City."[148] These depictions of the linkages between parental action and infant illness reinforced the causal connection and served as negative incentives.

Although the campaign saddled parents with both the knowledge and expectation for preventing infant illness, it also stressed the value of seeking medical care. Campaign materials emphasized the high responsiveness of infant illness to physicians and public health nurses, and encouraged women to plan to have their next child in the hospital setting.[149] They also described the use of medical technologies, including organizational elements, which distinguished public health officials and physicians from the local midwife.[150] For instance, a maternal education pamphlet informed its readers of the usefulness of growth charts and assured them that "every baby that comes has a chart."[151] The triumvirate of empowered parent, chart-wielding public health administrator, and physician formed the central players battling for infant health.

Agency: A Mixed Perspective

Although the general parameters of the concept of agency transcend disciplinary boundaries, the approaches taken by the humanities and social sciences diverge at the angle taken. Viewing the persuasive appeals in the NYMC's 1911 campaign offers an unusual opportunity to observe this combination of arguments about the ability of individuals to respond to a "new" health threat. I argue that two types of efficacy

messages, response efficacy messages and self-efficacy messages, were prominently featured in the campaign. Response efficacy messages countered fatalism and acceptance of infant death as a part of life while teaching the causes of illness and their controllability. Self-efficacy messages in the campaign modeled behavioral change and provided positive feedback. These two types of messages frequently appeared together in the materials. They also appeared in ways that would be familiar to many rhetoricians: in the context of narratives, visual rhetoric, and statistical evidence. More strikingly, the usage of symbolic modeling through narrative and the strategic usage of encouragement served to form persuasive arguments about the nature of the audience's rhetorical agency. The overlap between the two perspectives on agency within this type of text demonstrates its dual role: campaign literature both teaches agency-building strategies and models expectations of the audience's capability to act.

The two arms of this campaign – maternal education and philanthropic – meant that it modeled these agency goals for parents to both audiences, using the model of low-income women as a teaching device for upper-income women. Maternal education materials depicted women who did not comply with the campaign's recommendations as either willful or sick, but philanthropic materials did not present this characterization. Instead, they portrayed the women receiving maternal education in a largely positive light, arguing that they were eager and enthusiastic to respond to the educational reform.[152] In the materials supplied by philanthropic funding, the lower-income women were represented as full agents, capable of making intelligent decisions and conforming to new health behaviors.

This chapter reveals a complex campaign: one which taught skills and disease theory while promoting parental efficacy and medical reliance. Engaging with health campaign texts provides the opportunity to take two perspectives on the role of persuasion: the role of persuasion in educational appeals contained within the texts and the campaign's depiction of its audience. The groundbreaking maternal education provided in the NYMC's campaign laid the foundation for similar campaigns in other cities, and eventually formed the template for the maternal education provided by the U.S. Children's Bureau.

ENDNOTES

[68] Michael C. Leff, "Tradition and Agency in Humanistic Rhetoric," *Philosophy & Rhetoric*, 45:2 (2012): 213-223, 213
[69] Valerie R. Renegar & Stacey K. Sowards, "Contradiction as Agency: Self-Determination, Transcendence, and Counter-Imagination in Third Wave Feminism," *Hypatia*, 24:2 (2009): 1-20, 14, Erin J. Rand, "An Inflammatory Fag and Queer Form: Larry Kramer, Polemics, and Rhetorical Agency," *The Quarterly Journal of Speech*, 94 (2008): 297-319, Amy Koerber, "Rhetorical Agency, Resistance, and the Disciplinary Rhetorics of Breastfeeding," *Technical Communication Quarterly*, 15:1 (2006): 87-101
[70] While the example I use is infant mortality, other possibilities might be the link between smoking and lung cancer or the power of the cowpox vaccine to prevent smallpox.
[71] M.K. Lipinski, "Starvingforperfect.com: A Theoretically Based Content Analysis of Pro-eating Disorder Websites," *Health Communication*, 20:3 (2006): 243-253, Lipinski notes that campaigns must use a combination of self-efficacy and response efficacy in order to be successful at encouraging behavioral change.
[72] "Record of Accomplishments and Prospectus of the New York Milk Committee," pamphlet, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[73] Meckel, *Save the Babies*, 93-94
[74] "If You Knew," circular, New York Milk Committee (1911)
[75] S. Josephine Baker, *Fighting for Life* (New York: The MacMillan Company, 1939): 117
[76] Meckel, *Save the Babies*, 92

[77] "Record of Accomplishments and Prospectus of the New York Milk Committee," pamphlet, New York Milk Committee, Archives of the New York Academy of Medicine (1911) Furthermore, the stations the NYMC had an income-based sliding scale for milk costs. The NYMC instituted cost controls that kept the prices of their milk constant with the cost of milk at other shops in the city, despite the additional sanitary measures taken.

[78] Meckel, *Save the Babies*, 93
[79] Apple, *Mothers and Medicine*, 59
[80] Wolf, "Saving Babies and Mothers," 139 In the three days that most of the urban milk supply took to arrive from the farms, those transporting it added chalk powder, formaldehyde, borax, and other substances to maintain the illusion of freshness. Milk produced in the cities came from cows fed distillery grain.
[81] Meckel, *Save the Babies*, 93
[82] Meckel, *Save the Babies*, 80 During the nineteenth and early twentieth centuries, "cholera" was an umbrella term for illnesses characterized by vomiting and diarrhea.
[83] Meckel, *Save the Babies*, 125 "The chief catalyst for this shift from milk work to maternal education was the general conviction that domestic insanitation and maternal ignorance of the hygiene of infant feeding were the critical causes of summer diarrheal epidemics."
[84] Mink, *The Wages of Motherhood*, 28
[85] "An Accomplishment and An Expectation," leaflet, New York Milk Committee, Archives of the New York Academy of Medicine (1912)

[86] "An Accomplishment and An Expectation," pamphlet, New York Milk Committee, Archives of the New York Academy of Medicine (1912), "While There's Care, There's Hope," postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[87] Baker, *Fighting for Life*, 119, Baker wrote that "although you would make big dents in the infant death rate in tenement districts, there did not seem to be much to do about the rate in wealthy districts. Sometimes it really looked as if a baby brought up in a dingy tenement room had a better chance to survive its first year, given reasonable care, than a baby born with a silver spoon in its mouth."
[88] Meckel, *Save the Babies*, 146-147, Baker, *Fighting for Life,* 122
[89] Baker, *Fighting for Life*, 121; Ladd-Taylor, *Raising a Baby the Government Way*, 17
[90] Catherine H. Palczewski, "The Male Madonna and the Feminine Uncle Sam: Visual Argument, Icons, and Ideographs in 1909 Anti-Woman Suffrage Postcards," *Quarterly Journal of Speech*, 91:4 (2005) 365-394, 365

[91] Gerard Hauser, "Editor's Introduction," *Philosophy & Rhetoric*, 37:3 (2004): 181-187, 183 Hauser argues that agency "raises questions of voice, power, and rights which place at the center of this era's major social, political, economic and cultural issues."
[92] Christian Lundberg, "Letting Rhetoric Be: On Rhetoric and Rhetoricity," *Philosophy & Rhetoric*, 46:2 (2013): 247-255, 248-250, Aristotle, *Rhetoric*, Trans. W. Rhys Roberts (Mineola: Dover Publications, Inc., 2004): 1355b: 26 Emphasis mine
[93] Leff, "Tradition and Agency in Humanistic Rhetoric," 214, Leff writes that "Among contemporary rhetorical scholars, one of the most widely accepted judgments about traditional humanistic rhetoric is that it contains a strong, almost totalizing, emphasis on the agency of the rhetor."
[94] Aristotle, *Rhetoric*, 1355b 3-4, 1358b 2-4
[95] Celeste M. Condit, "Pathos in Criticism: Edwin Black's Communism-As-Cancer Metaphor," *Quarterly Journal of Speech*, 99:1 (2013): 1-26, 7, Benoit & Smythe, "Rhetorical Theory as Message Reception," 96-114 Condit, Benoit, and Smythe employ social scientific scholarship on cognition (and in Condit's case, affect) to support rhetorical claims.
[96] Albert Bandura, "Towards a Psychology of Human Agency," *Perspectives on Psychological Science*, 1:2 (2006): 164-180, Albert Bandura, "Human Agency in Social Cognitive Theory," *The American Psychologist*, 44:9 (1989): 1175-1185

[97] Albert Bandura, "Health Promotion by Social Cognitive Means," *Health Education & Behavior*, 31 : 2 (2004): 143-164, 147

[98] Bandura, "Self-Efficacy," 191-215
[99] Albert Bandura, "Perceived Self-Efficacy in the Exercise of Control over AIDS Infection," *Evaluation and Program Planning*, 13 (1990)
[100] Rimal, "Closing the Knowledge-Behavior Gap in Health Promotion," 221, 232
[101] Bandura, "Exercise of Human Agency through Collective Efficacy," *Current Directions in Psychological Science*, 9:3 (2000): 75-78, 75
[102] Bandura, "Self-Efficacy" 191-197
[103] Ana-Paula Cupertino et al., "Change in Self-Efficacy, Autonomous and Controlled Motivation Predicting Smoking," *Journal of Health Psychology*, 17:5 (2011) 640-652, Edward Maibach, "Changes in Self-Efficacy and Health Behavior in Response to a Minimal Contact Community Health Campaign," Health Communication, 3:1 (1991): 1-15, Jean M. Grow & Stephanie A. Christopher, "Breaking the Silence Surrounding Hepatitis C by Promoting Self-Efficacy: Hepatitis C Public Service Announcements," *Qualitative Health Research*, 18:10 (2008): 1401-1412, As demonstrated here, multiple perspectives have already been employed to consider self-efficacy messages.

[104] M.K. Lapinski, "StarvingforPerfect.com: A Theoretically Based Content Analysis of Pro-eating Disorder Web Sites," *Health Communication, 20*:3 (2006): 243-253, M.K. Lapinski & K. Witte, "Health Communication Campaigns," in *Health Communication Research: A Guide to Developments and Directions*, Eds D. Jackson & B.K. Duffy (Westport, CT: Greenwood, 1998): 139-161

[105] Bandura, "Perceived Self-Efficacy in the Exercise of Control over AIDS Infection," 12
[106] Bandura, "Perceived Self-Efficacy in the Exercise of Control over AIDS Infection," 12
[107] Lester S. King, "Germ Theory and Its Influence," *Journal of the American Medical Association*, 249:6 (1983): 794-798
[108] Alfred Yankauer, "Job Lewis Smith and the Germ Theory of Disease," *Pediatrics*, 93:6 (1994): 936-938, 936 According to Yankauer, Nightingale, who died in 1910, never accepted the theory.
[109] Bandura, "Self-Efficacy Mechanism in Human Agency,"
[110] Bandura, "Self-Efficacy Mechanism in Human Agency,"
[111] Albert Bandura, "Self-Efficacy Mechanism in Human Agency,"
[112]Baker, *Fighting for Life*, 58
[113] "What Milk to Buy," New York Milk Committee (1911)
[114] Howard D. Kramer, "The Germ Theory and the Early Public Health Program in the United States," *Bulletin of the History of Medicine*," 22:3 (1948):233-248, 233
[115] "While There's Care, There's Hope," postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[116] "The Baby and the Budget," postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[117] Yankauer, "Job Lewis Smith and the Germ Theory of Disease," 936-938
[118] "What Milk to Buy," circular, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[119] Grey, "The Statistical War on Equality," 303-329
[120] Ian Hacking, "How Should we do the History of Statistics?" in *The Foucault Effect: Studies in Governmentality with Two Lectures by and an Interview with Michel Foucault* Eds. Graham Burchell, Colin Gordon & Peter Miller (Chicago: University of Chicago Press, 1991)181-196, 181
[121] Frankel & Dye, 117 In 1911, much of this was done on the state level, with questionnaires from certain geographic areas extrapolated to account for the probable rates nationwide. In 1914, women's club members led a campaign for governmental registration of births. The campaign was successful; birth registration began in 1915.
[122] "What Happened in… During the Hot Spell?" postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[123] "Should Midsummer Urgency Be Met by Midsummer Appeal?" postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[124] Lapinski, "StarvingforPerfect.com," 243-253
[125] Bandura, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," 191-215
[126] Bandura, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," 195-198
[127] Heather M. Zoller, "Communicating Health: Political Risk Narratives in an Environmental Health Campaign," *Journal of Applied Communication Research*, 40:1 (2012): 20-43, Sheila T. Murphy et al. "Narrative Versus Nonnarrative: The Role of Identification, Transportation, and Emotion in Reducing Health Disparities," *Journal of Communication*, 63:1 (2013): 116-137, Suellen Hopfer, "Effects of a Narrative HPV Vaccination Intervention Aimed at Reaching College Women: A Randomized Controlled Trial," *Prevention Science*, 13:2 (2012): 173-182
[128] "The House with the Blue Front," pamphlet, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[129] "The House with the Blue Front,"
[130] Bandura, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," 194
[131] Kenneth Burke, *A Rhetoric of Motives* (Berkeley: University of California Press, 1950), Albert Bandura, "Social Cognitive Theory of Mass Communication," in *Media Effects: Advances in Theory and Research*, Eds. J. Bryant & D. Zillman, (Mahwah: Erlbaum, 2002): 121-153, Bandura, "Health Promotion by Social Cognitive Means," The persuasive value of identification has been argued by both rhetoricians and social scientists.
[132] "Look for the Blue Fronts," circular, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[133] "Saving Through Education," postcard, New York Milk Committee, Archives of the New York Academy of Medicine (1911)

[134] Baker, *Fighting for Life*, 152
[135] Bandura, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," 194-195, Albert Bandura, "On the Functional Properties of Perceived Self-Efficacy Revisited," *Journal of Management*, 38:1 (2012): 9-44
[136] "Look for the Blue Fronts,"
[137] These included "The House with the Blue Front," "Look for the Blue Fronts," "Babies' Pure Milk and Health Stations," "A Letter to Expectant Mothers," and "Out of Town"
[138] "Who's Afraid," circular, New York Milk Committee (1911)
[139] "A Letter to Expectant Mothers," circular, New York Milk Committee (1911)
[140] "A Letter to Expectant Mothers"
[141] Erin J. Rand, "An Inflammatory Fag and Queer Form: Larry Kramer, Polemics, and Rhetorical Agency," *The Quarterly Journal of Speech*, 94 (2008): 297-319, 299-300
[142] "If You Knew," circular, New York Milk Committee (1911), "Who's Afraid,"
[143] "The Baby and the Budget," "What Happened in…During the Hot Spell?" "Who's Afraid," "If You Knew," "The House with the Blue Front," "Look at the Blue Fronts,"
[144] "Who's Afraid," "If You Knew," "Record of Accomplishments and Prospectus," leaflet, New York Milk Committee, Archives of the New York Academy of Medicine (1911), "Saving Through Education,"
[145] "Milk and Human Kindness," leaflet, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[146] "The House with the Blue Front,"
[147] "One Case out of Many," circular, New York Milk Committee, Archives of the New York Academy of Medicine (1911)
[148] "The House with the Blue Front,"
[149] "A Letter to Expectant Mothers," "If you can go to the hospital, do so by all means; there you will receive proper medical and nursing care for yourself and the baby. Select from the list of hospitals given in this circular"
[150] Meckel, *Save the Babies*, 165 Meckel states that approximately 50% of all infants born in the United States in 1910 were delivered by midwives.
[151] "The House with the Blue Front,"
[152] "If You Knew," "Who's Afraid"

Chapter 3

"Save the Babies": Picturing Risk

Figure 3.1: Save the Babies

"Save the Babies," originally distributed in Great Britain, was adopted by the United States Children's Bureau as part of its poster campaign to publicize the threat of infant mortality.[153] This melodramatic poster depicts Death pursuing an infant and two toddlers, while the steady and forceful hand of Government intervenes.[154] In practice, the Children's Bureau, chartered to investigate threats to children's health and well-being, faced a daunting task. In 1910, one quarter of all deaths in the United States were those of children under the age of five, and the majority of those deaths occurred in the first year

of life.[155] In response to this issue, the Bureau participated in a pioneering wave of biopolitical interventions, synthesizing statistical surveillance of infant mortality with a poster campaign featuring its findings. This dual strategy presents an early and striking example of risk messages and fear appeals in a public health campaign. The rhetorical function of risk communication is the diffusion of negative population-wide outcomes through individual preventive behaviors, making campaigns such as the one produced by the Children's Bureau an important means of teaching new health norms.

The visual practices of risk communication promoted the acceptance of biopolitical measures by using population-wide data to advocate for individual investment in health issues. This chapter analyzes posters distributed by the U.S. Children's Bureau in its campaign to reduce infant mortality between 1912, when it the Bureau was founded, and 1918. The posters were deeply biopolitical, portraying risk factors as active health threats by showing the significance of preventive health measures and demographic inequities. This chapter opens with a discussion of the role that the Children's Bureau played in the Progressive Era expansion of government, particularly the significance of its adoption of biopolitical technologies. Next, I describe the use of risk and fear appeals in the content of its poster campaigns, considering the role that the images played in communicating culpability for negative health outcomes. The chapter concludes with a broader discussion of the use of images to portray elements of risk. Health campaigns function as one of the most direct means of biopolitical persuasion. During the Progressive Era, they conditioned the public to preventive health measures by both teaching skills and demonstrating their effectiveness. Today, during another significant expansion of government power over health (both via technological advances

and the implementation of the Affordable Care Act), many of the same constraints and opportunities remain, making the analysis of this historic case a useful parallel for guiding interpretations of modern communication about risk and fear.

Caring for the Nation's "Child Crop"

One of the most dramatic areas where changes in governmental power manifested at the beginning of the 20th century was in the realm of public health, particularly in the form of preventive medicine for the nation's infants and children. During the years leading to World War I, reformers in the United States and Western Europe lobbied successfully for public health efforts addressing high levels of infant mortality. In the United States, grassroots campaigns in many cities gave rise to public support for a federal agency to address child health issues. Prior to 1914, there was no federal record-keeping of births in the United States; however, records kept on the state and regional levels suggest that the infant mortality rate was approximately 124 out of 1,000 live births.[156]

Concerned about "national deterioration" as a result of the neglect towards children's health, reformers argued that privately-funded organizations were insufficient to meet the wide social and medical needs of the nation; instead, they argued that the organization and resources of government were necessary to address the problem in full.[157] Governmental involvement in the public's health on the federal level was virtually nonexistent prior to 1902, the year that the name of the Marine Hospital Service was adapted to include the words "public health," and the formal United States Public Health Service was not established as a separate organization until 1913.[158]

Some of the first federal public health efforts were carried out by a different bureaucracy: the Children's Bureau. The Children's Bureau was established in 1912 to promote research and education concerning children's health and safety.[159] While major cities throughout the United States had sought to lower infant mortality by devoting resources towards improving the milk supply, investigating the causes of illness, and providing public health nurses, rural areas fell outside of their sphere of influence. Recognizing the limitations of these small-scale efforts, educated women with experience in the settlement houses, including Florence Kelley, Julia Lathrop, and Grace Abbott, endorsed Lillian Wald's conceptualization of a federal agency addressing maternal and child issues.[160] Speaking in favor of its creation, Wald asked: "If the Government can have a department to take such an interest in what is happening to the Nation's cotton crop, why can't it have a bureau to look after the Nation's crop of children?"[161] The women in charge of the Children's Bureau believed that its existence was critical for the betterment of the country. Bureau Chief Julia Lathrop argued in 1914 that infant welfare was "a profoundly important public concern which tests the public spirit and the democracy of a country."[162]

However, those lobbying for the creation and maintenance of the Children's Bureau faced repeated political obstacles. Only after six years and eleven drafts of legislation proposing the Bureau was it approved by Congress and signed into existence by President William Howard Taft. A condition of its approval was the requirement that it refrain from taking social welfare measures or providing health care. In its inaugural year, the Children's Bureau was granted an operating budget of $25,640 – just above the minimum funding that the federal government could allot to a bureaucracy.[163]

Under the Children's Bureau, interventions by women's organizations throughout the country could be coordinated for better effectiveness. The only federal bureau to employ mostly women, and the first to be led by a woman, it performed these functions while its legitimacy was consistently under attack. [164] The Children's Bureau lobbied for legislation to eliminate child labor, institute mother's pensions (a precursor to welfare), and reduce infant and maternal mortality. It used its funding to dispatch researchers who tracked the trends and causes of problems affecting women and children throughout the country. Following the controversy that surrounded its founding, Chief Julia Lathrop decided to focus the Bureau's efforts on infant mortality, an issue that she considered apolitical.

Despite its low funding, the Children's Bureau was a powerhouse for women's education and activism. The Children's Bureau rapidly adapted its methods of public education to the findings of its researchers. A 1913 study in Johnstown, Pennsylvania, conducted by Emma Duke, argued compellingly for the connections between poverty and poor infant and maternal health, demonstrating a clear, quantitatively proven connection for the first time.[165] The study also found that the infants of working mothers were 56% more likely to die in their first month of life than the other infants in their birth cohort.[166] Duke's findings – and others by Children's Bureau researchers – were widely reported upon in the national press and described at conferences.[167] The Children's Bureau used a language of expertise to emphasize the importance of education over maternal instinct.[168] At the same time, it asserted the importance of motherhood as a calling. Historian Molly Ladd-Taylor writes that "Mothers have always sought advice and assistance with childrearing from female friends and family members, but their growing dependence on

help from government and medical experts outside their own networks was new to the twentieth century."[169]

The growth of the Children's Bureau itself is a demonstration of the new interest in expert advice for new mothers. Bureau Chief Julia Lathrop's management of the Bureau's image and development of contacts in communities throughout the country helped it to gain widespread grassroots support.[170] When Congress attempted to cut its funding in 1914, millions of women responded by writing their representatives, and the funding was instead made five times greater.[171] Between 1914 and 1918, the number of volunteers distributing educational materials, performing advocacy work, and donating time to community health clinics in the name of the Children's Bureau grew from 1,500 to 11 million.[172] Furthermore, between 1914 and 1918, the Children's Bureau distributed advice manuals to 1.7 million expectant and new mothers.[173] The Children's Bureau's infant health campaigns "brought the state into women's lives to supervise and direct the conduct of pregnancy, childbirth, and motherhood."[174] Although the Children's Bureau was not permitted to give financial assistance to families, it coordinated services for impoverished families through appeals to women's clubs and charity groups, and its national awareness campaigns convinced many local governments to establish public health clinics.[175]

Through its advocacy and its style of data-gathering, the Children's Bureau served as an important step in the Progressive Era expansion of government in the United States.[176] The federal government changed in two ways during this era: it developed reforms to counter the social problems associated with the unrestrained capitalism of the Gilded Age, and it expanded its powers to address matters that had previously been dealt

with by state governments.[177] The formation of the Children's Bureau, which was modeled after state and local bureaus addressing child health, fell into the latter category as an example of the federal government adopting local policy innovations. The adoption of similar policies to address infant and child health was accompanied by social scientific methods of tracking the effectiveness of the interventions, which subsequently were used to justify the Bureau's role in promoting some of the first social welfare measures.

Biopolitics and the Bureau

Although the Children's Bureau based certain elements of its interventions upon earlier state reforms, the restrictions upon its power and funding largely meant that its efforts went towards developing health norms that critiqued common working class living conditions without accompanying the recommendations with methods of aid or suggestions for combating disease. Nowhere was this clearer than in the public health posters the Bureau distributed, which informed their viewers of the risks of violating health norms without proscribing clear and effective actions to meet them. Thus, the Children's Bureau participated in a form of biopolitics that asserted control over a population by identifying the risks it faced, without implementing social policies that changed material conditions.

It was during the earliest part of the twentieth century that western governments began to invest in public health and promote social welfare measures.[178] The expansion into concern over public health during the Progressive Era also reflected a general growth in biopolitics, the extension of government power of the ways in which people live and by which their actions influence the productivity of the community.[179] Indeed, it was a

notable change from the disciplinary power that had been the tool of the federal government since the founders of the United States had drafted the Constitution.[180] While disciplinary power was focused upon shaping the individual, biopower sought to shape populations. Michel Foucault argued that biopower was what "brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life."[181] The ways in which the Children's Bureau and other Progressive Era government agencies developed programs of research and established norms demonstrates a growing interest in the use of knowledge to improve human life and health.

Through its published studies, the Children's Bureau publicized health norms. Foucault explicitly linked normalization and surveillance, writing that both become important instruments for the state.[182] Statistical data, such as that which the Children's Bureau collected and distributed, played a role in the categorization of populations and was subsequently used to shape them. "The power of normalization imposes homogeneity;" writes Foucault, "but it individualizes by making it possible to measure gaps, to determine levels, to fix specialties and to render the differences useful."[183] In the context of several of the Children's Bureau studies, levels of existing health norms, stratified by factors such as age and income, indicated the necessity of public health measures that could improve infant health across the spectrum of factors. For instance, in the poster "Infant Mortality Rates According to Father's Earnings," a thermometer graph demonstrated the precipitous (and inversely-correlated) rise in infant mortality across seven paternal income levels.[184] The Children's Bureau's large studies and subsequent

stratification of norms served to bolster the message that factors secondary to an individual's health needed to be addressed in terms of risk.

The research of the Children's Bureau informed public policies and drew the responsibility for preventive measures further and further into the realm of government and, through increased government interventions, back into the realm of the family. "In the 20th century the popularization and adoption of hygienic norms and political measures that targeted health improvement increasingly resulted in individuals taking the initiative when it comes to fighting illness," wrote Thomas Lemke.[185] Methods developed for monitoring health interventions required closer scrutiny of the families that benefitted from them. However, in becoming the focus of a federal intervention, infant welfare activities shifted from a direct, material intervention that provided necessities to families – as had been done on the local level - to an emphasis on governmental oversight of parental action.

Public Health Images and Biopolitics

While much has been written about biopolitics, the visual markers of this transition in power structures remain underexplored.[186] A fundamental element of the success of biopolitics was the acceptance of this new form of power by the general population and their subsequent adherence to health-promoting messages. Health campaigns, such as the one operated by the Children's Bureau, took on this persuasive role by educating the public about the importance of preventive health and advocating behavioral change. In doing so, they utilized visual media to portray both population-wide risk and the consequences of not adopting preventive health measures.

The growth of mass media, and particularly visual media, was contemporaneous with the development of public health in the United States. The early twentieth-century focus on health promotion indicates the "confluence of two mutually dependent innovations," according to rhetorician David Serlin: "the emergence of modern medicine's reliance on sophisticated media to represent diagnosis and treatment, and the emergence of modern communication's reliance on sophisticated media to fulfill particular institutional or ideological goals."[187] Cara Finnegan notes that child labor reformers quickly identified the influence that images could have in increasing public concern about inequitable and unsafe practices.[188] As Robert Hariman and John Louis Lucaites argue, images can both serve to constitute their viewing public and reproduce normative ideologies.[189] In the context of risk messages, pictures can serve a powerful function by intensifying concern, communicating the link between a risk factor and a negative outcome, and demonstrating statistical data.[190]

Posters from this era served a powerful function for public health due to their accessibility to all audiences, a characteristic that made them ideal for the portrayal of aspirational health norms. At their peak during World War I, they served a powerful social function, dispersing information and calling viewers to perform tasks for the good of the nation.[191] Health departments in cities across the country relied on posters to promote public health. For instance, in 1910 the city of Chicago printed a poster titled "Don't Kill Your Baby," which endorsed feeding babies milk while keeping them away from meat, coffee, and beer. Copies of the poster were printed in Polish (3,000 copies), English (3,000), Yiddish (1,000), Bohemian (1,000), German (1,000), Lithuanian (500), and Italian (500), demonstrating just one of the many ways that visual media were

adapted to meet the needs of a broader audience.[192] The Children's Bureau relied heavily on visual images in posters and public displays. Although posters were a frequently utilized mechanism for communicating messages about public health, few survive, since they were printed with the intention of being disposable.[193]

Visual rhetoric plays an important role in the dissemination of arguments about the value of biopolitical interventions. Materials targeted directly to the public can contain verbal and visual elements that teach self-determination and power over health.[194] The link between personal actions to improve health and positive connotations of citizenship may be overt (for instance, as it appeared in Soviet Propaganda about the body) or more discreet (as it may appear in health campaigns or self-help books).[195] Regardless, the alignment between personal and governmental gain is a significant component of this form of persuasion.[196]

The Children's Bureau poster campaign employed two distinct persuasive features in its visual content: risk appeals and fear appeals. The large and vibrant scholarship on risk has aligned it closely with biopolitics, since risk discourses implicitly rely upon population-wide data in order to make claims about the components of individuals' lifestyles that magnify or mitigate the likelihood of their exposure to a negative outcome.[197] Equally significant is the way in which this discourse uses large-scale trends to convince individuals of the importance of their role in addressing negative health outcomes, essentially privatizing responsibility for health. While risk appeals clearly align personal and governmental gain, the fear appeals in the Children's Bureau campaign performed a similar function. In this campaign, they served as a subset of the risk communication by portraying risk factors as active health threats.

Images and Risk

Risk is used to indicate environmental dangers to a population or the dangers of an individual's actions to him or herself. While the former locates accountability with the government or community at large, the latter places responsibility with the individual, whose rejection of proscribed behaviors and subsequent increase in negative risk carries a stigma similar to sin.[198] "Individuals," wrote Nikolas Rose, "are invested with the responsibility to manage their own risk and to take responsibility for failures to manage it."[199] Likewise, sociologist Rachel Grob argued that the growing focus on preventive medicine lead to "complexities in the production of disease categories and illness identities. Medical and public health practices focus more and more on analyzing the inner workings of the asymptomatic body so as to identify and circumvent disease before it is manifest."[200] Adopting a language of risk construed social problems in terms of their preventability through the monitoring of a variety of factors that may themselves not have been dangerous.[201] As such, the concept of risk redefined the role of the (now prospective) patient and the health administrator. During the twentieth century, medicine increasingly became a matter of prevention, not simply a matter of responding to existing problems. The rise of biopolitics to manage the health of populations during the Progressive Era increased the importance of communicating risk.

A pivotal part of addressing health issues in terms of individual risk is the use of education to demonstrate the available options and dangers of an issue to the public. The appearance of such content in the Children's Bureau posters offers the opportunity to recognize patterns of persuasion in early images promoting preventive measures. While it

is impossible to definitively state the ways in which the posters shaped their contemporaries' emotional response, particularly given the variety of factors that shape any individual audience member's interpretation of an image, it is possible to identify the rhetorical techniques that are frequently used in risk messages.[202]

Because risk is a population-wide measure, the compilation and classification of data is an integral part of risk communication. Therefore, graphs and figures play an important role in the messages about risk. The value of visual representations of numeric information can also be found in their comprehensibility for the general population. Visual aids, including graphs, can improve a person's understanding of lifestyle or health treatment risks, lower the likelihood of misunderstandings from anecdotal narratives and increase risk avoidance.[203] The technical elements of this type of visual rhetoric impose an ethos of objectivity, even though a series of strategic decisions must be made in order to portray the data in the most persuasive light.[204] Likewise, "objective" visual mediums that depict population-wide information communicate norms and the value of conformity.[205] The graphs and figures used by the Children's Bureau in its infant mortality campaign vary in content by medium – bar graph or thermometer scale. While bar graphs show the severity of infant mortality across time, the thermometer graph demonstrates the susceptibility of the United States' population to infant mortality in terms of economic well-being and nationality. However, the combination of images and words communicate a risk in both types of materials that is particular to families but capable of being reduced primarily through governmental action. They justified governmental intervention and communicated that it was imperative that families be given aid for the general benefit of the country.

Graphs served prominently to communicate risk in the Children's Bureau poster campaign. They were simple to design, readily demonstrated the advances the Children's Bureau researchers were making in determining the severity of infant mortality in the United States, and heightened the Bureau's professional ethos. Bar graphs on posters such as "Summer Peak of Infant Deaths," which was designed and distributed in 1916, illustrate the number of infants who died each month from diarrhea and enteritis in areas surveyed by the Bureau.[206] The poster provided valuable information about the rates of stomach ailments, but the format in which it was presented demonstrated technical expertise and familiarity with statistical data, which was only beginning to be prominent for driving public policy.[207] The representation of the data in terms of the sheer scale of infant mortality in the United States communicated to viewers the scope of the research that the Bureau was directing.

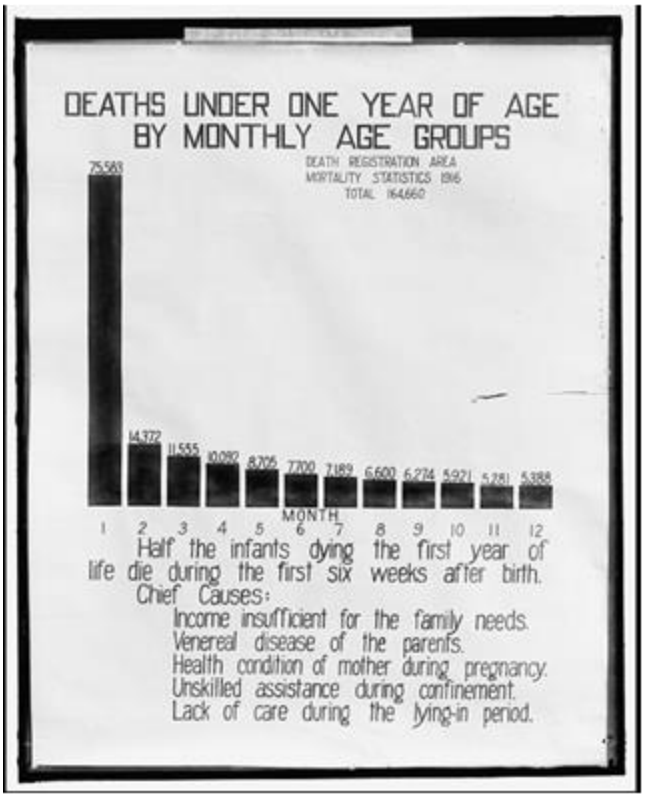


Figure 3.2: Deaths Under One Year of Age

Graphs did not only distribute quantitative data and influence the ethos of the Children's Bureau, however; they also were used to attribute responsibility for the deaths. "Deaths under One Year of Age by Monthly Age Groups," from 1917 (Figure 3.2), demonstrates that the majority of infant deaths occurred in the first month of life, and shows the risk of death declining throughout the

first year of life.[208] The additional text provided under the graph states five "chief causes" of infant mortality in the first six weeks of life, which vary between those which the parents are responsible for (venereal disease) and those which the government could feasibly mitigate.

The Children's Bureau's activism to improve the material circumstances of families, and its close association with labor reformer Florence Kelley, makes it likely that "income insufficient for the family needs," the first item on the list of risk factors for infant mortality, was a criticism of government policies towards poor families. "Unskilled assistance during confinement" and "lack of care during the lying-in period" likewise were concerns that the reformers at the Children's Bureau sought to address through changes in public policy, including through midwife courses and licensing. In 1917, Julia Lathrop, the Chief of the Children's Bureau, wrote a bill that was sponsored by Congresswoman Jeanette Rankin and Senator Joseph Robinson and which served as the forebear of the Sheppard-Towner Act of 1920.[209] Therefore, although the list provided on the poster could be seen in terms of individual risk factors, the contemporary activism and rhetoric of the Children's Bureau indicates that its leaders viewed these issues as societally-induced risk factors that ought to be addressed on the governmental level.

While bar graphs were one way in which population-wide data was displayed in Children's Bureau posters, another way that it was shown was through the use of thermometer images, which were used to compare the susceptibility to infant mortality along a scale. For instance, "Infant Mortality Thermometer," (Figure 3.3) which was published in 1917, compares infant mortality rates among 24 countries. Another poster,

"Infant Mortality Rates According to Fathers' Earnings," shows the rate increasing as fathers' wages drop. In these graphs, the image of the thermometer serves to explicitly connect matters of governance to health. The metaphor of the thermometer spiking is used to indicate ill health in low-income families and the United States as a whole, even as the risk factors shown are not intuitively related to health.

Unlike the bar graphs, which demonstrate severity across time, the thermometer images demonstrate susceptibility across populations. Furthermore, they indicate a causal relationship between nationality and wages – social matters - and health. In doing so, they demonstrate population-wide risk and direct the blame for the risk towards the government, because the data shown precludes the possibility of individual change to improve infant health. The framing of this is in the posters served an important purpose: it justified governmental intervention and indicated that it was imperative that families be given aid. Furthermore, it focused on the family as the means to achieve societal goals, via governmental intervention to establish modified norms for health.

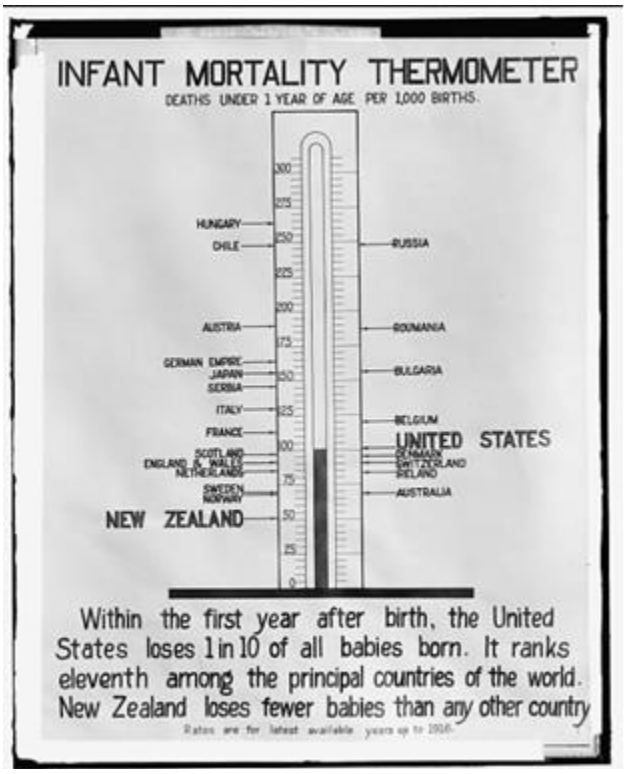


Figure 3.3: Infant Mortality Thermometer

Fear Appeals

Both Aristotle and contemporary theorists have considered the role that fear plays in persuasion. Aristotle defines fear as "a pain or disturbance due to a mental picture of some destructive or painful evil in the future."[210] While Plato condemned allowing decision-making to be shaped by fear, such appeals are a near-ubiquitous element of persuasion.[211] Fear is not necessarily irrational, and may result in a logical course of action.[212] Beth Innocenti posits that fear appeals meet ethical standards if the speaker holds himself to reasonable standards of honesty and accountability for his causal claims.[213] Indeed, Michael Pfau argues that fear appeals can even be used "to open up political debate and deliberations."[214] The incitement to action by fear appeals has also been studied by social scientists. Katherine A. McComas writes that while basic information about risk increases audience knowledge, it does not influence the audience's emotional response or the likelihood that they would seek screening for the health issue they had been informed about.[215] Fear appeals are meant to induce action by presenting harmful consequences to potential actions.[216] Health campaigners use fear appeals because "increased fear arousal and perceived threat are positively associated with recommended attitude and behavior changes."[217] Indeed, audiences generally pay more attention to messages that are framed in terms of loss.[218] "Negative events elicit more causal attribution than positive events," and are typically also considered more relevant and persuasive than positive events.[219]

The Extended Parallel Process Model (EPPM), a model used to predict the way that audiences respond to fear stimuli, provides one means for considering fear appeals. EPPM predicted audience response based upon the factors of self-efficacy, response

efficacy, susceptibility of the threat, and the severity of the threat.[220] According to research on the model, lacking a strong perceived threat, the audience of the message was unlikely to act. Lacking a strong sense of efficacy, or ability to respond to a threat, the audience was likely to use "fear control" techniques such as denial or avoidance, rather than taking actions to reduce the threat.[221] Only with both a strong perceived threat and strong efficacy was the audience likely to respond to a risk message in the way that health campaigners intended. It is important to note that EPPM is used to understand the cognitive responses of the receiver of a fear message, rather than the sender or the message. However, the insight that research on this model has provided makes it one possible blueprint for considering fear messages as well, particularly given the model's prominent usage in the health campaign context. In the following paragraphs, I use the frames of risk severity and risk susceptibility from this model to analyze poster content and its visual portrayal.

Severity of risk, or the degree of harm represented by the threat, was represented largely in symbolic terms in the Children's Bureau's poster campaign.[222] The posters avoided portraying infants that were in danger. The pictures that do appear in the Children's Bureau posters either show the child as a healthy cartoon drawing threatened by metaphorical violence or show a healthy child who has benefitted as a result of effective risk management. The pictures of healthy children (in some posters, held by mothers following the health advice) served as examples of gain frames, demonstrating the positive results of compliance with the message.[223] There were no strong messages about severity communicated as loss frames; rather, the threat of death was instead given in the form of a statistical message about susceptibility.

Susceptibility, or the perceived likelihood of encountering the threat, occurred more frequently in the posters. Susceptibility in the posters typically fell into two categories: probabilities and the factors that promote risk. As suggested by the example above, probabilities were demonstrated in graph form in several posters. However, they were occasionally represented in written form; "About 1/8 of all babies dying under one year old, die from pneumonia and bronchitis," read a poster titled "Colds & Pneumonia."[224] While messages about probability reinforced parental concern about the likelihood that their child could become ill, information about the factors that promoted risk coincided with probability messages in many of the posters as a means of directing parental action. On "Colds & Pneumonia," the risk factor messages were given in both written and visual formats; parents are warned not to kiss their babies on the mouth, and were told to "keep the baby away from crowded places."[225] Accompanying cartoons demonstrated places to avoid, including a store and the movie theater. Depictions of infants were absent from the cartoons.

One poster, titled "Care Before Birth," demonstrates several techniques for communicating susceptibility. "Birth is not the beginning of life," it stated, "babies are alive and can be seriously injured before birth."[226] The poster explicitly connected infant health with maternal health, describing the factors that the mother should secure in her own life prior to birth and emphasizing that preventive care for an infant begins with the months of gestation. The verbal claims were supported by a visual persuasive component. A pie graph showed the proportion of infants who died in 1912, their first year of life, and a second pie graph broke the data down further, demonstrating that 73% of infants who died in their first year died in the first month.[227] In this poster, as well as in other

posters from the campaigns, information about susceptibility was depersonalized through an absence of pictures or cartoons. It was consistently given in written or graph format. This was partially due to the constraints of visualizing susceptibility, particularly statistical data. However, it was also due to the variables of susceptibility chosen to be portrayed by the Children's Bureau. Susceptibility could potentially encompass risk factors, probabilities, the risk's voluntariness, and controllability, among other factors. The Children's Bureau posters during this era avoided messages that communicated the possibility of taking a voluntary risk or the individual controllability of the risk. Posters distributed by the Children's Bureau demonstrated a change in persuasive techniques from earlier health campaign materials. While health messages distributed just a few years prior focused upon maternal education and advocacy, teaching women the precepts of scientific motherhood, the Children's Bureau combined such messages with both subtle and overt threats.

Children's Bureau posters used symbolic elements and image framing. The Children's Bureau poster, "Baby's Foes" (Figure 3.4) depicts risk in a violent manner. At the center stands a curly-haired infant wearing a shift bearing the words "king of the castle," while three armies converge upon it.[228] The armies wave flags titled "poverty," "ignorance," and "bad surroundings," and the soldiers are labeled "bad food," "infection," "bad air & dust," "bad water," "sewage," "tuberculosis," and "overfeeding." The factors portrayed in "Baby's Foes" as threats to health are causes of endemic illness, or illnesses caused by permanent factors in the community which consistently "sapped the population's strength… wasted energy, and cost money."[229] In 1915, when the poster was displayed, working class homes frequently had poor ventilation, no running water,

no window screens, no cupboards or closets to store food, and – in the cities – suffered air pollution from nearby industrial sites.[230] While the poster states that thousands of infants die as a result of these "captains of the hosts of death," its imagery emphasizes that these threats – ignorance, poverty, and bad surroundings – are active, not passive risk factors.[231] That is, the risk factor of ignorance is not simply an unfortunate precondition to bringing the infant to the home, but is rather portrayed in the poster as comparable to wielding a sword at the child with an aim to its destruction.

Figure 3.4: Baby's Foes

Notably, while the poster states that death results from "poverty, ignorance, bad surroundings," it provides no suggestions for the onlooker to follow in order to protect their children. It issues a fear appeal without the critical element of promoting the efficacy of the parent. The Extended Parallel Process Model claims – and research has borne out – that people will respond to

fear appeals only if they are convinced of the severity and susceptibility of the issue they face and if they have the self-efficacy necessary to believe that changes in their behavior will affect their health outcomes. Kim Witte et al. state that when risk messages lack efficacy appeals, the audience relies "on past experiences and prior beliefs to determine their efficacy levels."[232] This weakens the potential effects of the health message. Not only does the poster neglect to include instructional information, the circumstances it identifies as particularly threatening to the child are largely outside of the ability of the parent to change. Promoting information-seeking is a critical element of health campaigns, since it is the behavior that is most likely to continue after a campaign has ended.[233] However, without sufficient self-efficacy and knowledge of how to combat risks, the likelihood of seeking more information about a threat is low.[234] The dismaying irony of the poster's message is only made stronger by the restrictions placed upon the Children's Bureau that prevented it from being authorized to provide monetary aid of any sort to families stricken by poverty and living in "bad surroundings."

"Baby's Foes" places the curly-haired infant alone against the causes of illness and accords the onlooker a place on the other side of the armies that storm the home. This viewpoint suggests that the baby could only be defenseless against these threats if he stood alone against them, and calls the (parental) viewer to intercede, and to view such intercession as both critical and plausible. The parent is called to recognize the many deadly threats to the infant, but also to accept the visual argument that, for instance, tuberculosis could be prevented through parental action (tuberculosis continued to be largely incurable until the 1940s, when an effective antibiotic was discovered).[235] However, another tension exists in the placement of the viewer to the image; while the

viewer is external to the attack, the chief causes of death listed are factors bound within the home and directly associated with the parents – ignorance, poverty, and bad surroundings.

Unlike "Baby's Foes," "Save the Babies" (Figure 3.1) – which was first drawn and distributed in the United Kingdom before being adopted as a campaign poster in the United States - leaves parents out of the call to aid altogether, placing them both outside of the frame of the image, and portraying the country as the protector of infanthood. "Save the Babies" demonstrates another visual fear appeal, the use of personified Death. This visual element contrasts with other, more common messages in the Children's Bureau posters by emphasizing the severity of the threat, rather than the susceptibility to it. However, it modulates the threat through its slogan, which (together with the image) gives concern about infant mortality a nationalistic bent. Unlike "Baby's Foes," which identifies potential parental shortcomings without providing a clear means of overcoming them, "Save the Babies" keeps the threat less specific.

Risk and Fear Appeals

The Children's Bureau campaign is the result of a synthesis between research and publicity by the Bureau, which collected the demographic data and arranged it into graphs, charts, and drawings to demonstrate the correlation between various factors and negative health outcomes. Its posters portrayed information about population-wide risk factors and their effects upon infant mortality, using information gathered by the Bureau's researchers to demonstrate connections between infant mortality and income, pre-existing medical conditions, medical access, and country of residence. While fear

appeals are less recognized as a component of biopolitics in humanities research, the Children's Bureau campaign indicates that they can be subsumed under the heading of risk communication in some contexts. If risk messages portrayed the variables associated with being under threat of infant mortality, fear appeals backed them up with more personalized visualizations of the threat. The fear appeals used by the Children's Bureau campaign worked within the rhetoric of risk by incorporating elements of risk messages. Indeed, substantial crossover in content appeared in the two types of materials, with both demonstrating risk factors.

Posters frequently contained the same information, but the choice of visual element played a decisive role in the attribution of responsibility and the likelihood of audience fear. While "Baby's Foes" and the thermometer graphs depicting the connection between fathers' wages and infant mortality both drew explicit links between poverty and infant health, the way in which the correlation was portrayed substantially changed the message. The visual composition of "Baby's Foes," which showed armies charging an infant, violently depicted the risk factors of "poverty, ignorance, bad surroundings" to the audience without giving advice to overcome those threats. Therefore, the poster showed risk in terms of how it applied to parents of small children in an ultimately destructive way by heightening probable fear without providing a means of mitigating the harms of an impoverished environment. Risk appeals in this campaign provided no instruction to parents. In contrast, the framing of poverty in terms of "wages" on the thermometer graph emphasized the ability of those in power of determining wages (private companies or perhaps the government) to change the status quo. Graphs such as this one and the "Infant Mortality Thermometer," which compared mortality rates in the United States to those in

other Western powers, used aggregated data to demonstrate the need for further government involvement and greater authority for the Children's Bureau.

Fear appeals in the posters included information about severity – and more frequently – susceptibility. Two trends occurred in the messages about severity. First, most messages about severity argued from gain frames, or what benefits could be had if parents safeguarded infant health.[236] Visually, this was represented by healthy children, who were shown in some posters with their mothers as the mothers performed the recommended action. In others, the healthy child was shown in a position where he or she was threatened, but had not been explicitly attacked by the threat. A second trend in severity messages was the appearance of Death. As in "Save the Babies," Death was personified, but kept from inflicting harm by an adult figure. Susceptibility messages were typically depersonalized and encompassed probabilities and risk factors in this campaign. This indicates that even in one of the earliest instances of a health campaign portraying risk in the United States, artists and campaign organizers avoided explicit images of negative consequences.

While the Children's Bureau served as a front line for the adoption of biopolitical measures to address high infant mortality, it also encapsulated some of the more troubling elements of this type of power by identifying risks without providing the material means to address them. Although health reformers had won the battle to establish the Children's Bureau, the constraints imposed upon the agency by its founding legislation prevented the types of material aid, such as free milk distribution and monetary aid, which grassroots organizations had been able to provide. The use of risk messages and fear appeals in its posters – elements that were largely absent from grassroots campaigns –

may reflect these constraints, since the rhetoric of risk lays responsibility for change upon the individual.[237]

Due to their accessibility and the role that they play in teaching practices and norms, health campaign images play an important role in biopolitics. The information contained on the posters, as well as the format in which it was presented, communicated a powerful message: that the status quo was itself sick. The thermometer graphs, in particular, created a powerful visual argument about risk, explicitly linking population predictions to rudimentary medical devices used by individuals. This literal visualization of biopolitics announced its arrival, made evident by the statistical data and presented in force in the graphs, and also called for its expansion. While threatening images communicated the need for parental concern, posters containing graphs argued for the need for greater governmental interference to address the root issues of infant mortality. Ultimately, the campaign justified governmental intervention, depicted the family as the core unit for mitigating infant mortality, and bound both together with the responsibility for preventive health measures.

ENDNOTES

[153] "National Baby Week," Imperial War Museums. Accessed 15 October 2012. http://www.iwm.org.uk/collections/item/object/24061
[154] The female figure in the poster is Britannia, who functions in the United Kingdom much as "Uncle Sam" does in the United States as a personification of government.
[155] Molly Ladd-Taylor, *Raising a Baby the Government Way: Mother's Letters to the Children's Bureau* (New Brunswick: Rutgers University Press, 1986) 6
[156] Kotelchuck, "Safe Mothers, Healthy Babies," 106
[157] Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929* (Baltimore: The Johns Hopkins University Press, 1990) 114 "Only government, it was argued, had the authority, resources, and centralized bureaucratic organization to pursue and coordinate effective reform and regulation."
[158] Meckel, *Save the Babies*, 113, John W. Ward and Christian Warren, *Silent Victories: The History and Practice of Public Health in Twentieth-Century America* (Oxford: Oxford University Press, 2007) v
[159] Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Chicago Press, 1994) 9
[160] Ladd-Taylor, *Mother-Work*, 74-76 Apparently Wald conceived of the idea after reading two articles in the morning paper: one about high infant mortality, and one about how the Secretary of Agriculture would be inspecting cotton for boll weevils. She argued that the government should grant as much attention to children as it should to crops. Florence Kelley took the idea to the New York Charity Organization Society, which then presented it to Theodore Roosevelt.
[161] "It's Your Children's Bureau," Social Security Online. Accessed 10 September 2012. http://www.ssa.gov/history/childb2.html
[162] Ladd-Taylor, *Mother-Work*, 78
[163] Ladd-Taylor, *Mother-Work*, 77
[164] Molly Ladd-Taylor, "Hull House Goes to Washington," in *Gender, Class, Race, and Reform in the Progressive Era*, Eds. Noralee Frankel & Nancy S. Dye (Lexington: The University Press of Kentucky, 1991) 110-126, 113 Ladd-Taylor writes that Julia Lathrop had to defend the Children's Bureau's funding from being cut to $25,000. As the federal agency that sought to end child labor – a polarizing issue at the time – the Children's Bureau was frequently under attack by business interests.
[165] Mink, *The Wages of Motherhood*, 62
[166] Meckel, *Save the Babies*, 184
[167] Ladd-Taylor, *Raising a Baby the Government Way*, 20
[168] Ladd-Taylor, *Mother-Work*, 75
[169] Ladd-Taylor, *Mother-Work*, 17
[170] Ladd-Taylor, *Raising a Baby the Government Way*, 18
[171] Ladd-Taylor, "Hull House Goes to Washington," 113
[172] Ladd-Taylor, *Raising a Baby the Government Way*, 18
[173] Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca: Cornell University Press, 1995) 56
[174] Mink, *The Wages of Motherhood*, 63
[175] Ladd-Taylor, "Hull House Goes to Washington," 117, Ladd-Taylor, *Mother-Work*, 76-77 As a compromise during the negotiations concerning its founding legislation, the Children's Bureau was banned from providing the types of material aid to poor families that grassroots groups and local governments had used to combat poor infant health.
[176] Richard Sylla, "The Progressive Era and the Political Economy of Big Government," *Critical Review*, 5:4 (1991) 531-557, 532 "The Progressive Era witnessed both a great expansion of the federal government's role in American economic life and the emergence of an ideology that supported and justified such a role."
[177] Eileen Lorenzi McDonagh, "Representative Democracy and State Building in the Progressive Era," *American Political Science Review*, 86:4 (1992) 938-950, 938

[178] Rose, "The Death of the Social?" 329 At this time, Western governments decided that "government of at least some aspects of this social domain should be added to the responsibilities of the political apparatus."
[179] Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (New York: Vintage Books, 1990) 138,139
[180] Jeremy Engels, *Enemyship: Democracy and Counter-Revolution in the Early Republic* (East Lansing: Michigan State University Press, 2010) 110
[181] Foucault, The History of Sexuality, 143
[182] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1977) 184 "Like surveillance and with it, normalization becomes one of the great instruments of power at the end of the classical age."
[183] Foucault, *Discipline and Punish*, 184
[184] "Infant Mortality Rates According to Father's Earnings," Library of Congress Prints and Photographs Division (1915)
[185] Thomas Lemke, *Biopolitics: An Advanced Introduction*, (New York: New York University Press, 2011) 101
[186] Scholars who have contributed to this area include Julia Emberly, "(un)Housing Aboriginal Possessions in the Virtual Museum: Cultural Practices and Decolonization in civilization.ca and Reservation X," *Journal of Visual Culture*, 5:3 (2006): 387-410, Anna Feigenbaum, "Concrete Needs No Metaphor: Globalized Fences as Sites of Political Struggle," *Ephemera*, 10:2 (2010): 119-133, Emily Rose Stevenson, "Home, Sweet Home: Women and the 'Other Space' of Domesticity in Colonial Indian Postcards, ca. 1880-1920," *Visual Anthropology*, 26:4 (2013): 298-327 However, these articles fall outside the realm of traditional rhetorical scholarship.
[187] David Serlin, "Introduction," in *Imagining Illness: Public Health and Visual Culture*, Ed. David Serlin, (Minneapolis: University of Minnesota Press, 2010) xxii
[188] Cara Finnegan, "Liars May Photograph": Image Vernaculars and Progressive Era Child Labor Rhetoric," *Poroi*, 5:2 (2008) 94-139, 94
[189] Robert Hariman and John Louis Lucaites, "Public Identity and Collective Memory in U.S. Iconic Photography: The Image of 'Accidental Napalm,'" *Critical Studies in Media Communication*, 20:1 (2003) 35-66, 37
[190] Monique Mitchell Turner, Christine Skubisz, & Rajiv N. Rimal, "Theory and Practice in Risk Communication: A Review of the Literature and Visions for the Future," in *The Routledge Handbook of Health Communication, 2nd Ed*, Eds Theresa L. Thompson, Roxanne Parrott & Jon F. Nussbaum (New York: Routledge, 2011) 158
[191] Bruce E. Gronbeck, "Visual Rhetorical Studies: Traces Through Time and Space," in *Visual Rhetoric: A Reader in Communication and American Culture*, Eds Lester C. Olson, Cara A. Finnegan, Diane S. Hope (Los Angeles: Sage, 2008) xxi-xxvi, xxii, William H. Helfand, "'Some One Sole Unique Advertisement:' Public Health Posters in the Twentieth Century," in *Imagining Illness: Public Health and Visual Culture*, Ed. David Serlin (Minneapolis: University of Minnesota Press, 2010) 126-142, 126 Helfand writes that "while there have been broadsides on public health issues posted by local and state governments for several centuries, there were but few illustrated posters for such events before the late nineteenth century."
[192] "State of Chicago's Health," *Bulletin Chicago School of Sanitary Instruction* 13 (August 1910): 4
[193] Roger Cooter and Claudia Stein, "Visual Imagery and Epidemics in the Twentieth Century," in *Imagining Illness: Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010) 169-192, 173, The posters featured in this chapter were replicated in Children's Bureau publications from the 1910s or were found in the records of the Library of Congress.
[194] Davi Johnson, "'How Do You Know Unless You Look?': Brain Imaging, Biopower and Practical Neuroscience," *Journal of the Medical Humanities*, 29 (2008): 147-161, 148
[195] Tricia Starks, *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State*, (Madison: University of Wisconsin Press, 2008)
[196] Johnson, "How Do You Know Unless You Look?," 150
[197]While far from complete, this list demonstrates some of the contributions to the literature on risk: Nikolas Rose, "Psychiatry as a Political Science: Advanced Liberalism and the Administration of Risk," *History of the Human Sciences*, 9:1 (1996) 1-23, Nikolas Rose, "The Politics of Life Itself," *Theory, Culture & Society*, 18:6 (2001): 1-30, Ulrich Beck, "World Risk Society and Manufactured Uncertainties,"

Iris: European Journal of Philosophy and Public Debate, 1:2 (2009): 291, Bernice L. Hausman, "Risky Business: Framing Childbirth in Hospital Settings," *Journal of Medical Humanities*, 26:1 (2005): 23-38, *Risk and Sociocultural Theory: New Directions and Perspectives*, Ed. Deborah Lupton (Cambridge: Cambridge University Press, 2000), Bryan C. Taylor, "'A Hedge Against the Future': The Post-Cold War Rhetoric of Nuclear Arms Modernization," *Quarterly Journal of Speech*, 96:1 (2010): 1-24, Margrit Shildrick, "Becoming Vulnerable: Contagious Encounters and the Ethics of Risk," *Journal of Medical Humanities*, 21:4 (2000): 215-227

[198] Deborah Lupton, "Risk as Moral Danger: The Social and Political Functions of Risk Discourse in Public Health," International Journal of Health Services, 23:3 (1993), 425-435, 428

[199] Nikolas Rose, "Psychiatry as a Political Science," 13-14

[200] Rachel Grob, "'Is my Sick Child Healthy? Is my Healthy Child Sick?': Changing Parental Experiences of Cystic Fibrosis in the Age of Expanded Newborn Screening," *Social Science & Medicine* 67:7 (2008) 1056-1064, 1057

[201] Nikolas Rose, "Psychiatry as a Political Science," 13 For instance, demographic factors, family background, education, and occupation may be considered risk factors for certain types of health problems without themselves being dangerous.

[202] Cooter & Stein, "Imagery and Epidemics in the Twentieth Century," 173, Kim Witte & Mike Allen, "A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns," *Health Education & Behavior*, 27 (2000) 591-615, 602, However, Witte and Allen note that "Individual differences do not appear to have much influence on the processing of fear appeals….Generally, studies have found no effect on acceptance of fear appeal recommendations due to gender, age, ethnicity, or group membership."

[203] R.Garcia-Retamero and M. Galesic, "How to Reduce the Effect of Framing on Messages About Health," Journal of General Internal Medicine, 25:12 (2010), 1323-1329, 1324

[204] Lee Ellen Brasseur, "Florence Nightingale's Visual Rhetoric," Technical Communication Quarterly, 14:2 (2005), 161-182, 166-168 For instance, the author has to choose the type of graph to use, whether to use a comparison population (and if so, who), the scale of the graph, the title of the figure, the names given to different components, and how the graph/chart/figure is explained in accompanying text.

[205] Shelley Wall, "Humane Images: Visual Rhetoric in Depictions of Atypical Genital Anatomy and Sex Differentiation," *Medical Humanities*, 36 (2010): 80-83, 81

[206] "Summer Peak of Infant Deaths," Library of Congress Prints and Photographs Division (1916) http://hdl.loc.gov/loc.pnp/pp.print

[207] Grey, "The Statistical War on Equality," 303-329

[208] "Deaths Under One Year of Age By Monthly Age Groups," Library of Congress Prints and Photographs Division (1917) http://hdl.loc.gov/loc.pnp/pp.print

[209] Norma Smith, *Jeannette Rankin, America's Conscience*, (Helena: Montana Historical Society Press, 2002) 15

[210] Aristotle, *Rhetoric*, Trans. W. Rhys Roberts (Mineola: Dover Publications, 2004)

[211] Plato, *The Apology*, Trans. Benjamin Jowett (Adelaide: The University of Adelaide, 2012) 38-42, http://ebooks.adelaide.edu.au/p/plato/p71ap/

[212] Michael Pfau, "Who's Afraid of Fear Appeals? Contingency, Courage, and Deliberation in Rhetorical Theory and Practice," *Philosophy & Rhetoric*, 40:2 (2007): 216-237, 219-220

[213] Beth Innocenti, "A Normative Pragmatic Model to Making Fear Appeals," *Philosophy and Rhetoric* 44:3 (2011) 273-290

[214] Pfau, "Who's Afraid of Fear Appeals?" 220

[215] Katherina A. McComas, "Defining Moments in Risk Communication Research: 1996-2005," *Journal of Health Communication*, 11 (2006) 75-91, 81

[216] Beth Innocenti, "A Normative Pragmatic Model to Making Fear Appeals," 273-290

[217] Michael T. Stephenson & Kim Witte, "Creating Fear in a Risky World: Generating Effective Health Risk Messages," in Public Communication Campaigns, 3rd Ed., Eds Ronald E. Rice & Charles K. Atkin (Thousand Oaks: Sage Publications, 2001), 88-103, 90, See also Witte & Allen, "A Meta-Analysis of Fear Appeals," 591-615

[218] L.H. Major, "Break it to Me Harshly: The Effects of Intersecting News Frames in Lung Cancer and Obesity Coverage," Journal of Health Communication, 14:2 (2009), 174-188, 176

[219] Major, "Break it to Me Harshly," 176

[220] Kim Witte, "Putting the Fear Back into Fear Appeals: The Extended Parallel Process Model," *Communication Monographs*, 59:4 (1992): 329-349, Witte & Allen, "A Meta-Analysis of Fear Appeals," 594
[221] Anthony J. Roberto, Lisa Murray-Johnson & Kim Witte, "International Health Communication Campaigns in Developing Countries," in The Routledge Handbook of Health Communication, 2nd Ed, Eds Teresa L. Thompson, Roxanne Parrott & Jon F. Nussbaum, (New York: Routledge, 2011) 223-234
[222] Witte & Allen, "A Meta-Analysis of Fear Appeals," 592
[223] For more on gain and loss frames, see Amos Tversky & Daniel Kahneman, "The Framing of Decisions and the Psychology of Choice," *Science*, 211-4481 (1981) 453-458
[224] Anna Louise Strong, *Child Welfare Exhibits: Types and Preparation* (Washington: Government Printing Office, 1915) 67
[225] Strong, *Child Welfare Exhibits*, 67

[226] Anna Louise Strong, *Child Welfare Exhibits*, 70
[227] Meckel, *Save the Babies*, 172 Initially, reformers had shied away from prenatal care, because of the multiplicity of factors that influenced outcomes. Early 20th century physicians did recognize that hypertension, alcoholism, maternal age, and certain infectious diseases influenced infant health, but they also recognized that some factors, such as the mother suffering from rickets when she was a child, were beyond their control.
[228] Strong, *Child Welfare Exhibits*, 65
[229] Foucault, *Society Must Be Defended*, 244
[230] Ladd-Taylor, *Mother-Work*, 28-29
[231] Strong, *Child Welfare Exhibits*, 65
[232] Kim Witte, Judy M. Berkowitz, Kenzie A. Cameron, & Janet K. McKeon, "Preventing the Spread of Genital Warts: Using Fear Appeals to Promote Self-Protective Behaviors," *Health Education & Behavior* 25 (1998) 571-585, 575
[233] Rajiv N. Rimal & Kevin Real, "Perceived Risk and Efficacy Beliefs as Motivators of Change: Use of the Risk Perception Attitude Framework to Understand Health Behaviors," *Human Communication Research* 29:3 (2003) 370-399, 374
[234] Rajiv N. Rimal et al. "Extending the Purview of the Risk Perception Attitude Framework: Findings from HIV/AIDS Prevention Research in Malawi," *Health Communication* 24 (2009) 210-218, 211, Sun Young Lee et al. "Interplay of Negative Emotion and Health Self-Efficacy on the Use of Health Information and its Outcomes," *Communication Research*, 35 (2008) 358-381, 374
[235] Stephen D. Lawn & Alimuddin I. Zumla, "Tuberculosis," *The Lancet*, 378.9875 (2011): 57-72
[236] Tversky & Kahneman, "The Framing of Decisions and the Psychology of Choice," 453-458
[237] This argument is supported by research and analysis of a New York Milk Committee campaign in an earlier dissertation chapter. The New York Milk Committee was the leading grassroots organization in the early 1910s, and was the originator of a number of health campaign strategies addressing infant mortality that were later adopted by organizations in other cities.

Chapter 4

A Mother's Call to Action, A Citizen's Sacred Duty

Today, for the first time the American woman shares the responsibility for [maternal and infant] deaths. In our complex modern life it is only by community action that the natural rights of children can be restored to them; it is only by community care that all children can have an equal opportunity to be well-born of healthy mothers. The American woman is now a partner in the business of the community; it is she who must save the children.
-Rose Wilder Lane, March 1920

Two years before Lane, daughter of beloved American author Laura Ingalls Wilder, wrote her article about the deaths of frontier women during childbirth for *Good Housekeeping*, the people of the United States bore witness to the deaths of 23,000 women and 250,000 infants.[238] As many missives in women's magazines would declare, more American infants died in 1918 than American soldiers fighting in the Great War.[239] The United States fell far behind other industrialized nations in the effort to preserve infant life, with an infant mortality rate twice that of New Zealand's.[240] Furthermore, health reformers determined that the rate of maternal mortality per individual pregnancy had not fallen since 1900, but had instead grown.[241] Approximately one in thirty women could expect to die from childbirth complications during her fertile years.[242] While septicemia (blood poisoning) and eclampsia (a pregnancy-specific seizure disorder) remained the most common causes of maternal death, the development of antiseptics and anesthesia led to greater incidences of complications related to operative interference.[243]

Fortunately, the end of the First World War coincided with the culmination of the movement for women's suffrage and a general growth of the female presence in civic life. In 1920, with the looming passage of the 19th Amendment, women's issues - and particularly infant and maternal mortality - were given unprecedented attention in

political affairs. Large on the reformers' agenda was the Sheppard-Towner Act, a bill that proposed providing funds to set up maternal health care clinics, health services for young children, and traveling nurses to treat rural Americans, as well as additional funding towards maternal education.[244] As the first federal legislation to provide widespread social welfare measures, however, the bill was controversial. Fiscal conservatives, the American Medical Association (AMA), and other medical organizations lobbied against it. Similar legislation languished in Congress in 1916, 1917, and 1918, and it appeared possible that the Sheppard-Towner Act would also fail to pass.

Rose Wilder Lane's quote demonstrates a fundamental tension between empowerment and blame in the struggle to pass legislation to benefit these infants and their mothers. This tension characterizes the publicity campaign run by several women's magazines, which engaged in a coordinated effort to mobilize the new female vote in support of the legislation. Throughout 1920, they published articles to arouse women's concern and convince them of their duty as mothers to prevent unnecessary infant and maternal deaths. The large and varied readership for these women's magazines enabled them to assume a significant role promoting citizen advocacy. The tenor of this campaign was far different from the earlier campaigns described in this dissertation. The campaign run by *Ladies Home Journal*, *Good Housekeeping*, *Women's Home Companion*, and *McCall's* was a media-run campaign with relatively little input from medical or public health professionals. Although some famous figures, including Congressman Horace Towner and Dr. S. Josephine Baker, contributed their thoughts in individual articles, much of the campaign consisted of appeals written by editors and career journalists. The campaign also differed because it sought to promote maternal education of a different

sort: how women could and ought to use their growing political clout. In doing so, it drew upon existing discourses of maternalism and nationalism. Maternalists viewed infant and maternal mortality as one issue among many that demonstrated the necessity of women in the political sphere, arguing that only women were capable of understanding and appropriately responding to the realities of motherhood and domestic issues.[245] The maternalists' involvement with the advocacy for the Sheppard-Towner Act was their greatest – and last – political achievement.[246] However, the campaign for the Sheppard-Towner Act also referenced and repurposed nationalistic appeals from WWI propaganda in its case for national responsibility for mothers' and infants' deaths.

The relatively unique chronology of the campaign for the Sheppard-Towner Act provides an illuminating case study of the ways in which uncertainty about responsibility and blame are deliberated in response to public health dilemmas. As many of the magazine articles advocating the Sheppard-Towner Act would claim, women were in a position of unusual power, having earned the vote without having yet demonstrated their voting power or proclivities.[247] Contemporary social scientific studies had identified poverty and ignorance as the two root causes of infant and maternal death. While this finding shaped policy goals, it left no clear line of culpability to any particular group or organization, particularly since these studies predated governmental interventions to alleviate poverty. The lack of a clear agent to blame posed a rhetorical problem because it reduced the likelihood of an effective and organized response.

Given this, I interpret the magazine campaign through the concept of remedial responsibility, which is defined by philosopher David Miller as having "a special

obligation to put the bad situation right… to be picked out, either individually or along with others, as having a responsibility toward the deprived or suffering party that is not shared equally among all agents."[248] Although remedial responsibility can be identified by the person's role in the cause of the problem, it can also be assigned to a group by their particular proximity to the matter or their particular ability to alleviate suffering.[249] In the case of the public health dilemma concerning infant and maternal mortality, literature on remedial responsibility provides a means of understanding the negotiation of blame.

In order to examine how women were mobilized to political action, this chapter examines twenty-three artifacts concerning the Sheppard-Towner Act that were printed in the 1920 editions of *Ladies Home Journal, Good Housekeeping, Woman's Home Companion*, and *McCall's*. I argue that the campaign uses two complementary arguments about remedial responsibility in its call to action, and that it is through these distinct rhetorics of responsibility that the issues of reducing mortality and assigning blame are negotiated. The chapter begins with an account of remedial responsibility and its qualities. This is followed by a description of the maternalist movement and its connections to print media. Then, I analyze two distinct arguments about remedial responsibility that occurred simultaneously in the magazine campaign. I argue that the first, which I term "maternal responsibility," is based upon existing maternalist rhetoric, and uses identification, traditional social roles, and arguments about women's capability to enact change to urge support of the legislation. The second, which I term "civic responsibility," pins moral responsibility for mortality upon the federal government by turning nationalistic propaganda about the value of the family on its head. Furthermore,

civic responsibility ties causal responsibility for the outcome of the legislation upon voters, invoking the power of their agency and the necessity of their role in securing justice for the innumerable tragedies associated with childbirth. Although these two arguments coexisted in many of the articles, they were made particularly distinctive by their temporal qualities, which placed maternal responsibility solidly and blamelessly in the present and held the prospect of blame over the future-oriented civic responsibility.

Remedial Responsibility and National Responsibility

The concept of remedial responsibility is relevant to circumstances in which there is an ongoing instance of suffering that calls for a person or group to "put that situation right."[250] The cause of the distress may be based directly upon the actions of a person or group, but may also be the result of an epidemic or of a natural disaster. Therefore, remedial responsibility does not necessarily indicate that those who should answer the call to action have causal or moral responsibility for that suffering. Miller argues that there is a distinction between identifying responsibility and assigning responsibility. The process of identifying a responsible party is primarily a causal one: the evaluation of who began the chain of events that resulted in a negative consequence. In contrast, he states that the process of assigning responsibility is based upon a value-laden assessment; "we can sometimes be justified in assigning responsibility to agents who are not, in fact, responsible for what has happened."[251] Remedial responsibility, in a sense, is a particular form of conveying responsibility when a call for action has been issued and it is necessary to assign the duty of corrective action. "Unless remedial responsibilities are

identified," Miller states, "then even well-meaning people are likely not to intervene, either on the grounds that their intervention would be superfluous, or for the less generous reason that they do not see why it is their job to pick up the pieces when so many others are spared that cost."[252]

The process of establishing the responsible agent can rely on a number of factors. However, its primary function is to identify the best remedy for the situation. Remedial responsibility can be identified based upon some role that the agent has played in the problem, such as a moral violation or direct causation. However, particularly in cases in which there is no clear human agent involved in the harms being wrought, the capability of the person or group to render change may be sufficient to assign responsibility.[253] Likewise, communitarian ties such as familial bonds, nationality, or friendship may be invoked in assigning remedial responsibility. In the remainder of this chapter, I argue that unique situational elements, including the prominence of the maternalist movement, newly-won women's suffrage, and familial themes in World War I propaganda were reflected in the call to action issued to magazine readers, which argued that they had both the capacity and the communitarian ties necessary to shoulder the burden of promoting public support for the Sheppard-Towner Act.

Maternalism and the Media

One of the most powerful women's civic movements during the Progressive Era was the maternalist movement, which was prominent between 1890 and 1920.[254] The rhetoric of maternalism and the duties that it gave to the women's realm emphasized

maternal responsibility as a means for political action.[255] Represented primarily by middle-class Anglo-Americans, maternalism used qualities that had widely been ascribed to women by the 19th-century cult of femininity - particularly the qualities of care and nurturing - to argue that women were uniquely qualified to represent and respond to the needs of women and children. The language of maternalism permeated politics and the courts as the argument that women and children were particularly vulnerable and ought to be given state protection took hold.[256] Organizations such as the General Federation of Women's Clubs and the National Congress of Mothers (the precursor to the PTA) lobbied for clean food standards, the elimination of child labor, reducing illiteracy, and addressing juvenile delinquency.[257] Historian Theda Skocpol argues that "For a time, women's mode of politics – public education and lobbying through widespread associations – was ideally suited to pressuring legislatures to pass bills along nonpartisan lines, to getting around obstacles from the courts, and to taking the place of absent administrative bureaucracies."[258] Due to their inability to participate in what were then masculine modes of political engagement, such as voting or running for office, women were widely considered to be above the political divisions of the day. This was influenced by their rhetoric; because maternalists invoked motherhood in support of these policies, they appeared nonpartisan. Despite this, women became critical supporters of many progressive policies.[259]

The maternalist ideology identified women's worth to the state with their role as mothers raising future citizens; however, not all women in the maternalist movement were parents.[260] Settlement houses populated by unmarried women were catalyzing points for maternalist reforms, and many of the women who lived and worked in them

viewed themselves as "public mothers."[261] American settlement houses were based on Toynbee Hall, which was founded in 1884 in London's East End to promote social work. The movement grew far larger in the United States, where by 1910 there were four hundred settlement houses located in cities in the East and Midwest.[262] The typical resident was college-educated, unmarried, and lived in the dormitory-like quarters for three years.[263] Most settlement houses in the United States were co-ed, and sixty percent of settlement house residents were female. The leadership in the settlement houses was typically skilled at bringing together different social classes and ethnicities to form coalitions for change, and many of the female leaders of settlement houses later became well-known public figures. Jane Addams and several of her colleagues at Hull House in Chicago developed a strategy for promoting political and social change, which they summarized as "investigate, agitate, legislate."[264] This strategy was used throughout the maternalist movement to raise awareness and support for a variety of issues.

However, the settlement house women would have been incapable of the successes of the maternalist movement without the support and organization of the largely middle-class women's culture clubs, which were united by the General Federation of Women's Clubs (GFWC).[265] In 1904, approximately 275,000 women belonged to a club affiliated with the GFWC.[266] These organizations, which originally served as a means of furthering women's understanding of literature and other cultural artifacts, grew increasingly political during the Progressive Era, calling their engagement with politics "municipal housekeeping."[267] The clubs assured childless women and women whose children were grown that their engagement in matters concerning the domestic sphere was important.

A symbiotic relationship grew between the maternalist movement and print media. The coverage of women's issues in these magazines united women from various backgrounds, particularly suffragists and members of women's clubs, who otherwise had little in common.[268] Magazine subscriptions grew dramatically in the years leading up to the 1920s. *Ladies Home Journal* became the first American magazine to ever reach one million subscribers in 1904.[269] By the 1920s, it had over 1.9 million and was considered a leader in women's magazines.[270] *Good Housekeeping* had 300,000 subscribers in 1911, and one million by the 1920s.[271] *Woman's Home Companion* had two million subscribers, and *McCall's* boasted 2.5 million. As more middle-class women expressed an interest in reading about motherhood in the first two decades of the 20th century, magazines increased the number and variety of articles on pregnancy, childbirth, and child rearing.[272] *Ladies' Home Journal*, the first magazine to regularly address infant and maternal health, began its monthly column on infant health and developmental milestones in 1903.[273] *McCall's* featured a regular column written by Dr. S. Josephine Baker, a leader in health reforms targeting infant mortality in New York City. *Good Housekeeping* printed a general column on how public health policies could influence longevity. *Woman's Home Companion* launched a popular "Better Babies" campaign.[274]

Magazines also were a well-developed site of political organizing and activism. They published investigative pieces alongside poetry, and agitated for women's suffrage on the same pages as they printed depictions of the latest fashions. Politicians submitted articles on domestic policy, and popular authors wrote short stories and serialized novels. In some cases, the fiction in the magazines broached political topics, typically with a maternalist bent. In one bid to promote activism among readers, the magazines used

pathos-laden stories about motherhood and childbearing.[275] "We read a doctor-book beforehand, but things didn't go right" a husband whose wife and child had both died during labor was quoted as saying.[276] The sheer number and variety of such anecdotes in each article asserted the danger childbirth posed to women and children from all classes, races, and communities.

Such content was in fact encouraged by leaders within the maternalist movement. At a conference in 1914, Anna Sees Richardson, Chair of the National Congress of Mothers Department of Child Hygiene, advised participants of how best to promote the movement in the mainstream press.[277] She instructed her audience to submit articles primarily to centrist newspapers and magazines with wide readerships. Articles were to use personal appeals and dramatic stories, such as one published by *Good Housekeeping*, which recounted a couple's 175 mile journey to the nearest hospital, requiring them to leave their other children alone for several weeks in the middle of the winter.[278] Most importantly, Richardson stated, writers were to describe things that their readers would feel they ought to have but didn't, rather than depicting the need for reforms in communitarian terms.

In response to the political opposition facing the Sheppard-Towner Act, women's magazines urged women to lobby their congressmen in favor of the legislation throughout 1920. William Frederick Bigelow, the editor of *Good Housekeeping*, devoted seven of his opening columns to the Sheppard-Towner Act, and included a petition for its passage in the February 1920 edition of the magazine. *McCall's* likewise printed editorial appeals to support more government spending for maternal and infant health and

published an article on protecting impoverished mothers. *Woman's Home Companion* published a piece written by Horace Mann Towner, one of the bill's sponsors. *Ladies' Home Journal* printed a series of articles on the topic. The magazines also printed basic information about party politics and voting, intertwining the advice with appeals to pledge their support for the Sheppard-Towner Act. The July 1920 edition of *Good Housekeeping* quoted Senator Ransdell saying that "You women have the power to compel Congress to pass this bill."[279] In turn, American women engaged in what became (after suffrage) the second largest women's lobbying issue of the day.[280] By the time that the Senate and House of Representatives voted on the Sheppard-Towner Act, they had been flooded with letters and petitions signed by 15 million women. Bigelow personally delivered petitions signed by 30,000 of *Good Housekeeping's* readers and their neighbors.[281] Senator William S. Kenyon, who was interviewed after the vote, said that the bill had passed due to concerns about how women might vote once suffrage was attained, but that if the vote had been held in the cloakroom, it might have gone the other way.[282] Historian J. Stanley Lemons writes that "Congressmen reported that they were told that if they voted against the measure every woman in their district would vote against them in the next election."[283] Many politicians believed that as voters, women would be primarily interested in social issues, and would vote as a bloc.[284] This assumption granted the soon-to-be-enfranchised women significant political influence in the matter of the Sheppard-Towner Act.

Apart from the maternalist arguments for women's political participation, the popular magazines sought to educate women about the issue and to reassure them of their capability to understand and interpret the meanings of the statistics many articles used. In

this sense, they reflected the optimism towards education felt by many Progressives, most notably John Dewey.[285] Dewey and other reformers felt that the problems of society were best met by scientific solutions, and that an important component of incorporating these solutions was educating the public to understand and support such interventions.[286] The magazines devoted significant attention to providing information to their readers about the incidence of infant and maternal mortality in the United States. This included statistical data, which was explained in such a manner that readers could become acclimated to the concept of what, exactly, the numbers meant. The editor of *McCall's* noted that "in 1918, the year for which the last recorded figures are available, some 23,000 mothers died at childbirth; some quarter of a million babies – almost 250,000 – died before the end of their first year," a figure that was repeated in four other articles.[287] In *Woman's Home Companion*, Congressman Towner wrote that "premature birth and injuries at birth have increased in one case from 17.5 in 1910 to 21.1 in 1917, and in the other case from 3.2 in 1910 to 4.6 in 1917."[288] Nearly all of the articles and editorials on the issue stated statistics and made comparisons to other countries. For instance, in the February 1920 issue of *Good Housekeeping*, Anne Martin wrote that in the "first year after birth the United States loses one out of every ten babies born. New Zealand loses only one out of twenty."[289]

Congressman Towner sought to demystify all of these statistics, saying "We are all somewhat in awe of statistics; sometimes they frighten us away from truths we ought to know. Do not think of statistics in this case as anything more than an unbearable accumulation of the few facts you already know. 'The doctor charges seventy-five dollars to come here.' That tells the story in one case. Multiply it."[290] Going through a list of

possible factors leading to inaccessible health care, the Congressman argued that statistics were an extension of any number of anecdotes readers had already been exposed to. Likewise, in *McCall's*, the editor analogized federal spending for 1920 to household budgeting as a means of explaining the distribution of federal money towards different types of programs.[291] The educational components of these articles exposed readers to mechanisms of biopolitics that had become progressively associated with governance during this era. Dewey recognized the providence of his historical moment and the implications that it could hold for new forms of social control; as a result of the growth of the social and physical sciences "We are doubtless but at the beginning of the possibilities of control of the physical conditions of mental and social life," he wrote.[292] Statistical data, increasingly significant to policy-making, had to be conferred to the public in order to meet the goal of an active and informed citizenry.

Appealing to Mothers, Appealing to Citizens

A critical function of the call to action was not just assurance of the ability to sufficiently understand the problem, but also the argument that women held the responsibility to represent social issues such as maternal and infant death in the political realm. In a sense, assigning responsibility for the deaths was quite complicated. Magazine articles identified poverty and ignorance foremost among the causes of both, but neither was the primary cause of death.[293] Poverty, as many journalists noted, could indirectly cause low birthrate infants and weakened mothers if women were required to perform manual labor throughout their pregnancies, and poverty again endangered them

after the birthing process, when poor women frequently had to resume work without aid and infants could be left without caregivers. Rural women who had recently become mothers were sometimes reduced to leaving their children unattended in baskets at the edge of the field they were tending.[294] Physicians also recognized that childhood rickets could deform women's pelvic bones, increasing the likelihood of the deaths of both child and mother.[295] Poverty, distance, and racial prejudice prevented many rural and minority families from being able to attain a physician's care.[296] Ignorance could also indirectly lead to infantile death through poor nutrition and unsanitary surroundings. However, the direct causes of these deaths led to a variety of points of potential blame, from physicians and midwives to parents to government.

Blame can play a substantial role in the political process, but the language of blame relies upon the recognition that an injustice is being done. From the perspective of contemporaries, governmental responsibility for preventive care (on the federal level) lacked precedent. The systemic violence inflicted by the lack of inadequate health structures had no name; indeed, Robert Hariman argues that a "language of conscience" is largely missing from liberal democratic discourse and culture, which instead frames violence in terms of being "mistaken rather than vile."[297] The ordinariness of systemic violence, reproduced through the everyday practices of society, forecloses certain types of responsive action, and shapes the situation that activist rhetors must react to.

Under these circumstances, two styles of argument for support of the Sheppard-Towner Act, with two complimentary rhetorics of responsibility, appeared in the magazines supporting its passage. Miller argues in his discussion of remedial

responsibility that one means of addressing moral issues where there is no direct line of causality leading to a responsible party is to "distinguish immediate responsibility for relieving harm and suffering from final responsibility. Where people are in distress or in danger of further injury, we need to identify the agents best placed to help them in the short term. But these may not be the agents who should bear the costs of such action in the long term."[298] I argue that this temporal function of remedial responsibility does not simply confer roles based on the expected adequacy of response at different points in time, but can also function to mitigate blame. This can be seen in the articles published on behalf of the Sheppard-Towner Act, which balanced two rhetorics of responsibility whose varying tenses served to call women to action in the present and to issue a warning of potential blame for the future if no action was taken.

The first style of appeal was based upon presumptions of the moral obligations associated with motherhood, and was closely allied with existing arguments from the maternalist movement. Miller argued that people with the immediate call to responsibility were typically tied to that call via their communitarian ties, or common identities, with the wronged group, and by their capacity to act.[299] The appeal to women as mothers used narratives to personalize the issues of infant and maternal mortality and utilized their identification with the victims as the justification for why they were called upon to act. The magazines also used arguments about the natural duties of women as mothers to encourage them to promote the Sheppard-Towner Act. Furthermore, the argument put forth by maternalists – that women were particularly well-suited to addressing this social issue – positioned them well for arguing that individual readers ought to assume an activist role. The test of the capacity to act relies upon the factors of effectiveness and

costs.[300] Existing maternalist rhetoric provided the necessary cues that women could be effective in promoting legislation. The matter of costs to their action was not particularly relevant, as the women were instructed to act on their own behalf and the basic issue of mortality was not itself controversial.

Throughout the magazines' campaign, narratives provided depictions of acute but widespread suffering, personalizing the harms wrought by the lack of governmental intervention. Rose Wilder Lane's article "Mother no. 22,999" began with an idyllic description of a frontier family.[301] In a reversal of the pervasive statistical data in the articles, she emphasized the humanity behind the numbers. Her narrative of Ann Hamilton's death from childbirth-related causes portrayed a dedicated frontier woman whose devotion to her country could be seen in her choice of which item to move first into her family's shanty in Montana – an American flag. Through this and other elements of Hamilton's story, including the lack of a nearby hospital or paved roads, Lane highlights the conspicuous absence of government – apart from the way in which it had been idealized with the flag prior to Hamilton's death. A consistent theme of the narrative is the lack of "good reasons" that rhetorician Walter Fischer credits to the sense making process of this form of persuasion.[302] Rather, the reader is left with little recourse but to infer from Lane's article that, while readers may find the internal consistency of the story persuasive, there could be no good reason. Lane's story, which provides a broad framing of events and their causes, serves simultaneously to highlight the foreseeability of the harm that came to Hamilton and the other women that had died in childbirth that year while limiting the perception that there were alternatives that could have been chosen on the individual scale.[303]

In her appeal for action, Lane notes that three out of every five children born in the United States in 1920 would be born to a rural family, limiting access to medical services; however, her readers were bound by more than geographical similarity to Ann Hamilton. Ladd-Taylor writes that "the most significant thing turn-of-the-century mothers had in common was fear of death, their own and their children's."[304] Lane's emphasis on the absence of government in a matter of utmost importance to women while it had "millions for war, for foreign trade, for developing industry and agriculture," textually represented the absence of "good reasons" in a way analogous to the policies in place by refusing to provide explanations within the narrative for the disjuncture between Hamilton's devotion and the attention of her country.[305] In this absence, Lane calls forth the communitarian principle of responsibility; however unique Hamilton's location in rural Montana may have been, Lane's detailed account of her actions as mother and "pioneer" called forth a common history and identity that readers would understand.

Narratives also provided readers with a sense of how fellow women were working to address the issue, giving models for further political and social engagement. Anne Shannon Monroe, a New York City public health nurse, contributed an article that portrayed a day in the life of providing basic services to new and expectant mothers in the slums.[306] She described a variety of responses from the women and children she sought to help. While her article praised the success of maternal and infant health programs in the city, which had lowered the infant death rate from 1 in 36 to 1 in 99, it also stressed the importance of developing and implementing better ways of performing outreach activities for new mothers. "How inadequate is the service! And yet in just one day how many suffering mothers has this one nurse helped toward comfort," she wrote. [307]

Articles also issued a moral call to their readers, arguing that they were uniquely qualified by their existing social status. William Frederick Bigelow wrote that "we all know that deficits can be made up, but none knows so well as mothers that arms, once emptied, can not be filled again."[308] Bigelow tied social roles to social justice, inferring that mothers could and ought to speak on behalf of one another. Moreover, women's effectiveness in attaining suffrage, ousting corrupt leaders, and promoting other progressive causes indicated that they had the ability to act on behalf of the Sheppard-Towner Act. In a March 1920 article on women's political mobilization, Elizabeth O. Toombs wrote of the quick and dramatic political success won by Ohio women fighting corruption; "in the first place, they convinced themselves they could not lose; in the second, they followed political procedure; and in the third, they worked as women thoroughly aroused."[309] She concluded that women's political success would rely upon a steadfastness of purpose that would require long-term and consistent political agitation.[310] Writers also analogized women's political action as a means of extending housekeeping to the halls of Congress, invoking the anti-suffragist sentiment that women should stick to cleaning.[311] By claiming that women had already held the duties of civic responsibility in the sphere of their own lives, the writers emphasized their existing agency as a harbinger of what was to come.

The personal cost associated with the call for action was negligible. Writers pointed out that women had paid an unfair price for infant and maternal mortality. "Press and pulpit have declared that the vitality of a nation, its power in war and its progress in peace, depend upon the willingness of women to bear and rear large families of healthy children," wrote Lane, "The responsibility and the blame for race suicide have been

placed on the shoulders of women, and she has borne the blame, as women have always borne burdens, in silence. But has the responsibility been hers?"[312] Accusations of race suicide were common in the early 20th century, as white middle-class Anglo-American women increasingly pursued educational opportunities and began having fewer children.[313] Lane and other proponents of the Sheppard-Towner Act argued that women were unwilling to have large families because they were frightened by the risks of infant and maternal death or injury. Furthermore, they stated that the national birthrate was artificially compressed by the large number of preventable perinatal deaths. The writers reminded readers of the role of distance and lack of infrastructure in causing high mortality rates in rural districts; "One-fifth of the women in the Montana area were attended only by their husbands when the child was born, and three were entirely alone and delivered themselves."[314] Despite the blame that women had faced for declining birthrates, many of the causes for infant mortality were inextricably linked to forces out of their control, such as the lack of hospitals, doctors, or even roads, which had to be addressed by the government. "Can our nation afford such waste of human resources involved not only in the large number of deaths, but in the impaired health and lowered vitality of many mothers and babies that live?" asked Anne Martin; answering her question, she wrote, "Governmental ignorance, apathy, and neglect are directly responsible."[315]

The second strain of argument about responsibility visualized what women's role could be as enfranchised citizens and broke from the discourse surrounding maternalism. I label this argument an argument to civic responsibility, due to the use of nationalistic language and the discussion of a voter's responsibilities that characterized it. In the

schema of remedial responsibility, civic responsibility takes the longer view by arguing for governmental culpability for the issue and for a need for a long term governmental response in order to maintain nationalistic pride. Miller argued that ultimately, long term responsibility for an ongoing problem should fall to people or organizations that held moral or causal responsibility. Moral responsibility is differentiated from causal responsibility because it involves an evaluation of the motives and foresight of the agent. When considering moral responsibility, one could "ask questions such as whether the agent intended the outcome, whether he foresaw it, [and] whether his behavior violated some standard of reasonable care."[316] In contrast, causal responsibility does not attribute motivation, but traces the pattern of events to their point of genesis. While moral responsibility and causal responsibility are often conjoined, there are occasions when they are more distinct. Civic responsibility placed moral responsibility squarely with the federal government, claiming that arguments of American superiority during the war necessitated corresponding efforts at home to protect the American people. Although causal responsibility was more abstract, ultimately, some of the articles claimed that if voters did not respond to the existing opportunity for reform, they would become part of the cause for future suffering.

Arguments to civic responsibility adapted elements of the ubiquitous propaganda released by the Committee on Public Information (CPI) during World War I to argue that the federal government had an imperative to promote the health of its citizens. The CPI's efforts during the war blurred the distinctions between democratic deliberation and propaganda by engaging speakers via programs such as the Four Minute Men to present the government's case for the war.[317] The pernicious combination of pro-war propaganda

and the wartime Sedition Act of 1918 undermined the very principles for which the American cause stood. According to rhetorician Lisa Mastrangelo, "Although governments typically work for public support of wars, the United States' entry into World War I involved government-sanctioned propaganda on a scale that had never been seen before in the United States."[318] Indeed, the war necessitated the militarization of the maternal role, casting women as mothers of soldiers whose duty was to raise their children to be moral, virtuous, and tough.[319] Ana C. Garner and Karen Slattery argued that women whose sons were soldiers were encouraged to perform their maternal work on behalf of the nation by conserving food and fuel, planting war gardens, and participating in bond drives.[320] "In turn," they wrote, "Uncle Sam assumed responsibility for much of the care she normally did for her son as well as care for her if she needed it."[321]

Several articles argued that the nationalism invoked by the federal government during the war in turn called for a particularly critical type of moral responsibility to the family afterwards. In the aftermath of World War I, comparisons to other countries were rife, as were discussions of the long term effects of maternal and infant mortality upon the country's strength. Lane emphasized the importance of women to national security; "Mothers become valuable when men are dying in battle; it has been said that women can not bear arms, but they do bear soldiers."[322] This claim directly echoed earlier propaganda about raising sons to be healthy and effective future soldiers. Other articles pointed out that injuries during childbirth prevented sons from growing into soldiers, and that countries such as Britain had maternal welfare programs in place to ensure work leave as one means of improving health outcomes. Despite these incentives for action,

Bigelow charged that the United States had a habit of "talking the loudest about the rights of mothers and babies and doing the least for them."[323] Another author stated that the mother mentioned in her article "died because she was an American woman. Had she been living in New Zealand, in Sweden, in any other nation except Spain and Switzerland, her country would have taken better care of her than we did."[324] By tying such deaths and injuries to existing nationalistic rhetoric, these writers claimed that the government had been hypocritical by failing to protect people that it claimed to value from a foreseeable and preventable death. The United States had violated its own "standard of reasonable care," and was culpable for the effects.[325]

Second, appeals to civic responsibility emphasized the new duties of women and their future culpability for the problem of infant and maternal mortality. Readers were reminded that lack of popular support had caused the failure of earlier measures to reduce infant and maternal mortality, and that their newfound knowledge obligated them to prevent another year from passing without achieving success for the bill. They had the power to be the causal determinant of the fate of the legislation. Although women had traditionally had limited success in organizing for social change, with the passage of the 19th Amendment on the horizon, they were told that the Sheppard-Towner Act "will pass now if women say it must."[326] Towner argued that women's advocacy filled a gap that was incapable of being observed by men alone; "it is largely women who are responsible for reminding men – and especially those who are sincerely trying to solve national problems – that constructive measures designed to save life are as important and necessary as any acts that our Congress is empowered to pass."[327] Others claimed that political equality required active political participation on the part of women to assure

that moral issues such as infant and maternal mortality were addressed in the future; "when things go wrong, the women can no longer place the blame on the shoulders of men, but must carry half of it on their own shoulders."[328] The dual messages of national culpability and the causal determinacy of engaged citizenship found in the appeals to civic responsibility served the same educative function as the explanations of statistics. These appeals identified readers' agency as citizens who could and should wield their power to alleviate the harms wrought by a thoughtless government.

Responsibility, Temporality, and Blame

Coverage of the Sheppard-Towner Act in these magazines was designed to inspire activism and support through a combination of persuasive appeals that placed women's roles as potential victims in tension with their newfound influence as voters. The rhetorics of maternal and civic responsibility worked together to call women to action while managing the issue of blame in a way that would not alienate them. Through these two strains of argument, women were tied to the short and long term success of the measure. While maternal responsibility relied upon arguments by maternalists to make the case for the importance of women's action in particular, civic responsibility reminded readers of the ultimate culpability of the government and its voters for the safeguarding of the nation's women and children. Importantly, both types of arguments to responsibility made clear that women should not feel as though they were being blamed for the problem, although civic responsibility held the possibility of future culpability over them as a threat. As the Lane quote about race suicide suggests, women had been

accused of causing the low birth rate. The campaign for the Sheppard-Towner Act turned that accusation on its head by emphasizing the ways that federal funding for nurses and maternal education would make motherhood (and babyhood) safer. The campaign's appeals to the duties of motherhood and responsibilities of citizenship emphasized the newfound agency of the readers to change the political process. In doing so, it suggested that women had been victims of a thoughtless government before, but would be culpable for future deaths if they failed to meet the responsibilities of citizenship.

The rhetoric of maternal responsibility replied to the need for a short-term call to action on behalf of the nation's women and children. This rhetoric emphasized identification between women through the use of narratives that showed both victims and female health workers. Furthermore, it stressed the importance of women's social roles within the family and as they could be analogized to government. This also occurred in a different format in the narrative about Ann Hamilton, by suggesting that the absence of government to mitigate the many contributing causes to her death was due to the absence of women in government. With the opportunity to participate more fully in government, women were urged to be an active presence advocating for social issues. Finally, maternal responsibility emphasized the unique political position women found themselves in in 1920.

In contrast, the rhetoric of civic responsibility took on the longer term qualities of remedial responsibility by assigning moral and causal responsibility. It used the promises and boasts of nationalistic rhetoric to argue that the United States had set a standard of care for its people that it was neglecting to adhere to, and drew unfavorable comparisons

between the U.S. and other industrialized nations. Furthermore, it established a causal link between the actions of women and voters and the future infant and maternal mortality rates.

While maternal responsibility encouraged action, civic responsibility managed issues of blame. Although blame could have been directed at a number of different actors (physicians, midwives, various levels of government), the juxtaposition between the United States and other nations established that it was possible for countries to manage the risks associated with childbirth and infancy, and the framing of the issue in terms of such potential reforms allowed the federal government to become the focus for intervention in the campaign. However, it was the contingent nature of the argument to causality in this second rhetoric of remedial responsibility that particularly managed blame in the articles. It was explicitly implied that once readers were aware of the matter, and of the past fates of related legislation, neglecting to act on behalf of the Sheppard-Towner Act would implicate them in the continuation of the problem if it did not pass. This careful negotiation between past and present inaction opened the possibility for blame upon the very people the legislation is intended to aid but provided a clear outlet through the writing of a letter or the submission of a petition to avoid that blame.

ENDNOTES

[238] Bessie Beatty, "The Risk of Being Born," *McCalls* (1920) 1
[239] B.W. Currie, "The Editor's Page," *Ladies' Home Journal* 37:3 (1920) 1, World War I Casualty and Death Tables, Public Broadcasting Service (2011) http://www.pbs.org/greatwar/resources/casdeath_pop.html
[240] "The World Factbook: Infant Mortality Rate," Central Intelligence Agency, Accessed 9 January 2013, https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html According to the CIA's World Factbook, in 2012 Monaco had the best infant mortality rate, at 1.8/1,000 live births, while the United States was 50th, with an infant mortality rate of 6/1,000.

[241] Wolf, "Saving Babies and Mothers," 146

[242] Ladd-Taylor, *Mother-Work,"* 19
[243] Wolf, "Saving Babies and Mothers," 146
[244] Ladd-Taylor, *Mother-Work*, 168-169
[245] Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942*, (Ithaca: Cornell University Press, 1995) 5

[246] Ladd-Taylor, *Raising a Baby the Government Way*, 69
[247] Vanessa B. Beasley, "Engendering Democratic Change: How Three U.S. Presidents Discussed Female Suffrage," *Rhetoric & Public Affairs*, 5:1 (2002) 79-103, Beasley notes that women "constituted approximately one-third of the national electorate in 1920."
[248] David Miller, "Distributing Responsibilities," *The Journal of Political Philosophy*, 9:4 (2001) 453-471, 454
[249] Miller, "Distributing Responsibilities," 454
[250] David Miller, "Holding Nations Responsible," *Ethics*, 114:2 (2004) 240-268, 247 Miller derives the name for this type of responsibility from the word "remedy."
[251] David Miller, *National Responsibility and Global Justice*, (Oxford: Oxford University Press, 2007): 85 An example of this that he gives is that a parent may tell a teenager that he or she is responsible for harms to household property by their friends after a raucous party.
[252] Miller, *National Responsibility and Global Justice*, 99
[253] Miller, *National Responsibility and Global Justice*
[254] Ladd-Taylor, *Mother-Work*, 19
[255] L. Dumenil, "The New Woman and the Politics of the 1920s," *Magazine of History*, 21:3 (2007) 22-26
[256] Ladd-Taylor, *Mother-Work*, 43
[257] Theda Skocpol, *Protecting Soldiers and Mothers*, 332
[258] Theda Skocpol, *Protecting Soldiers and Mothers* 319
[259] Skocpol, *Protecting Soldiers and Mothers*, 355
[260] Ladd-Taylor, *Mother-Work*
[261] Skocpol, *Protecting Soldiers and Mothers*, 353
[262] Skocpol, *Protecting Soldiers and Mothers*, 344-345
[263] Skocpol, *Protecting Soldiers and Mothers*, 346

[264]Marilyn Fischer, "Addams's Internationalist Pacifism and the Rhetoric of Maternalism," *NWSA Journal* 18:3 (2006) 1-19, 2 Jennifer L. Borda, "Woman suffrage in the Progressive Era: A coming of age." *Hogan, Rhetoric and Reform* 358 (2003) Fischer argues that although Addams used maternalist rhetoric, she herself was not a maternalist; "Instead, Addams's use of maternalist rhetoric was one manifestation of her 'willingness to yield what was due to others,' a part of enacting her pragmatist method of social change as the only sound approach toward a just and democratic peace." Borda notes that "during the Progressive Era, the boundaries between public and private that were in place for women opened up," and the women's social movements of the time, including suffrage (the topic of Borda's chapter), maternalism, and settlement houses, played an important role in this process. These movements were influenced by the optimism and pragmatism of their time.

[265] Skocpol, *Protecting Soldiers and Mothers,* 482 Skocpol write that "leading women reformers from the social settlements explicitly mobilized local and national women's clubs into campaigns to establish the federal Children's Bureau and expand its mission. These statebuilding campaigns led by female reformist professionals would not have succeeded, however, without the vitality of the vast locally rooted women's federations already engaged in child welfare work and other civic activities."
[266] Wilkinson, "The Selfless and the Helpless," 574
[267] Skocpol, *Protecting Soldiers and Mothers,* 332
[268] Jennifer Burek-Pierce, "Science, Advocacy, and 'The Sacred and Intimate Things in Life': Representing Motherhood as a Progressive Era Cause in Women's Magazines," *American Periodicals* 18:1 (2008) 69-94, 70
[269] K.M. Drowne & P. Huber, *The 1920s* (Westport: Greenwood Press, 2004) 198
[270] D.B. Ward, "The Geography of Ladies Home Journal: An Analysis of the Magazine's Audience 1911-55," *Journalism History*, 34:1 (2008) 2-14, 4
[271] K.L Endres & T.L Lreck, *Women's Periodicals in the United States* (Westport: Greenwood Publishing Group, 1995) 446
[272] Meckel, *Save the Babies*, 121-122
[273] E.L. Coolidge, "The Young Mother's Calendar: What to do for a Baby Month by Month," *Ladies Home Journal* (May 1903) 34
[274] Endres & Lreck, *Women's Periodicals in the United States*, 446
[275] Burek-Pierce, "Science, Advocacy, and 'The Sacred and Intimate Things in Life," 69-70
[276] Anne Martin, "We Couldn't Afford a Doctor," *Good Housekeeping*, 70:4 (1920) 19-20, 133; 20
[277] Skocpol, *Protecting Soldiers and Mothers,* 366
[278] Martin, "We Couldn't Afford a Doctor," 20
[279] William Bigelow, "The Editor's Page," *Good Housekeeping*, July (1920) 4
[280] Burek-Pierce, "Science, Advocacy, and 'The Sacred and Intimate Things in Life," 69-70
[281] Burek-Pierce, "Science, Advocacy, and 'The Sacred and Intimate Things in Life," 83
[282] Lemons, "The Sheppard-Towner Act," 779
[283] Lemons, "The Sheppard-Towner Act," 779
[284] Skocpol, *Protecting Soldiers and Mothers,* 340
[285] For a discussion of John Dewey's contributions to education, and his beliefs about education and its role for democracy, see Louis Menand, *The Metaphysical Club: A Story of Ideas in America* (New York: Farrar, Straus, and Giroux, 2001) 319-330, and John Dewey, *The Public & Its Problems* (Athens: Swallow Press, 1991), 197-199, 206-208
[286] Andrew Jewett, "Science & the Promise of Democracy in America," *Daedalus*, 132:4 (2003) 64-70, 65-66 Jewett labels Dewey, along with other famous personages such as Herbert Hoover, Robert A. Millikan, and Franz Boas, as 'scientific democrats.' "In their optimistic view, modern science had proved its power in practice, by harnessing natural resources and creating new inventions such as the steam engine and the railroad, creating an industrial society with the potential to overcome scarcity. The task now was to apply the methods of modern science to the improvement of social organization itself. The application of such methods might allow the nation to close the gap between its professed ideals and the realities of industrial social life, by organizing anew kind of political community that was capable of enlightened self-rule."
[287] Beatty, "The Risk of Being Born," 1
[288] Horace Mann Towner, "Mothers and Babies First," *Woman's Home Companion* (1920) 4
[289] Martin, "Every Woman's Chance to Save Humanity," 20
[290] Towner, "Mothers and Babies First," 4, "CPI Inflation Calculator," Bureau of Labor Statistics, Accessed 11 January 2013, http://data.bls.gov/cgi-bin/cpicalc.pl?cost1=75.00&year1=1920&year2=2012 $75 in 1920 is equivalent to $863.33 in 2012
[291] Beatty, "The Risk of Being Born," 1
[292] Dewey, *The Public & Its Problems*, 199 Although he views this development with some optimism, Dewey tempers it with the observation that individuals will always play the determining factor in their fates.
[293] A primary cause of death could be malnutrition, cholera, typhoid, tuberculosis, or an injury sustained during birth (i.e. as a result of unskilled forceps use)

[294] Ladd-Taylor, *Mother-Work*, 31 It was not uncommon for rural agricultural workers to leave infants in the care of very young children or to bring them to the fields. On a few occasions, social workers found infants that had been left alone at home the entire workday.
[295] Meckel, *Save the Babies*, 170
[296] Ladd-Taylor, *Mother-Work*, 25
[297] Robert Hariman, "Speaking of Evil," *Rhetoric & Public Affairs* 6:3 (2003) 511-517, 514, Slavoj Zizek, *Violence: Six Sideways Reflections* (New York: Picador, 2008) 1, Zizek defines systemic violence as the violence reproduced through the everyday practices of society.
[298] Miller, "Distributing Responsibilities," 468
[299] Miller, "Distributing Responsibilities," 468
[300] Miller, "Distributing Responsibilities," 468
[301] Rose Wilder Lane, "Mother No. 22,999," *Good Housekeeping* 70:3 (1920) 22-24, 113, 23

[302] Walter R. Fisher, "Narration as a Human Communication Paradigm: The Case of Public Moral Argument," *Communication Monographs*, 51 (1984) 1-22, 2
[303] Balkin, "The Rhetoric of Responsibility," 197-263 This article provides more information about the use of framing to shape appeals about responsibility.
[304] Ladd-Taylor, *Mother-Work*, 14
[305] Rose Wilder Lane, "Mother No. 22,999," *Good Housekeeping* 70:3 (1920) 22-24, 113, 23
[306] Anne Shannon Monroe, "Adventuring in Motherhood," *Good Housekeeping*, 72:5 (1920) 28, 128
[307] Monroe, "Adventuring in Motherhood," 128
[308] Bigelow, "Editor's Note," 1
[309] Elizabeth O. Toombs, "Politicians, Take Notice: Columbus, Ohio Women Elected a Mayor and Proved that Women, When They Vote Together, Hold the Balance of Power," *Good Housekeeping* (1920) 15
[310] Toombs, "Politicians, Take Notice," 160
[311] Currie, "The Editor's Page," 1
[312] Lane, "Mother No. 22,999," 23
[313] Foucault, *Society Must Be Defended*, 254-256 Foucault notes the troubling associations between biopolitics and racism.
[314] Martin, "Every Woman's Chance to Save Humanity," 145, Viola I. Paradise, *Maternity Care and the Welfare of Young Children in a Homesteading County in Montana*, (Washington: Government Printing Office, 1919) 8, There were 463 women surveyed in this study of infant mortality in Montana. To be selected into the study, women had to have given birth to a child within the past five years.
[315] Martin, "Every Woman's Chance to Save Humanity," 142
[316] Miller, "Distributing Responsibilities," 456
[317] Pat J. Gehrke, *The Ethics and Politics of Speech* (Carbondale: Southern Illinois University Press, 2009) 48-51 Gehrke notes that 20,000 men were engaged by the government to act as Four Minute Men, speakers who stood up prior to movies and delivered short addresses concerning recent events in the war abroad.
[318] Lisa Mastrangelo, "World War I, Public Intellectuals and the Four Minute Men: Convergent Ideals of Public Speaking and Civic Participation," *Rhetoric & Public Affairs*, 12:4 (2009) 607-633, 611
[319] Ana C. Garner & Karen Slattery, "Mobilizing Mother: From Good Mother to Patriotic Mother in World War I," *Journalism and Communication Monographs* 14:1 (2012) 5-77
[320] Garner & Slattery, "Mobilizing Mother," 28
[321] Garner & Slattery, "Mobilizing Mother," 31
[322] Lane, "Mother no. 22,999," 111
[323] Bigelow, "Editor's Note," 4
[324] Lane, "Mother no. 22,999," 22
[325] Miller, "Distributing Responsibilities," 456
[326] Bigelow, "Editor's Note," 4
[327] Towner, "Mothers and Babies First," 4
[328] Toombs, "Politicians, Take Notice," 159

Chapter 5

Bureaucratic Responsibility

"I feel that it is a very grave question, this added Federal control that we are giving to the bureau. We all watch with a great deal of fear the encroachment of the bureaus…. It seems to me that we have to recognize that State rights is not an academic question. It is really very vital, and means the control by the people in their small communities. You have got to go back to the town meetings, which were the cradle of democracy, in New England and in Virginia, where the people were vitally interested in anything that affected their communities…"
-Mrs. Rufus M. Gibbs, Senate testimony, 1921

Thomas Lemke writes that "Liberal concepts of autonomy and freedom are closely connected to biological notions of self-regulation and self-preservation."[329] Therefore, liberal values provide an important framework for biopolitics; however, liberalism also sets in place the call for the limitation of government as a protection of the natural and civic rights of citizens.[330] Michel Foucault argues that one of the hallmarks of liberal governmental practice is the self-conscious balance between being a sufficient power and overstepping its bounds.[331] Therefore, although liberalism checked sovereign power, it also has a series of checks upon it to regulate the expansion of its mechanisms of power, not least among them the biopolitical strategies of population maintenance and control. This fundamental tension between liberalism and biopolitics frequently comes to a head in the arena of public health, including calls for the public health bureaucracy to be extended for new purposes.[332] Indeed, as suggested by Mrs. Gibbs' quote above, the growth and bureaucratization of governmental health promotion efforts can give rise to political conflicts fueled by the ideological precepts of classical liberalism.

This rift can cause uneasy deliberation in times of crisis, when the government appears to be the most suited agent to respond. Indeed, throughout the reform-laden Progressive Era, activists called for governmental action to intervene in a variety of work

and health-related matters, but simultaneously expressed their concern about how best to enact quick reforms without risking the disengagement of ordinary citizens.[333] Progressive Era reforms necessitated the growth of federal bureaucracies, which violated classical liberal conceptions (and contemporary norms) of the democratic process.[334] Therefore, even as it grew increasingly necessary, at the beginning of the 20th century, the "American administrative state faced a problem of legitimation, namely, that a new institution of power had to be given political meaning within the inherent liberal tradition."[335]

To better understand the ways in which biopolitics was legitimized during this era, this chapter examines the testimony concerning legislation intended to lower the infant and maternal mortality rate. For it was the Sheppard-Towner Maternity and Infancy Protection Act, the first federal social welfare legislation, that set the precedent for the future expansion of such policies and authorized further biopolitical interventions. There are several conceptions of biopolitics in the scholarly literature. In this chapter, when discussing biopolitics, I refer to an "art of government that historically emerges with liberal forms of social regulation and individual self-governance."[336] This case study examines the justifications for the expansion of this form of biopolitics and the defense of the growth of administrative power in a liberal democratic state. In the congressional testimony examined in this chapter, individuals debate whether the federal government is the sole entity capable of adequately remedying the crisis of infant and maternal mortality.

Momentum for the programs that would be funded by the Sheppard-Towner Maternity and Infancy Protection Act built for several years prior to 1921, the year that

the bill passed. Various versions were introduced to Congress in prior years, but it was a highly-publicized magazine campaign, dovetailing with the passage of the 19th Amendment (granting women the right to the vote), that raised the legislation's profile and public support.[337] Hearings before the United States Senate Committee on Education and Labor began on Monday, April 25, 1921, and continued on April 28 and May 5. Senator William S. Kenyon of Iowa presided as Chairman. Kenyon (R), along with Senator James Reed (D – Missouri), had been the most prominent and outspoken opponents of the bill.[338] Prior to the testimony put before the committee, a Senate vote indicated strong support for the measure.[339] This chapter focuses on this set of hearings because it was the final set before the bill was passed and signed into law. The hearings were primarily focused upon procedural concerns. Therefore, discussions of the government's responsibility for health and social welfare varied drastically from the earlier texts addressed in this dissertation. A further difference can be found in the shift from a call to individual behavior changes to a call for direct governmental action to address infant and maternal mortality. Having shown through smaller, more localized measures the effectiveness of health campaigns and the need for a larger governmental intervention, reformers implored for a federal commitment to the well-being of women and children.[340] The Sheppard-Towner Act was historically significant because it set "the precedent for federal expansion into social welfare."[341] The legislation is rhetorically significant for the ways in which it demonstrates the reasoning process that established the necessity of governmental involvement in health care. In the testimony, two principles became the main focus: the legitimacy of the action proposed, and the necessity of federal intervention.

This chapter opens with a description of the origins and content of the Sheppard-Towner Act. Next, it describes the ways in which the growth of health-centered bureaucracies during the Progressive Era was influenced by contemporary changes in the social sciences and the ethos that they brought to wide-scale governmental interventions. My analysis proceeds in two steps. First, I map the contours of the confrontation over medical legitimacy (and its prospective role in government) and the ways in which this debate is informed by liberalism and biopolitics. Second, I delineate the ways in which appeals to necessity framed the scope and objectivity of bureaucratic responsibility. Ultimately, I argue that the successful call for bureaucratic responsibility was shaped by the tensions between liberalism and biopolitics, and is characterized chiefly by its claims to objectivity.

Legislative Origins:

The suggestion of a federal program to provide funding for infant and maternal health services originated in the Children's Bureau's 1917 Annual Report.[342] Far from suggesting clinical or financial assistance, the proposal emphasized maternal education in the same vein as that which had taken place under the NYMC and other regional organizations.[343] What was unique was the call for federal funding to support it, a measure that would allow such educational services to expand to small towns and rural areas. Although she did not affix her name to the bill she wrote reflecting the Annual Report, the legislation concerning new policies to provide care for women and their infants was written by Julia Lathrop, the Chief of the Children's Bureau.[344] As social

welfare legislation, the bill was unusual in its commitment to provide services for all women, regardless of financial standing.[345]

Over the following years, the legislation was sponsored by several politicians. The first iteration was proposed by Representative Jeannette Rankin and Senator Joseph Robinson in 1918. Although the bill made it past committee, Congress took no action.[346] In 1919, it was re-introduced, with some modification, by Senator Morris Sheppard (D - Texas) and Congressman Horace Towner (R - Iowa).[347] The Sheppard-Towner version of the bill provided funding not just for educational purposes for mothers of new infants, but also for mothers of preschoolers. It also proposed funding for medical examinations, a measure far more controversial than what was included in Lathrop's original proposal.[348] The bill passed the Senate in December 1920 but died in the House Rules Committee. Undaunted, Sheppard and Towner sponsored the bill again in 1921. On November 19, it passed the House with 279 supporting votes, 113 abstentions, and 39 votes against it. It likewise passed the Senate 63 to 7, and was signed into law by President Warren G. Harding on November 23, 1921.[349]

The final version of the bill allotted funds for maternal education, the distribution of teaching materials, health clinics, and conferences.[350] Although Sheppard and Towner had requested a budget of $4 million per year, this sum was reduced amid accusations of fiscal irresponsibility, part of a backlash to spending after World War I, which had brought the national debt to $25 billion (or $334 billion in today's dollars).[351] Funding was staggered, with $1.48 million given to states for 1921-1922, and 1.24 million to be distributed over the following five years.[352] This arrangement was made so that states would have extra funding at the start of the program for specialized training and other

preliminary measures. The program was administered through state governments, and all but Illinois, Massachusetts and Connecticut approved the program.[353] Six states provided the full matching funds, accepting the full percentage of funding offered by the federal government.

Biopolitics and Bureaucracy

Biopower involves "a set of processes such as the ratio of births to deaths, the rate of reproduction, the fertility of a population, and so on."[354] Foucault argued that biopower became a significant part of government in response to the ways in which endemic illness harmed population growth and productivity. Endemic illnesses, such as the *cholera infantum* that frequently caused infant mortality, consistently attack a population.[355] Due to their consistent and detrimental impact upon the population as a whole, endemics "result in the development of a medicine whose main function will now be public hygiene, with institutions to coordinate medical care, centralize information, and normalize knowledge. And which also takes the form of campaigns to teach hygiene and to medicalize the population."[356] This form of medicine, which addresses social factors that incubate and spread disease within a large population, is typically called public health. Distinct from individualized medicine, public health measures include street cleaning, mass vaccination, and public education about risk factors and symptomatology. It is also a powerful component of biopolitics. Through public health and the growth of medical knowledge in the 19th and 20th centuries, "medicine [became] a political intervention-technique with specific power-effects."[357]

The early 20th century was a time for the dramatic growth of biopolitical infrastructure - including bureaus of public health and regulatory organizations - in the United States. New empirical procedures and disciplines promised solutions for social problems.[358] Population-wide studies, a relatively new task for the Federal government, identified the conditions that correlated to endemic health matters with sufficient precision to suggest the possibility of wide-scale health interventions.[359] "Social science was increasingly regarded as the science of social control," according to public administration scholar Eliza Wing-Yee Lee. Indeed, in her testimony before Congress, Lathrop argued that "that field of applied social science [public health] is one of basic importance to the prosperity of the country, that it must be understood that the special sciences of medicine, education and agriculture, having in interest in the human welfare in that respect, ought to be brought into the same correlated activities with the Children's Bureau."[360] The expansion of bureaucratic entities in the United States during this era was driven by the growth of the social scientific form of knowledge gathering.[361]

Bureaucracy earned its legitimacy within Progressive Era liberalism through its assumption of the ethos of the sciences and social sciences. Sociologist Max Weber argued that bureaucracy could only fully develop in the modern state, when a culture recognized the value of the objective expert in solving increasingly complex infrastructural and social matters.[362] The most valued elements of an administrator, scientific reason and rationality, reflected progressive values and the call for effective and efficient government solutions. "Bureaucratization offers above all the optimum possibility for carrying through the principle of specializing administrative functions according to purely objective considerations," a quality which lent the expansion of

administrative duties and roles a particularly strong ethos to progressives.[363] Although leading Progressive thinkers embraced the importance of such expertise, they also expressed some reservations. While political theorist Walter Lippmann stated that members of the general public "cannot create, administer and actually perform the act they have in mind," he also noted the ways in which the increasingly centralized and formalized government bureaucracy set its workers apart from the people they represented.[364] John Dewey described the issue of governmental legitimacy in the wake of the growing distance between legislator and citizen as "the primary problem of the public" in *The Public & Its Problems*.[365]

For reformers, the Progressive Era's resounding belief in the objectivity and usefulness of science and social science aided the growth of biopolitics by legitimizing bureaucratic experts' role in a liberal democratic government. As rhetorician Leroy Dorsey notes, one of the hallmarks of this era was the recognition that some problems were social, rather than individual, with external variables capable of being manipulated through governmental reforms and assistance.[366] Likewise, Cara Finnegan writes that well-educated "efficiency progressives" argued for the reformation of social ills through the application of social engineering.[367] Social science played a critical role in this process, as a means of measuring and developing those solutions. However, the proposed federal policies that resulted from these changes faced challenges over the legitimacy of preventive public health measures and of the procedures used to track and shape health outcomes.

Contested Medicine: Legitimacy

The legislation proposed by Senator Sheppard and Congressman Towner called for an expansion of governmental policy into preventive medical care. This extension of the biopolitical apparatus of the Children's Bureau from the surveillance associated with data-gathering to extended educational efforts and basic care answered to the public demand for a government more responsive to its people's needs. However, the proposal of these actions faced challenges to its legitimacy from a variety of audiences. In the liberal system of thought, government cannot exist for its own sake, but must consistently provide justification for new apparatuses and rules.[368] The proposed policies of the legislation faced calls for justification and were tested against the precepts of classical liberalism. In contrast to the value of noninterference associated with classical liberalism, biopolitics' reach can seem insidious: "Biopolitics deals with the population, with the population as political problem, as a problem that is at once scientific and political, as a biological problem and as power's problem."[369] Incorporating medical knowledge into state apparatuses via public health increases the means of government surveillance. The implications of this are evident in the concerns about legitimacy expressed in the testimony of both expert and non-expert witnesses. Their testimony centered upon the legitimacy of government to designate a leading school of medicine, the legitimacy of the governmental encouragement of medical treatment, the legitimacy of public health itself as a discipline, and, finally, the legitimacy of bureaucracy in a liberal society.

Congressional witnesses questioned the role that government should play in designating the appropriate methods of medical treatment. Although germ theory was becoming mainstream, large numbers of Americans still turned to the homeopathic and

prayer-focused forms of healing that had developed during the 19th century. Indeed, the most vehement opposition to the bill was indicative of suspicion at the government's function in legitimizing one form of medicine, and antagonism at the growing dominance of the allopathic (now standard) school of medicine.[370] Such opposition came from a variety of groups. Supporters of chiropractic treatment, homeopathy, and "physical culture" argued for alternative theories of disease and wellness, as did Christian Science, a sect that had approximately 40,000 members in 1906.[371] The National League for Medical Freedom (NLMF), formed in 1910 and represented in testimony at the Sheppard-Towner hearing, served as an umbrella organization for these interests, encompassing nearly a quarter of a million people in 1921.[372] Although the NLMF was the largest organization, 11 others were also represented at the hearings.[373]

These organizations contested the legislation based upon the mutually legitimizing effects they felt it would have for one type of medicine and governmental involvement in the medical realm. Foucault wrote that "medical space can coincide with social space, or, rather, traverse it and wholly penetrate it."[374] Preventive public health efforts necessarily engage in the task of bringing the medical into the social. This has implications for both realms. The expansion of governance into the medical realm legitimizes and reproduces certain practices and not others. Norming practices occur in medical science as well as in the general population as a result, since governmental approval of some health techniques over others influences individuals' assessment of those practices and likelihood of seeking those services. Federal interventions in the matter of infant and maternal health would put "a great deal more power into what is known as the medical machine," asserted Miss Nellie Williams, "that is, the allopathic

medical control of the United States. I think that the chiropractors and the others who are not of the allopathic school should have some chance."[375] Such testimony argued that patients would suffer as a result of losing the scope of choices offered by other theories of medicine.

Representing another objection to the legitimacy of the association between governmental power and medicine, Mr. H.B. Anderson, of the Citizen's Medical Reference Bureau, a medical freedom organization, claimed that the bill was "one out of a great many bills tending to build up a larger and more powerful medicine machine that would be used in forcing legislation on the people."[376] Anderson's objection acknowledged the organization and structure inherent in the growing biopolitical realm.[377] Furthermore, he protested the spread of new methods of power via the alignment of medicine and the body with regulatory legislation. Indeed, Foucault wrote that in embracing biopolitics, "We pass … to a fundamentally positive power that fashions, observes, knows, and multiplies itself on the basis of its own effects."[378] While Anderson's appeal may appear to be a direct backlash to the intrusiveness of biopolitics, it is complicated by liberalism itself, due to its emphasis on responding to society and its needs after the decline of traditional sovereignty.[379] Under liberalism, a critical question arises: "What makes government necessary, and what ends must it pursue with regard to society in order to justify its own existence?"[380] The ongoing need for the justification of government in liberalism both fuels Anderson's claims that interventions in health are a threat to legitimate governance and functions to undermine that claim in favor of legislation that serves the interests of the public.

The legitimacy of public health was also central to the success of biopolitics on the federal level, but that success was far from a given. Although the American Public Health Association was largely composed of physicians at the turn of the 20th century, in the ensuing decades, the study of public health became less homogenous and more frequently associated with political and social interventions.[381] These changes to the public health establishment resulted in its decline in public opinion. Foucault writes that "medicine is a power-knowledge that can be applied to both the body and the population;" however, this power is inversely proportionate to the openness of the politics of health.[382] The very objectivity upon which science and medicine built their ethos is called into question by the social engineering of some methods of public health. Furthermore, the medical establishment's embrace of germ theory and the attendant biomedical paradigm (which also encompassed bacteriology and new methods of treatment) made the types of social interventions performed by public health workers, such as hygiene education, appear less necessary.[383] Relatively little federal funding and interest had been placed towards public health, and several witnesses testified that they believed that the plan put forth in the legislation would not be efficacious. Dr. Charles O'Donovan, a general practitioner, drew an analogy between the educational work proposed by the Sheppard-Towner bill and earlier efforts to reduce the spread of tuberculosis, stating that "…we went out and we lectured and talked ourselves deaf, dumb, and blind, but we never accomplished anything."[384]

Physicians opposed to the growing role of government administration in health balked at the surveillance role that shaped public health policies. Early 20th century physicians argued that the data-gathering performed by public health workers endangered

patient privacy and made it less likely that members of the public with particularly stigmatized diseases would seek medical help.[385] They also argued that reporting the data would harm patient confidentiality. Dr. Alfred H. Quessy cited this concern, arguing that "if there is anybody that holds the confidence of the people it is the physician, and more family secrets come to the physician than to any other people, because of that confidence. Now all of that is destroyed by this."[386] It is perhaps worth noting the concurrence of technologies to map and shape public health and the growing emphasis on medical privacy as a right during the 20th century.[387] Privacy was also raised as a concern by the medical liberty groups, whose representatives argued that the home visits made by the public health nurses the legislation sponsored would be compulsory intrusions upon the sanctity of the home.

The testimony given by public health workers and officials in favor of the Sheppard-Towner bill stressed the ways in which the newly professionalizing field could derive its own ethos from the collaboration between physicians and social scientists. The American Medical Association (AMA) had tensed the already fragile connections between the two fields with the reversal of its support for the measure and a subsequent series of attacks in the *Journal of the American Medical Association*.[388] The Children's Bureau and its supporters had emphasized the importance of medicine and physicians to its infant health work, and so in the hearings sought to maintain the connection to medicine while also establishing why public health work was also necessary. Julia Lathrop stressed that the Children's Bureau staffed physicians who specialized in obstetrics and pediatric care, but also argued that other fields were relevant to its work; "applied social science is… of basic importance to the prosperity of the country… the

special sciences of medicine, education and agriculture, having in interest in the human welfare in that respect, ought to be brought into the same correlated activities with the Children's Bureau."[389] Dr. Florence McKay, the Assistant Director of the Children's Bureau, described the ways in which the Bureau had standardized child health work based upon population-wide findings about health risks and then used those standards to recommend interventions.[390] With the passage of the Sheppard-Towner bill, she stated, those recommendations would be able to be put into practice for better widespread health.[391] Their testimony emphasized the continuing role that physicians and social scientists could play in solving health issues.

Indeed, defenders of the legislation asserted its usefulness to the medical field, as well as to the health of the general population. Baker was asked if the public health work in New York City had taken patients away from physicians, and responded that "No, on the contrary, we have been building up their business, for they have been getting patients which would ordinarily go to the midwives and to untrained care."[392] Retrospectively, historian Molly Ladd-Taylor wrote that "The Bureau maintained (correctly, as it turned out) that prenatal and child health clinics would increase doctors' patients, not compete for them."[393] One enduring effect of the legislation was to normalize prenatal care and further establish dependence upon medical practice during pregnancy.

Perhaps most telling in the conflicts between liberalism and biopolitics, however, were the points raised against establishing further bureaucratic structures to carry out the reforms of the legislation. In Foucault's *Birth of Biopolitics*, he describes the ways in which state phobia is expressed.[394] In particular, there is the fear of state expansion (and perhaps engulfment) over civil society, and the fear that new forms of governance will

ultimately lead to unmitigated authoritarianism. The self-reflexive evaluation of the liberal state's power therefore raises critiques of proposals to expansion. "If we are tied up in bureaus, intrenched [sic] behind red tape, we have a hydra-headed monster that we can not attack, because it is hard to get the Congress of the United States into action, when once power is given into the hands of the bureaus," claimed Mrs. Rufus M. Gibbs.[395] Mrs. Gibbs, a member of the American Child Hygiene Association and a director of the board of the Association for the Prevention of Infant Mortality, nonetheless argued that public health work would suffer through a nationwide federal intervention, because citizens would be unable to influence the policies enacted under a bureaucracy. A representative of the Massachusetts Civic Alliance claimed that increased bureaucratic control over matters of health was ineffective and un-American; "We do not believe that a change of this system that we now have from private to public control will give you any less infant mortality, but it would tend to a greater infant mortality, because you will have a system that had not worked efficiently in other matters to take the place of a system that has made America what she is."[396]

The legitimacy of the legislation was challenged on several fronts, based upon the presence, method, and structure of the medical practices in question. Legitimacy, in each of these challenges (and rebuttals) was closely allied with concerns about the objectivity that government could show in addressing matters of health. "Medical freedom" advocates argued against the legislation on the basis that the government was biased towards one theory of medicine, physicians feared infringement upon their private practices and fallout from government workers prying into the lives of patients, and opponents of bureaucratization worried that bureaucracies would become powerful

political forces. Supporters aligned the legislation with the medical and social science professions, distinguishing the Children's Bureau's engagement in this legislation from a matter of politics to a matter of objective practice. In each of these challenges, the congressional testimony reflects the clash between the protection of individual rights and the good of the population as a whole. The latter's success in the ensuing discussion before Congress relied upon the strength of biopolitical assumptions, and, perhaps counter intuitively, the very "ground rules" of liberalism itself. Foucault writes that liberal governments are self-limiting, in that they must justify their own existence via reasoned action or inaction.[397] Due to this internally-determined limitation to its power, liberal government is evaluated by its effectiveness, rather than by its other qualities. Biopolitics presents an expansion of the grounds by which this judgment of effectiveness can be made. Through the statistics gathering performed by the Children's Bureau and other organizations in the decade prior to the Sheppard Towner Act, the process of expanding the government's duty to matters of infant and maternal health began; by arguing for the legitimacy of preventive governmental action, and of its necessity, advocates justified the expansion of government on the terms acceded by liberal theory.

"Not Sentimental, but Eminently Practical:" Necessity

Another significant point that arose in the congressional testimony was the necessity of a governmental intervention-and of the centrality of government experts to lead it. "It is … a crime against civilization that the mothers of this country should be allowed to die in the manner that they have," testified Baker, "…the number of the mothers who died in childbirth during 18 months of the war almost exactly equals the

number of soldiers that were lost and killed in battle. In other words, for every soldier killed, a mother died in childbirth, and for every soldier killed six babies died at childbirth, and all because the social and economical [sic] conditions are poor."[398] When pressed for an estimate of the good the legislation could do, she stated that "we could save some 15,000 women and 100,000 babies a year by passing this bill."[399] Indeed, support in favor of such an intervention came even from some unexpected quarters, including an anti-suffragette, who stated that "There is not a day goes by that I am not glad that every one of my children is a boy, who will not know the suffering through which a woman passes. I sincerely hope that this bill may pass for the sake of the 200,000 who are dying each year, and for the future of our country."[400] Further arguments about the necessity of federal involvement in the matter concerned the role of the free market and patient choice, existing medical resources (including finite numbers of physicians), and the role that the federal government could play in encouraging states to develop programs to improve infant and maternal health. The necessity of the legislation was established by advocates who discussed the scope and objectivity of their aspirations for infant and maternal welfare work.

Although the staggering number of infant and maternal deaths demonstrated in the paragraph above made the case for many Americans that an intervention was necessary, the testimony demonstrates some challenges to the necessity for the legislation. Public health scholar Mark Schlesinger wrote that prior to the 1930s and 1940s, "Market conceptions dominated elite understandings of medical care," undermining public health efforts for better health parity.[401] During the Progressive Era, many people still went years without visiting their physician, and the benefits of

preventive care were still somewhat in question for ordinary people. Mrs. A.M. McManamy, a private citizen from Oregon, raised this point in her testimony before the Committee; "Now, how many of this committee were born in hospitals? How many of this committee have children who were born in hospitals? And yet, today, the doctors are urging that everyone should go to a hospital. The charges are enormous, and the people who are persuaded that they must go there are for years paying the bills for one child."[402] McManamy argued that visiting a physician was seen as a choice to be made by the individual consumer, rather than a necessity to maintain basic health. However, this perspective was being challenged from other fronts – life insurance companies and worker's compensation programs increasingly requested physical examinations of workers from approximately 1910 on. Although public health scholar James Colgrove wrote that the Sheppard-Towner Act was "the lightning rod for criticism of expanding government involvement in health care," the expansion into preventive care was driven not simply by Progressive notions of social justice, but by these market forces as well.[403]

In contrast to claims that medical care was a commodity of choice, supporters testified that the American medical establishment had neither the numbers nor the time necessary to provide the services proposed in the bill. "The educational work contemplated can not be carried on by physicians who are in private practice as was suggested by a member of the medical profession at the hearing," stated Dr. Valeria H. Parker, "Efficient physicians are too busy with practice to conduct wide-spread education among prospective mothers."[404] The scope of the problem far exceeded the capabilities of individuals and private charitable entities, Parker and others argued. Furthermore, advocates asserted that infant and maternal health was not just a matter of disease, but

also of environment. Lathrop testified that many mothers lacked basic hygiene education, knowledge which could make a significant difference in the health of their families.[405] However, she stated, women were very interested in learning and had routinely sought out advice from the Children's Bureau, placing it in a unique position to respond to their needs. In fact, she claimed the provisions of the bill could be placed towards measures as varied as nurse home visits and cooking instruction, that is to say, responding to needs far beyond the expertise of medicine, but complementary to it via nutrition and sanitary education. Responding to criticism from physicians who felt that medical training was necessary for implementation of the act, Dr. Ella Oppenheimer stated that the Children's Bureau was "able to do a great deal more work through [public health nurses and social workers'] help than we could possibly negotiate if we did not have it."[406]

The scope of the issue was not limited to the varied types of interventions on the ground; it also included the role that advocates felt the federal government could play in encouraging more community-level interventions.

> *Senator Phipps*: "Why do not the States conduct this work themselves? Why do they wait for the Federal Government to take the initiative?"
>
> *Lathrop*: "I suppose the very same lack of economic power which has made them unable to take any other responsibilities for the other activities to which the Government is giving aid. It is far less a matter of obvious economic value to the average American as yet, as is the question of good roads and farm products. They are accustomed to spending money for those things, and they are not accustomed to regarding human life as anything but sentiment."[407]

Lathrop's words reflected the common conviction among advocates that the sensibility of an investment in health would be evident to states after prompting from the federal government. In practice, services funded by the Sheppard-Towner Act were unevenly distributed across the states after its implementation. Many states' acceptance of federal funds reflected the previous existence of a child health bureau; in most cases, the amount that a state had already allocated for child health predicted its acceptance of federal funds and the continuation of Sheppard-Towner work after 1929.[408] However, a few states broke from this positive correlation. New Jersey had already allocated significant funds to improving child health, and actually reduced the amount that it contributed, allowing the Sheppard-Towner funds to make up the difference.[409] In contrast, Nevada, which did not already have a child health bureau in 1921, formed one in 1922 and provided full matching funds until 1929, when its bureau was disbanded after the Sheppard-Towner funds were cancelled.[410] Sixteen states continued or increased their funding after the federal funding ran out, adhering to the intentions of the bill's advocates.

Underlying the conflicting testimony at the hearing were fundamental differences in the liberal and biopolitical perspectives. Liberalism and biopolitics confer responsibility differently. "Medical science in all these years has progressed without State or Federal control; it does not need State or Federal control to continue," argued Quessy.[411] Speaking in favor of the governmental intervention, Baker countered that "New York City has a bureau of child hygiene and a system of child hygiene work which has resulted in giving New York City the lowest maternal mortality from preventable causes not only of the large cities of the Nation, but also of the large cities of Europe."[412] The central point of disagreement between these speakers was the need for and

effectiveness of governmental health interventions. While liberalism stresses the importance of the individuals and their chosen actions, with minimal governmental interference, biopolitics involves an additional level of regulatory practices for the management of health. As a consequence, liberalism places responsibility more frequently upon the individual, while biopower strikes a balance between the individual and the state.

Given these differences, how were they reconciled by supporters of the Sheppard-Towner Act? I argue that biopolitics could be supported by proponents of the legislation under the condition that they viewed the bureaucracy implementing the reforms as "objective." This precondition comes with its own implications. Historian Andrew Jewett states when scholars and reformers during the Progressive Era referred to scientific objectivity, "they meant neither that the knowledge was absolutely certain nor that the generalization would necessarily hold permanently true," but instead that "scientific knowledge was as immune as possible to the influence of the observer's own desires."[413] The objectivity of science and medicine was meant to be functional - capable of being used in the moment for the necessary purpose. This element of scientific/medical objectivity, which was focused on bias rather than immutable Truth, discursively shaped the perception of this bureaucratic undertaking from political to serviceable. Consider Dr. S. Josephine Baker's testimony on public health interventions that had taken place in New York:

> We have decreased the baby death rate from 144 to 85 per thousand births [in New York City in the past 10 years]. And let me tell you what that means, for if the death rate of 144 had been maintained for that length of

> time, we would have actually had 65,000 more babies die than we have had die. It is almost a mathematical problem.[414]

Baker's quote communicates more about the objectivity and functionality of the proposed federal undertaking when she describes it as "a mathematical problem" than perhaps any other words could. Furthermore, although her quote is detached, the scale of its implications for policy, in terms of infant lives, juxtaposes that with the sheer horror of prior conditions.

Assuming the objectivity of this biopolitical endeavor allowed supporters to circumvent another clash between the more laissez-faire style of liberalism and biopolitics: the matter of privacy. Raised by both "medical freedom" organizations and by physicians concerned that patients would be unwilling to seek care if they had to divulge sensitive health information to government workers, privacy was related to a number of objections to the legislation. While the broad population structural emphasis of biopolitical interventions, which was demonstrated through testimony that quoted the vast numbers of people likely to take part, provided a certain measure of anonymity, privacy was further safeguarded by procedural concessions to ensure that no public health worker could enter a home without being invited.

A second critical matter was the necessity of the legislation and the ways in which testimony concerning the legislation, however biopolitical, acceded to the demands of liberal discourse. Supporters described the harms women and infants faced and the ways in which physicians could not meet the demands of the population as a whole, but their testimony consistently indicated that the only role of the legislation was to fill gaps in existing medical practice. Even though the legislation explicitly targeted women from all

socioeconomic backgrounds, it was rarely described as magnanimous social good. Instead, supporters' rhetoric undermined that characterization, meeting the liberal expectation that governance should be performed at a minimum.[415] In so doing, this rhetoric suggests the bureaucracy's ability to self-limit.

The characteristics of legitimacy, objectivity, and necessity collectively shaped the rhetoric of bureaucratic responsibility in the congressional testimony concerning the Sheppard-Towner Act. It establishes legitimacy for certain practices and not others, asserting its own ability to self-limit. This rhetoric also claims objectivity through its association with medicine and social science. This ethos of objectivity shaped testimony in favor of the legislation by elevating the functionality of the proposed interventions and using quantitative data to illustrate important points. In its bid to establish necessity, it nods to the liberal suspicion of state expansion by emphasizing the ways that bureaucratic interventions can address gaps in the private sector. Therefore, the expertise and objectivity associated with bureaucratic decision-making shaped the appeals for the biopolitical expansion of the federal government. The rhetoric surrounding bureaucratic responsibility responded to the slipperiness of the justification for governmental action under liberalism, which both restricts and promotes interventions based upon shifting notions of the function of government itself, by emphasizing the objectivity and necessity of the practices of administrators.

Coda: Sheppard-Towner at Work

Between 1921 and 1929, when the legislation was phased out, Sheppard-Towner funds went to a variety of services. The Children's Bureau estimated that 700,000

mothers and 4 million babies were affected by the distribution of materials or by visits to medical professionals at care clinics.[416] It further estimated that 60,000 infants had been saved by measures put in place with Sheppard-Towner funding.[417] Nurses distributed 22,030,489 educational materials and made 3,131,996 home visits. There were 2,978 health clinics established to examine pregnant women and infants and young children.[418] Prenatal care was normalized. Although the final version of the bill was purely educational, in practice, Sheppard-Towner workers did examine women and children, supervise childbirth, and coordinate services with nonprofits.[419]

The education and services provided by the Sheppard-Towner Act, combined with a rising standard of living, led to better outcomes for American infants. The infant mortality rate dropped from 76 per 1,000 live births to 69 per 1,000 live births between 1921 and 1928, and infant deaths due to digestive ailments fell 47%.[420] Although physician's groups had opposed maternal and infant health clinics due to potential competition in 1921, observing the effects that these clinics inspired many general practitioners to provide prenatal care for the first time.[421] Molly Ladd-Taylor wrote that "Sheppard-Towner programs altered many women's personal experience of mothering by improving and medicalizing health services, accelerating the decline of traditional beliefs about infant death and maternal suffering, and raising women's expectations for care."[422]

Despite the gains for infant health, maternal mortality remained dire; in 1930, one year after the end of the services provided by the Sheppard-Towner Act, the United States had "the highest maternal mortality rate of twenty-five industrialized nations."[423] Indeed, maternal mortality had received little attention from public health workers until 1917, when workers for the Children's Bureau argued that infant health was dependent

upon maternal health.[424] Although the legislation was meant to address women's health as well as infant health, less attention paid to mothers prior to its drafting meant that reformers knew less about how to effectively change the factors that endangered them. The shifting tide from midwife care to hospital care created new problems without entirely eliminating the old. Increased access to anesthesia, higher rates of delivery with forceps (which tore tissue and spread infections), and insufficient attention to obstetric training in medical schools all contributed to maternal mortality rates that rose, rather than fell, between 1900 and 1930.[425] According to Jacqueline Wolf, "Dorothy Reed Mendenhall, a physician who worked for the U.S. Children's Bureau, blamed antiseptics and anesthesia – 'the two things that should make childbirth safer' – for the rise; she charged that the two innovations had made 'operative interference [during birth] … more possible and more usual.'"[426]

The legislation had a mixed legacy. It established a precedent for governmental interventions to provide medical care for infants and mothers, but its very success factored against it when it was slated for a renewal of funding. It provided services for women of all economic levels – something which has not been repeated in subsequent programs – but was largely expected to focus on education, rather than providing concrete aid. It established new norms for prenatal care and increased women's expectations of the quality of care, but the implementation of these norms became the territory of physicians and their patients, rather than a service available to all.[427] During the 1920s, physicians began providing more preventive care and health exams.[428] By 1929, the AMA and other opponents were able to successfully argue to the Senate that the services provided by the Children's Bureau were necessary, that the problem of infant

mortality could be addressed solely through medicine, and that continuing the funding was fiscally irresponsible.

ENDNOTES

[329] Thomas Lemke, *Biopolitics: An Advanced Introduction* (New York: New York University Press, 2011), 48

[330] John Locke, *Second Treatise of Government*, Ed. C.B. Macpherson (Indianapolis: Hackett Publishing Company, 1980) Lemke, *Biopolitics*, 48
[331] Foucault, *The Birth of Biopolitics*, 17 "A government is never sufficiently aware that it always risks governing too much, or, a government never knows too well how to govern just enough."
[332] Some examples of long running controversy related to the rift between these modes of governance include compulsory vaccination and the current health insurance reforms.
[333] Walter Lippmann, *The Phantom Public* (Transactions Publishers, 1993) and John Dewey, *The Public and Its Problems* (Ohio University Press, 1998)
[334] Among the federal bureaucracies established between 1890 and 1920 are the U.S. Department of Commerce, the U.S. Department of Labor, the U.S. Food and Drug Administration, and the U.S. Forest Service.
[335] Eliza Wing-Yee Lee, "Political Science, Public Administration, and the Rise of the American Administrative State," *Administration Review*, 55:6 (1995) 538-546, 539
[336] Lemke, *Biopolitics*, 34
[337] Mrs. Henry W. Keyes, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 24, Indeed, Keyes, a Senator's wife, refers to this campaign in her testimony concerning the bill, stating that "when a witness against this bill appears before this committee and says that it has not had much publicity, I could not help but wonder if she knows that two of the largest women's magazines in the United States, Good Housekeeping, with a circulation of a million or more, and Pictorial Review, with a very large circulation, have constantly published articles in favor of this bill.
[338] Carolyn M. Moehling & Melissa A. Thomasson, "The Political Economy of Saving Mothers and Babies: The Politics of State Participation in the Sheppard-Towner Program," *The Journal of Economic History*, 71:1 (2012) 75-103, 82
[339] Morris Sheppard, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 5
[340] S. Josephine Baker. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012 Baker testified that "During the last 10 years the baby death rate in New York City [during the time that health promotion measures had been implemented there to improve infant health] has been reduced from 144 per 1,000 to 85 per 1,000 births. There has been a steady decrease in the baby death rate with the result that in the last year the death rate has been 11,000 as compared with 17,000 10 years ago."
[341] Robyn L. Rosen, "Federal Expansion, Fertility Control, and Physicians in the United States: The Politics of Maternal Welfare in the Interwar Years," *Journal of Women's History*, 10:3 (1998)
[342]Meckel, *Save the Babies*, 205
[343] Meckel, *Save the Babies*, 205, Meckel writes that "Although Lathrop's proposal was novel in its suggestion that federal funds be used, it hardly represented a significant departure from existing infant and maternal welfare policy or practice and was considerably more conservative than the call for publicly funded, comprehensive maternity centers subsequently issued by the Children's Year conferences." This quote refers to the 1917 proposal in the Annual Report.
[344] Ladd-Taylor, *Mother-Work*, 168-172 Ladd-Taylor notes that Lathrop's past connections to social reformers was the target of some objections to the legislation.
[345] Ladd-Taylor, *Mother-Work*, 168
[346] Meckel, *Save the Babies*, 206
[347] Meckel, *Save the Babies*, 206
[348] Meckel, *Save the Babies*, 206
[349] Meckel, *Save the Babies*, 211, Ladd-Taylor, *Mother-Work*, 174
[350] Meckel, *Save the Babies*, 212
[351] Matt Phillips, "The Long Story of U.S. Debt, From 1790 to 2011, in 1 Little Chart," *The Atlantic*. 13 Nov 2012, http://www.theatlantic.com/business/archive/2012/11/the-long-story-of-us-debt-from-1790-to-2011-in-1-little-chart/265185/ Phillips writes that World War I led to "a new record high debt-to-GDP of about 33%," but that a series of measures in the years after the war brought the debt down by $9 billion by 1930.
[352] Ladd-Taylor, *Mother-Work*, 175

[353] Ladd-Taylor, *Mother-Work*, 177
[354] Michel Foucault, *Society Must be Defended*, 243
[355] Meckel, *Save the Babies*, 41 Dr. Benjamin Rush gave cholera infantum its name. The disease was a stomach complaint characterized by vomiting and diarrhea that was very common in the United States up until the mid-20th century. Its prevalence in North America, while it was far less common in Europe, led contemporary physicians to believe that the illness may have been caused or exacerbated by the climate or living conditions on this side of the Atlantic.
[356] Foucault, *Society Must be Defended*, 244
[357] Foucault, *Society Must be Defended*, 252
[358] Grey, "The Statistical War on Equality," 303-329
[359] United States Department of Labor Children's Bureau. *Handbook of Federal Statistics of Children: Part 1*. 5. (Washington: Government Printing Office, 1914), 106. United States Department of Labor Children's Bureau. *Infant Mortality: Results of a Field Study in Saginaw, Mich. Based on Births in One Year*. Nina F. Allen. 52 (Washington: Government Printing Office, 1919), 91. United States Department of Labor Children's Bureau. *Infant Mortality: Results of a Field Study in Brockton, Massachusetts Based on Births in One Year*. Mary V. Dempsey. 37 (Washington: Government Printing Office, 1919), 82. United States Department of Labor Children's Bureau. Infant Mortality: Montclair, N.J. A Study of Infant Mortality in a Suburban Community (Washington: Government Printing Office, 1915), 36. These are several of the studies conducted by the Children's Bureau to identify the contributing factors to infant mortality in the United States as a whole, and in populations living under specific conditions.
[360] Julia Lathrop. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 23
[361] Lee, "Political Science, Public Administration, and the Rise of the American Administrative State," 79, see also Dorothy Ross, "The Development of the Social Sciences" in Alexandra Oleson and John Voss, Eds. *The Organization of Knowledge in Modern America: 1860-1920* (Baltimore: Johns Hopkins University Press, 1979)
[362] Max Weber, *From Max Weber: Essays in Sociology* (New York: Routledge, 1948)"Bureaucracy, thus understood, is fully developed in political and ecclesiastical communities only in the modern state" 196, "The more complicated and specialized modern culture becomes, the more its external supporting apparatus demands the personally detached and strictly 'objective' expert, in lieu of the master of older social structures, who was moved by personal sympathy and favor, by grace and gratitude." 216
[363] Weber, *From Max Weber*, 215

[364] Lippmann, *The Phantom Public*, 42, 169-170 "We have had all conceivable manifestations of the impulse to seek stability in an incalculable environment by standardizing for one's own apparent convenience all those who form the context of one's activity….The effect has been to concentrate decision in central governments…. The men who make the decisions at these central points are remote from the men they govern and the facts with which they deal. Even if they conscientiously regard themselves as agents or trustees, it is a pure fiction to say that they are carrying out the will of the people. They may govern the people wisely. They are not governing with the active consultation of the people."

[365] Dewey, *The Public & Its Problems*, 77 "the primary problem of the public: to achieve such recognition of itself as will give it weight in the selection of official representatives and in the definition of their responsibilities and rights."

[366] Dorsey, "Preaching Morality in Modern America," 49-50

[367] Cara Finnegan, *Picturing Poverty: Print Culture and FSA Photographs*, (Washington: Smithsonian Books, 2003) 61
[368] Frederich Hayek, *The Road to Serfdom: The Definitive Edition*, (Chicago: The University of Chicago Press, 2007) Hayek's defense of classical liberalism also provides one of the more notable critiques of governmental expansion.
[369] Foucault, *Society Must Be Defended,* 245

[370] James Colgrove, "'Science in a Democracy:' The Contested Status of Vaccination in the Progressive Era and the 1920s," *Isis*, 96 (2005) 167-191 Allopathic medicine is what we consider standard medicine today.
[371] Colgrove, "Science in a Democracy," 177 Despite being in its heyday in the early 20th century, the Church of Christian Science frequently came under criticism during that time for prohibiting medical treatment for children. Christian Scientists believe that illness is the result of mental stress, rather than physical phenomena, and should be treated through prayer. Unfortunately, the sect does not keep records of the number of followers, making it difficult to say how many there were in 1921.
[372] Colgrove, "Science in a Democracy," 181, testimony of H.B. Anderson, 34
[373] Senate. *Protection of Maternity*, April 25, 1921. (67 S. 1039) Washington: U.S. GPO. These included the Citizens Medical Reference Bureau, the Massachusetts Civic Alliance, the Public Interest League of Massachusetts, the American Medical Liberty League, the Medical Liberty League of Boston, the Medical Liberty League of Chicago, the Belmont Legislative League, the American Drugless Association, the New York Antivivisection Society, and the Medical Liberty League.
[374]Foucault, *The Birth of the Clinic*, 31
[375]Nellie C. Williams, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 87
[376]H.B. Anderson, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 32
[377] Foucault, *Abnormal*, 50
[378] Foucault, *Abnormal*, 48
[379] Foucault, *Birth of Biopolitics*, 319 "Liberal thought does not start from the existence of the state, finding in government the means for achieving what end that the state would be for itself; it starts instead from society…. It is society-as both condition and final end-that makes it possible to no longer ask: How can one govern as much as possible at the least possible cost? Instead the question becomes: Why must one govern?"
[380] Foucault, *Birth of Biopolitics*, 319
[381] Allan M. Brandt & Martha Gardner, "Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the 20th Century," *American Journal of Public Health* 90:5 (2000) 707-715, 708-709
[382] Foucault, *Society Must Be Defended*, 252
[383] Brandt & Gardner, "Antagonism and Accommodation," 711
[384] Charles O'Donovan, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 108-109
[385] Brandt & Gardner, "Antagonism and Accommodation," 709
[386] Alfred H. Quessy, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 97
[387] *Union Pacific Railway Co. v. Botsford* 141 U.S. 250 (1891), *Olmstead v. United States*, 277 U.S. 438 (1928), *Skinner v. Oklahoma*, 316 U.S. 535 (1942) *Griswold v. Connecticut*, 381 U.S. 479, 483 (1965), *Roe v. Wade*, 410 U.S. 113, 152 (1973), *Bowers v. Hardwick*, 106 S. Ct. 2841, 2843 (1986)
[388] Six articles against the measure were published in 1921 alone, and JAMA continued to publish articles and commentaries against the measure until its funding was revoked in 1929.
[389]Lathrop, Statement to the Senate, 22-23
[390]Florence McKay, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 137
[391]McKay, Statement to the Senate, 138
[392] Baker, Statement to the Senate, 126
[393] Ladd-Taylor, *Mother-Work*, 175
[394] Foucault, *Birth of Biopolitics*, 187-190
[395] Mrs. Rufus M. Gibbs, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 36
[396] Eben W. Burnstead, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 44
[397] Foucault, *Birth of Biopolitics*, 10
[398] Baker, Statement to the Senate, 123

[399] Baker, Statement to the Senate, 126
[400] Keyes, Statement to the Senate, 25
[401] Mark Schlesinger, "On Values and Democratic Policy-Making: The Deceptively Fragile Consensus Around Market-Oriented Medical Care," *Journal of Health Policy, Politics, and Law*, 27:6 (2002) 889-926, 892-893
[402] A.M. McManamy, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 74
[403] Colgrove, "Science in a Democracy," 171, 173
[404] Valeria H. Parker, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 150
[405] Lathrop, Statement to the Senate, 76
[406] Ella Oppenheimer, Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 148
[407] Phipps, Lawrence C. & Lathrop, Julia. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 21-22
[408] Moehling & Thomasson, "The Political Economy of Saving Mothers and Babies," 77
[409] Moehling & Thomasson, "The Political Economy of Saving Mothers and Babies," 84
[410] Moehling & Thomasson, "The Political Economy of Saving Mothers and Babies," 97
[411] Quessy, Statement to the Senate, 102
[412] Baker, Statement to the Senate, 122
[413] Jewett, Science & The Promise of Democracy in America," 67-68
[414] Baker, Statement to the Senate, 123-124
[415] Foucault, *The Birth of Biopolitics*, 17
[416] Ladd-Taylor, *Mother-Work*, 177
[417] Ladd-Taylor, *Raising a Baby the Government Way*, 69
[418] Ladd-Taylor, *Mother-Work*, 177
[419] Ladd-Taylor, *Mother-Work*, 176
[420] Molly Ladd-Taylor, *Raising a Baby the Government Way*, 69
[421] Molly Ladd-Taylor, *Raising a Baby the Government Way*, 31
[422] Ladd-Taylor, *Mother-Work*, 168
[423] Molly Ladd-Taylor, *Raising a Baby the Government Way*, 47
[424] Wolf, "Efforts to Decrease Infant and Maternal Mortality," 146
[425] Wolf, "Efforts to Decrease Infant and Maternal Mortality," 147
[426] Wolf, "Efforts to Decrease Infant and Maternal Mortality," 146
[427] Meckel, *Save the Babies*, 216-219
[428] Meckel, *Save the Babies*, 217

Chapter 6

"Women and Children First:"[429] Biopolitics and Public Health

"It may seem like a cold-blooded thing to say, but someone ought to point out that the World War was a backhanded break for children - a break originating in the world's dismay at the appalling waste of human life, both at the front and behind the lines. As more and more thousands of men were slaughtered every day, the belligerent nations, on whatever side, began to see that new human lives, which could grow up to replace brutally extinguished adult lives, were extremely valuable national assets."
-Dr. S. Josephine Baker, *Fighting for Life*, 165

In her memoirs, Dr. S. Josephine Baker reflected on her public health work, which saw the transformation of infant lives from the status of summer casualty to "extremely valuable national assets." Although the value of life, and the emphasis upon ensuring a healthy life, is a preoccupation in today's civic sphere, Baker and her contemporaries fought prolonged battles to establish public health as a priority.[430] In doing so, they set the precedent for both future governmental policies and for the arguments that would dominate future discussions of the government's role in health. By engaging in rhetorics of responsibility with both parents and politicians, they changed everyday health practices and secured funding and support for a biopolitical expansion of government.

This dissertation has described the process by which reformers made their case for a deeper governmental commitment for the health of its people. Given the implementation of certain types of biopolitics, particularly the aggregation of statistics, how was the case made for further investment in these new measures and procedures for health? The picture that emerged was the rhetorical development of large-scale, federal biopolitics in the United States. This dissertation broke the process of this biopolitical development and its accompanying rhetoric of responsibility into four phases, based on

observations in source materials. These phases do not preclude the presence of others, but are the drivers of the rhetoric for health reform concerning the issue of infant and maternal health during the decade of 1911-1921.

Beginning in the 1890s, philanthropists across the United States contributed funds and developed technologies to increase the supply of cheap, clean milk in American cities as a means of addressing the digestive illnesses that frequently caused death in infants and toddlers. However, after local studies in New York City found that these efforts had not reduced infant mortality, reformers shifted their efforts. The preliminary focus of health reformers during this era became informing and persuading parents of their capacity to improve their infants' health. As noted by Dr. Baker, who orchestrated the reforms in New York City, infant mortality was so widespread that one struggle she faced was persuading parents that it was possible to prevent infant deaths.[431] Efforts to instill new habits also confronted the matter of convincing parents of germ theory, which was a significant departure from the environmentally-based theories of illness that still held sway in many households.

The New York Milk Committee's campaign in 1912 sought to modify beliefs and practices in two audiences: the lower class, which had already been targeted by material interventions such as cheap milk distribution, and the middle and upper classes, which received information about safe child feeding and care on philanthropic postcards and fliers. Both sets of materials did educational and efficacy-building work for the populations they target by teaching methods of care and assuring parents that following such instructions would have an effect on children's health. Several elements were particularly pronounced in the materials: the use of images showing infants "before" and

"after" modifications in their care, narratives indicating "correct" and "incorrect" ways of behaving when an infant became ill, and detailed information about diet. The NYMC's meticulous record-keeping and use of statistics created a powerful argument for their interventions to both local philanthropists and national organizations seeking to address mortality.

The statistical foundations laid by local organizations such as the NYMC contributed to efforts by the Federal Children's Bureau to inform parents of risk factors that contributed to infant mortality. Indeed, the Children's Bureau's embrace of biopolitical mechanisms such as statistics gathering and risk communication made it an important site for the expansion of biopolitics during the Progressive Era. Children's Bureau workers published studies that analyzed data from broad populations in specific geographic areas to identify trends that indicated higher risk of infant death. In its poster outreach campaign, which publicized their findings, images were a significant component of risk communication. One prominent component of the posters' visual rhetoric was the usage of charts and graphs that demonstrated the distribution of risk across the population, based on demographic data. This portrayal of risk framed it in terms of the population as a whole. Labels on the charts indicated conditions beyond parental control, implicitly implicating laissez-faire governmental policies for some of the factors that contributed to infant death. A second prominent component of the posters' visual rhetoric was the use of fear appeals. Using the components of severity and susceptibility to risk as a framework to interpret the images, it became clear that certain visual components were favored for each of these factors. The severity of the risk was stated in the text of the poster, but images accompanying that text typically displayed "gain frames," which

showed positive outcomes for modified behaviors. Posters containing messages about the susceptibility to the risk of infant mortality were more likely to include images of infants and toddlers in danger from metaphorical representations of risk factors or death.

By 1920, social scientific studies conducted by the Children's Bureau and local organizations had identified poverty and ignorance as root causes of infant and maternal mortality. These broad findings indicated that further progress to reduce the rates of death required a broader and more comprehensive intervention by the government; however, they also contributed to uncertainty about who would be responsible for addressing the problem. After several attempts to pass federal legislation to fund efforts to reduce mortality failed, women's magazines engaged in a coordinated campaign to induce women to pledge their support for the Maternity and Infancy Protection Act. This chapter interpreted the magazine campaign through the concept of remedial responsibility, as identified in this case by the particular proximity women had to the issue of infant and maternal mortality and by a series of situational elements (most prominently, newly-won suffrage) that granted them particular power to address it.[432]

Two distinct arguments about remedial responsibility emerged: one based upon women's maternal roles and their ability to identify with those who had died during childbirth, and one based upon their new role as citizens and the ways in which they should make the government adequately prioritize this health issue. These two persuasive appeals placed women's roles as potential victims in tension with their newfound influence as voters. While maternal responsibility encouraged action, civic responsibility managed issues of blame, implying that failure to act in the present would result in future culpability.

The following year, as the Maternity and Infancy Protection Act was being debated in a Senate hearing, the question of a federal investment in social welfare rose to the forefront of the deliberation. While the previous case studies required individual investment in infant and maternal health outcomes, the Congressional testimony called into question the appropriate balance between governmental and individual responsibility. The prospect of reform through social welfare measures gave rise to debate over the proper role of government, and revealed tensions between biopolitical rhetoric and the rhetoric of classical liberalism. In the process of defending the legislation, a distinct argument emerged about the administrative state and its role in the enactment of public health. The ethos of objectivity associated with both medicine and public administration served prominently in the rhetoric of supporters of the legislation, linking and justifying the association between the fields.

This dissertation took a kaleidoscopic view of the components of responsibility. Among these components was the proposal of individual actions capable of improving health outcomes, bolstered by messages building parental agency. Another was risk, which was developed from population-wide data but targeted at individuals, asserting individual responsibility for wide scale health changes. Others included messages that empowered or blamed a specific population in order to mobilize it to lobby on behalf of government resources for a health issue. Lastly, at least as reflected by the case studies in this dissertation, was the balance between individual, state and federal accountability. In this dissertation, I have shown the ways in which these different components of responsibility shaped (and were shaped by) the constraints and opportunities of public health.

Investing in Health

At the core of this dissertation was the question of how language changes between the recognition of a problem as a health issue and the determination to address it. How did health reformers convince the members of their communities that the status quo was, in fact, sick? How did they convince parents to adopt measures that responded to the relatively new germ theory of disease? How was the case made that government had a responsibility for the health of its youngest citizens? By addressing these questions, this dissertation examined the acts involved in reframing a common and largely accepted domestic tragedy as a matter capable and worthy of being addressed as a serious public health issue. The reformers' call for governmental investment in the health of the nation's children, and the overwhelmingly positive response to a deeper governmental investment in health from the American public, transformed the expression of sickness and health in 20th century America.

It is important to recognize the critical role that a fundamental transition in the expression of power in the United States played in the implementation and success of measures to reduce mortality. The adoption of biopolitical measures in the United States - including the first collection of population-wide birth data in 1914, the identification of risk factors, and the implementation of broad-scale preventive health measures - served to change the scope of federal power. It is difficult to overstate the importance of the growth of the social sciences and the boom in statistics during this era. Indeed, the issue of infant mortality was a symptom of structural inequalities and bad health practices, brought to the public's attention through statistics and anecdotes. The codification of data and the

persistent efforts to track trends served to classify the many social and geographic strata in the American population and, in turn, to indicate potential interventions.[433] The work performed in the name of public health during this time period deepened the investment that the United States had in the health of its population.

However, the documents examined throughout this dissertation also demonstrated another prominent aspect of biopolitics: that it is transactional. In exchange for research, public poster exhibitions, and the interventions recognized under the Sheppard-Towner Act, the government called for parental acquiescence to new norms and methods of infant and maternal care. As reflected by Baker's quote at the beginning of this chapter, parents had not only an obligation to their children, but to the government itself. Through actions taken by the family unit in response to these interventions, the health and growth of the population would be secured.

Infant and Maternal Mortality: Then and Now

Over the span of the decade examined in this dissertation, a remarkable transition took place. Members of the public were persuaded that infant mortality was a health issue capable of being addressed effectively through public health interventions, and subsequently played a significant role in the passage of the first federal legislation to authorize a widespread intervention. While this dissertation has focused on the specific issue of infant and maternal mortality, the rhetorical reframing of this issue between 1911 and 1921 can serve as a template for examining others. Understanding the rhetoric surrounding the processes by which public health was expanded during the Progressive

Era provides insight into existing public health issues and their reception by the American public.

Although the American public has changed in many ways in the past century, many of the stated values and goals related to health policy-making show the influence of our predecessors. Public health retains its distinction from private practice with its particular consideration of situational elements that, while not strictly part of the etiology of disease, serve as indicators of positive or negative health outcomes. Risk discourse remains a substantial element of this rhetoric. If the rhetoric of governmental responsibility in the final content chapter appeared familiar, perhaps it is because the Sheppard-Towner Act set a legal and rhetorical precedent for the Affordable Care Act.[434] The practice of public health continues to balance efforts that serve the entire population – such as mass inoculation – with targeted programs to address regional, racial and socio-economically specific health concerns. In doing so, it faces criticism for violating privacy and individual beliefs about sickness and the body, much as it did from the various opponents who spoke at the hearings about the Sheppard-Towner Bill. While Medicaid provides healthcare for the poorest in today's society, replacing the private charities of the 19th and early 20th centuries, a care gap of the uninsured worries policy-makers today much as it did the New York Milk Committee members who saw unnecessarily high infant mortality rates among the working and middle classes of the Progressive Era.

Unfortunately, another parallel exists between the United States of 1911 and the United States of 2013: the country again falls far behind most of the industrialized world for the quality of its infant and maternal health. American women are ten times more likely to die from pregnancy complications than women in the top-ranked countries

surveyed for maternal mortality.[435] Between the United States and Estonia, the country with the lowest maternal mortality rate, are 46 other countries. Of all of the industrialized countries, our maternal mortality rate only comes in above those of Ukraine, Albania, Russia, Moldova, and Latvia.[436] Infant mortality in the United States is also comparatively high: the United States falls 50 places behind Monaco, the country with the best infant outcomes.[437] The infant mortality rate in our nation's capital is 12 per 1,000 births, making infant health outcomes there comparable to those in Libya, the country deemed "most worsened" on the Failed States Index for 2012.[438] Carolyn Miles, President of Save the Children, notes that families in the United States are three times more likely to lose a child under the age of 5 than families in Iceland.[439]

Therefore, perhaps surprisingly, one of the leading health issues of the 1910s is again worthy of consideration in the 2010s. Much as the reformers of the Progressive Era found, infant and maternal mortality have no single cause, but are the result of a number of complex factors that together build towards a negative outcome. Medical access, congenital malformations, obesity, prematurity, maternal age, knowledge of SIDS prevention measures, and antibiotic-resistant staph infections all serve as risk factors for maternal and infant death today.[440] While the leading risk factors have changed, the multi-pronged approach favored by the New York Milk Committee's campaign and the Sheppard-Towner legislation, which responded to multiple audiences, shaped contemporary norms for care, and implemented both educational initiatives and interpersonal interventions, are worthy precursors to future action.

ENDNOTES

[429] Baker, *Fighting for Life,* 127 "'Women and children first; was our natural motto, and since young babies are helpless by definition, it was the women we campaigned for, first, last, and always."
[430] Johnson, "'How Do You Know Unless You Look?,'" 148, Johnson writes that we live "in a biosocial age where health is a central means of communicating personal worth, social value, and political order."
[431] Baker, *Fighting for Life*, 58
[432] Miller, "Distributing Responsibilities," 454
[433] Grey, "The Statistical War on Equality," 303-329, Hacking, "How Should we do the History of Statistics," 181-196
[434] Kevin Hillstrom, *U.S. Health Policy and Politics: A Documentary History*, (Thousand Oaks: CQ Press, 2012), "Celebrating the Legacy, Shaping the Future: 75 Years of State and Federal Partnership to Improve Maternal and Child Health," *Association of Maternal & Child Health Programs*, http://www.amchp.org/AboutTitleV/Documents/Celebrating-the-Legacy.pdf
[435] "The World Factbook: Maternal Mortality Rate," Central Intelligence Agency, Accessed 8 April 2013 https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html
[436] Carolyn Miles, "Why Are Moms in America Lagging?" CNN, Accessed 11 May 2013 http://www.cnn.com/2013/05/11/opinion/miles-state-of-mothers/index.html?hpt=hp_t4
[437] "The World Factbook: Infant Mortality Rate," Central Intelligence Agency, Accessed 8 April 2013 https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html Infant mortality in the United States is more than three times that of Monaco.
[438] "The World Factbook: Infant Mortality Rate," "Infant Mortality Rate (Deaths per 1,000 live births)," The Henry J. Kaiser Family Foundation, Accessed 19 April 2013, http://kff.org/other/state-indicator/infant-death-rate/ , J. J. Messner, "Most Worsened Country for 2012: Libya," Fund For Peace, Accessed 19 April 2013, http://library.fundforpeace.org/fsi12-libya
[439] Miles, "Why Are Moms in America Lagging?"
[440] M. Heron and B. Tejada-Vera, "Deaths: Leading Causes for 2005," *National Vital Statistics Report*, 58:8 (2009) 1-97, Marian F. McDorman, "Race and Ethnic Disparities in Fetal Mortality, Preterm Birth, and Infant Mortality in the United States," Seminars in Perinatology, 35:4 (2011) 200-208 McDorman notes that the prematurity rate – one of the primary causes of infant mortality in the United States - has risen 32% since 1984.

BIBLIOGRAPHY

"A Letter to Expectant Mothers," circular, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Algoe, Sara B. & Haidt, Jonathan. "Witnessing Excellence in Action: The 'Other-Praising' Emotions of Elevation, Gratitude, & Admiration," *Journal of Positive Psychology*, 4:2 (2000), 105-127

Allen, Nina F. *Infant Mortality: Results of a Field Study in Saginaw, Mich. Based on Births in One Year*, United States Department of Labor Children's Bureau, 52 (Washington: Government Printing Office, 1919)

"An Accomplishment and an Expectation," New York Milk Committee, (1911), Archives of the New York Academy of Medicine

Anderson, H.B. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 32

Apple, Rima D. *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison: The University of Wisconsin Press, 1987)

Aristotle. *Rhetoric*, Trans. W. Rhys Roberts (Mineola: Dover Publications, Inc., 2004)

"Babies' Pure Milk and Health Stations," New York Milk Committee (1911), Archives of the New York Academy of Medicine

Baker, S. Josephine. *Fighting for Life* (New York: The MacMillan Company, 1939)

Baker. S. Josephine. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012

Balkin, J.M. "The Rhetoric of Responsibility," Virginia Law Review, 76:2 (1990),197-263

Bandura, Albert. "Health Promotion by Social Cognitive Means," *Health Education & Behavior*, 31 : 2 (2004), 143-164

Bandura, Albert. "Human Agency in Social Cognitive Theory," *The American Psychologist*, 44:9 (1989), 1175-1185

Bandura, Albert. "Perceived Self-Efficacy in the Exercise of Control over AIDS Infection," *Evaluation and Program Planning*, 13 (1990), 9-17

Bandura, Albert. "Self-Efficacy Mechanism in Human Agency," *American Psychologist*, 37:2 (1982), 122-147

Bandura, Albert. "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," *Psychological Review*, 84:2 (1977), 191-215

Bandura, Albert. "Social Cognitive Theory of Mass Communication," in *Media Effects: Advances in Theory and Research*, Eds. J. Bryant & D. Zillman, (Mahwah: Erlbaum, 2002), 121-153

Bandura, Albert. "Towards a Psychology of Human Agency," *Perspectives on Psychological Science*, 1:2 (2006), 164-180

Barker-Benfield, G.J. *The Horrors of the Half-Known Life: Male Attitudes Towards Women and Sexuality During the 19th Century America* (New York: Routledge, 2004)

Barry, Christian & Raworth, Kate. "Access to Medicines and the Rhetoric of Responsibility," *Ethics & International Affairs,* 16:2 (2002), 57-70

Beasley, Vanessa B. "Engendering Democratic Change: How Three U.S. Presidents Discussed Female Suffrage," *Rhetoric & Public Affairs,* 5:1 (2002), 79-103

Benoit, William L. & Smythe, Mary Jeanette. "Rhetorical Theory as Message Reception: A Cognitive Response Approach to Rhetorical Theory and Criticism," *Communication Studies*, 54:1 (2003), 96-114

Beatty, Bessie. "The Purse-Strings" *McCall's* (1921), 1

Beatty, Bessie. "The Risk of Being Born," *McCalls* (1920), 1

Beck, Ulrich. "World Risk Society and Manufactured Uncertainties," *Iris: European Journal of Philosophy and Public Debate,* 1:2 (2009), 291-299

Bideau, A., Desjardins, B., Brignoli, H. *Infant and Child Mortality in the Past*. (Oxford: Clarendon Press, 1999)

Bigelow, William Frederick. "The Editor's Page," *Good Housekeeping*, (1920), 4

Borda, Jennifer L. "Woman Suffrage in the Progressive Era: A Coming of Age," in *Rhetoric and Reform in the Progressive Era: A Rhetorical History of the United States*, Ed. J. Michael Hogan, (East Lansing: Michigan State University Press, 2003), 339-386

Bowers v. Hardwick, 106 S. Ct. 2841, 2843 (1986)

Brandt Allan M. & Gardner, Martha. "Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the 20th Century," *American Journal of Public Health* 90:5 (2000), 707-715

Brasseur, Lee Ellen. "Florence Nightingale's Visual Rhetoric," *Technical Communication Quarterly*, 14:2 (2005), 161-182

Bromley, D.D. "What Risk Motherhood?" *Harper's Magazine*, 6 (1929) 11-22

"Budget of the U.S. Government: Fiscal Year 2011," White House Official Site, Accessed 17 March 2012, http://www.whitehouse.gov/sites/default/files/omb/budget/fy2011/assets/budget.pdf

Burek-Pierce, Jennifer. "Science, Advocacy, and 'The Sacred and Intimate Things in Life': Representing Motherhood as a Progressive Era Cause in Women's Magazines," *American Periodicals* 18:1 (2008), 69-94

Burke, Kenneth. *A Rhetoric of Motives* (Berkeley: University of California Press, 1950)

Burnstead, Eben W. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 44

Campbell, Karlyn Kohrs. "Agency: Promiscuous and Protean," *Communication and Critical/Cultural Studies*, 2 (Spring 2005)

"Celebrating the Legacy, Shaping the Future: 75 Years of State and Federal Partnership to Improve Maternal and Child Health," *Association of Maternal & Child Health Programs*, http://www.amchp.org/AboutTitleV/Documents/Celebrating-the-Legacy.pdf

Centers for Disease Control, "Achievements in Public Health 1900-1999: Healthier Mothers and Babies" 1 October 1999 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm

Condit, Celeste M. "Pathos in Criticism: Edwin Black's Communism-As-Cancer Metaphor," *Quarterly Journal of Speech*, 99:1 (2013), 1-26

James Colgrove, "'Science in a Democracy:' The Contested Status of Vaccination in the Progressive Era and the 1920s," *Isis*, 96 (2005), 167-191

Coolidge, E.L. "The Young Mother's Calendar: What to do for a Baby Month by Month," *Ladies Home Journal* (May 1903), 34

Cooter, Roger & Stein, Claudia. "Visual Imagery and Epidemics in the Twentieth Century," in *Imagining Illness: Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010), 169-192

"CPI Inflation Calculator," Bureau of Labor Statistics, Accessed 11 January 2013, http://data.bls.gov/cgi-bin/cpicalc.pl?cost1=75.00&year1=1920&year2=2012

Crossley, N. & Crossley, M.L. "HIV, Empowerment and the Sick Role: An Investigation of a Contemporary Moral Maze," *Health*, 2:2 (1998), 157-174

Ana-Paula Cupertino et al. "Change in Self-Efficacy, Autonomous and Controlled Motivation Predicting Smoking," *Journal of Health Psychology*, 17:5 (2011), 640-652

Currie, B.W. "The Editor's Page," *Ladies' Home Journal* 37:3 (1920), 1

"Deaths Under One Year of Age By Monthly Age Groups," Library of Congress Prints and Photographs Division (1917) http://hdl.loc.gov/loc.pnp/pp.print

Dempsey, Mary V. *Infant Mortality: Results of a Field Study in Brockton, Massachusetts Based on Births in One Year*, United States Department of Labor Children's Bureau, 37 (Washington: Government Printing Office, 1919)

Dewey, John. *The Public & Its Problems* (Athens: Swallow Press, 1991)

Dorsey, Leroy. "Preaching Morality in Modern America: Theodore Roosevelt's Rhetorical Progressivism," in *Rhetoric and Reform in the Progressive Era*, Ed. J. Michael Hogan, (East Lansing: Michigan State University Press, 2003), 49-83

Drowne, K.M. & Huber, P. *The 1920s* (Westport: Greenwood Press, 2004)

Dumenil, Lynn. "The New Woman and the Politics of the 1920s." *Magazine of History*, 21:3 (2007), 22-26

Emberly, Julia. "(un)Housing Aboriginal Possessions in the Virtual Museum: Cultural Practices and Decolonization in civilization.ca and Reservation X," *Journal of Visual Culture*, 5:3 (2006), 387-410

Endres, K.L & Lreck, T.L *Women's Periodicals in the United States* (Westport: Greenwood Publishing Group, 1995)

Engels, Jeremy "Disciplining Jefferson: The Man Within the Breast and the Rhetorical Norms of Producing Order," *Rhetoric & Public Affairs*, 9:3 (2006), 411-435

Engels, Jeremy. *Enemyship: Democracy and Counter-Revolution in the Early Republic* (East Lansing: Michigan State University Press, 2010)

Feigenbaum, Anna. "Concrete Needs No Metaphor: Globalized Fences as Sites of Political Struggle," *Ephemera*, 10:2 (2010), 119-133

Finnegan, Cara. "Liars May Photograph": Image Vernaculars and Progressive Era Child Labor Rhetoric," *Poroi*, 5:2 (2008), 94-139

Finnegan, Cara. *Picturing Poverty: Print Culture and FSA Photographs,* (Washington: Smithsonian Books, 2003)

Fischer, Marilyn. "Addams's Internationalist Pacifism and the Rhetoric of Maternalism," *NWSA Journal* 18:3 (2006), 1-19

Fisher, Walter R. "Narration as a Human Communication Paradigm: The Case of Public Moral Argument," *Communication Monographs*, 51 (1984), 1-22

McKay, Florence. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 137

Foucault, Michel. *Abnormal: Lectures at the College de France 1974-1975* (New York: Picador, 1999)

Foucault, Michel. *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1977)

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. (Bristol: Tavistock, 1973)

Foucault, Michel. *The History of Sexuality, Vol. 1: An Introduction* (New York: Vintage Books, 1990)

Foucault, Michel. *Society Must be Defended: Lectures at the College de France 1975-1976*. (New York: Picador, 1997)

Garcia-Retamero, R. and Galesic, M. "How to Reduce the Effect of Framing on Messages About Health," *Journal of General Internal Medicine*, 25:12 (2010), 1323-1329

Garner, Ana C. & Slattery, Karen. "Mobilizing Mother: From Good Mother to Patriotic Mother in World War I," *Journalism and Communication Monographs* 14:1 (2012), 5-77

Gecas, Viktor. "The Social Psychology of Self-Efficacy," *Annual Review of Sociology*, 15 (1989), 291-316

Gehrke, Pat J. *The Ethics and Politics of Speech* (Carbondale: Southern Illinois University Press, 2009)

Gibbs, Mrs. Rufus M. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 36

Gillis, Angela J. "Determinants of a Health-Promoting Lifestyle: An Integrative Review," *Journal of Advanced Nursing*, 18 (1993), 345-353

Grey, Stephanie Houston. "The Statistical War on Equality: Visions of American Virtuosity in The Bell Curve," *Quarterly Journal of Speech*, 85:3 (1999), 303-329

Griswold v. Connecticut, 381 U.S. 479, 483 (1965)

Grob, Rachel. "'Is my Sick Child Healthy? Is my Healthy Child Sick?': Changing Parental Experiences of Cystic Fibrosis in the Age of Expanded Newborn Screening," *Social Science & Medicine*, 67:7 (2008), 1056-1064

Gronbeck, Bruce E. "Visual Rhetorical Studies: Traces Through Time and Space," in *Visual Rhetoric: A Reader in Communication and American Culture*, Eds Lester C. Olson, Cara A. Finnegan, Diane S. Hope (Los Angeles: Sage, 2008), xxi-xxvi

Grow, Jean M. & Christopher, Stephanie A. "Breaking the Silence Surrounding Hepatitis C by Promoting Self-Efficacy: Hepatitis C Public Service Announcements," *Qualitative Health Research*, 18:10 (2008), 1401-1412

Guttman, Nurit. *Public Health Communication Interventions: Values and Ethical Dilemmas*, (London: Sage Publications, Inc., 2000)

Guttman, Nurit & Ressler, William Harris. On Being Responsible: Ethical Issues in Appeals to Personal Responsibility in Health Campaigns. *Journal of Health Communication, 6*, (2001), 117-136.

Hacking, Ian. "How Should we do the History of Statistics?" in *The Foucault Effect: Studies in Governmentality with Two Lectures by and an Interview with Michel Foucault* Eds. Graham Burchell, Colin Gordon & Peter Miller (Chicago: University of Chicago Press, 1991), 181-196

Hariman, Robert and Lucaites, John Louis. "Public Identity and Collective Memory in U.S. Iconic Photography: The Image of 'Accidental Napalm,'" *Critical Studies in Media Communication*, 20:1 (2003), 35-66

Hariman, Robert. "Speaking of Evil," *Rhetoric & Public Affairs* 6:3 (2003), 511-517

Hauser, Gerard. "Editor's Introduction," *Philosophy & Rhetoric*, 37:3 (2004), 181-187

Hausman, Bernice L. "Risky Business: Framing Childbirth in Hospital Settings," *Journal of Medical Humanities*, 26:1 (2005), 23-38

Hayek, Frederich. *The Road to Serfdom: The Definitive Edition*, (Chicago: The University of Chicago Press, 2007)

Helfand, William H. "'Some One Sole Unique Advertisement:' Public Health Posters in the Twentieth Century," in *Imagining Illness: Public Health and Visual Culture*, Ed. David Serlin (Minneapolis: University of Minnesota Press, 2010), 126-142

Heron, M. and Tejada-Vera, B. "Deaths: Leading Causes for 2005," *National Vital Statistics Report*, 58:8 (2009), 1-97

Hillstrom, Kevin, *U.S. Health Policy and Politics: A Documentary History*, (Thousand Oaks: CQ Press, 2012)

Hopfer, Suellen. "Effects of a Narrative HPV Vaccination Intervention Aimed at Reaching College Women: A Randomized Controlled Trial," *Prevention Science*, 13:2 (2012), 173-182

"If You Knew," circular, New York Milk Committee (1911), Archives of the New York Academy of Medicine

"Infant Mortality Rates According to Father's Earnings," Library of Congress Prints and Photographs Division (1915)

"Inflation Calculator: Money's Real Worth Over Time," Coin News.net, Accessed 17 March 2012, http://www.coinnews.net/tools/cpi-inflation-calculator/

Innocenti, Beth. "A Normative Pragmatic Model to Making Fear Appeals," *Philosophy and Rhetoric,* 44:3, (2011), 273-290

"It's Your Children's Bureau," Social Security Online. Accessed 10 September 2012. http://www.ssa.gov/history/childb2.html

Jewett, Andrew. "Science & the Promise of Democracy in America," *Daedalus,* 132:4 (2003), 64-70

Johnson, Davi. "'How Do You Know Unless You Look?': Brain Imaging, Biopower and Practical Neuroscience," *Journal of the Medical Humanities,* 29 (2008), 147-161

Kelley, H.H. & Michela, J.H. "Attribution Theory and Research," *Annual Review of Psychology*, 31 (1980), 457-501

Keyes, Mrs. Henry W. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 24

King, Lester S. "Germ Theory and Its Influence," *Journal of the American Medical Association*, 249:6 (1983), 794-798

Kirkwood, William G. and Brown, Dan "Communicating about Disease: The Rhetoric of Responsibility," *Journal of Communication* 45:1 (1995), 55-76

Koerber, Amy. "Rhetorical Agency, Resistance, and the Disciplinary Rhetorics of Breastfeeding," *Technical Communication Quarterly*, 15:1 (2006), 87-101

Kotelchuck, Milton. "Safe Mothers, Healthy Babies: Reproductive Health in the Twentieth Century," *in Silent Victories: The History and Practice of Public Health in Twentieth-Century America* Eds. John W. Ward & Christian Warren (Oxford: Oxford University Press, 2007), 105-134

Koven, Seth and Michel, Sonya. "Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880-1920," *The American Historical Review*, 95:4 (1990), 1076-1108

Kramer, Howard D. "The Germ Theory and the Early Public Health Program in the United States," *Bulletin of the History of Medicine*," 22:3 (1948), 233-248

Ladd-Taylor, Molly. "Hull House Goes to Washington," in *Gender, Class, Race, and Reform in the Progressive Era*, Eds. Noralee Frankel & Nancy S. Dye (Lexington: The University Press of Kentucky, 1991), 110-126

Ladd-Taylor, Molly. *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Chicago Press, 1994)

Ladd-Taylor, Molly. *Raising a Baby the Government Way: Mother's Letters to the Children's Bureau* (New Brunswick: Rutgers University Press, 1986)

Lane, Rose Wilder. "Mother No. 22,999," *Good Housekeeping* 70:3 (1920), 22-24, 113

Lapinski, M.K. "StarvingforPerfect.com: A Theoretically Based Content Analysis of Pro-eating Disorder Web Sites," *Health Communication, 20*:3 (2006), 243-253

Lapinski, M.K. & Witte, K. "Health Communication Campaigns," in *Health Communication Research: A Guide to Developments and Directions*, Eds D. Jackson & B.K. Duffy (Westport, CT: Greenwood, 1998), 139-161

Lathrop, Julia. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 23

Lawn, Stephen D. & Zumla, Alimuddin I. "Tuberculosis," *The Lancet*, 378.9875 (2011), 57-72

Leff, Michael C. "Tradition and Agency in Humanistic Rhetoric," *Philosophy & Rhetoric*, 45:2 (2012), 213-223

Lee, Sun Young et al. "Interplay of Negative Emotion and Health Self-Efficacy on the Use of Health Information and its Outcomes," *Communication Research*, 35 (2008), 358-381

Lemke, Thomas. *Biopolitics: An Advanced Introduction* (New York: New York University Press, 2011)

Lemons, J. Stanley. "The Sheppard-Towner Act: Progressivism in the 1920s," *The Journal of American History*, 55:4 (1969) 776-786

Levitt, Alexandra M., Drotman, D. Peter and Ostroff, Stephen. "Control of Infectious Diseases: A Twentieth-Century Public Health Achievement," in *Silent Victories*, Eds Ward and Warren (Oxford: Oxford University Press, 2007)

Lippmann, Walter. *The Phantom Public* (Transactions Publishers, 1993)

Locke, John. *Second Treatise of Government*, Ed. C.B. Macpherson (Indianapolis: Hackett Publishing Company, 1980)

"Look at the Blue Fronts," circular, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Lundberg, Christian. "Letting Rhetoric Be: On Rhetoric and Rhetoricity," *Philosophy & Rhetoric*, 46:2 (2013), 247-255

Lupton, Deborah. "Risk as Moral Danger: The Social and Political Functions of Risk Discourse in Public Health," *International Journal of Health Services*, 23:3 (1993), 425-435

Maibach, Edward. "Changes in Self-Efficacy and Health Behavior in Response to a Minimal Contact Community Health Campaign," *Health Communication*, 3:1 (1991), 1-15

Major, L.H. "Break it to Me Harshly: The Effects of Intersecting News Frames in Lung Cancer and Obesity Coverage," *Journal of Health Communication*, 14:2 (2009), 174-188

Martin, Anne. "We Couldn't Afford A Doctor," *Good Housekeeping*, (1920), 20, 130-138

Martin, Anne. "Every Woman's Chance to Serve Humanity: An Everlasting Benefit You Can Win in a Week," *Good Housekeeping*, (1920), 20-21, 124-128

Mastrangelo, Lisa. "World War I, Public Intellectuals and the Four Minute Men: Convergent Ideals of Public Speaking and Civic Participation," *Rhetoric & Public Affairs*, 12:4 (2009), 607-633

McComas, Katherina A. "Defining Moments in Risk Communication Research: 1996-2005*," Journal of Health Communication*, 11 (2006), 75-91

McDonagh, Eileen Lorenzi. "Representative Democracy and State Building in the Progressive Era," *American Political Science Review*, 86:4 (1992), 938-950

McDorman, Marian F. "Race and Ethnic Disparities in Fetal Mortality, Preterm Birth, and Infant Mortality in the United States," *Seminars in Perinatology*, 35:4 (2011), 200-208

McManamy, A.M. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 74

Meckel, R.A. *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929* (Baltimore: The Johns Hopkins University Press, 1990)

Menand, Louis *The Metaphysical Club: A Story of Ideas in America* (New York: Farrar, Straus, and Giroux, 2001)

Messner, J. J. "Most Worsened Country for 2012: Libya," Fund For Peace, Accessed 19 April 2013, http://library.fundforpeace.org/fsi12-libya

Carolyn Miles, "Why Are Moms in America Lagging?" CNN, Accessed 11 May 2013 http://www.cnn.com/2013/05/11/opinion/miles-state-of-mothers/index.html?hpt=hp_t4

"Milk and Human Kindness," leaflet, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Miller, David. "Distributing Responsibilities," *The Journal of Political Philosophy*, 9:4 (2001), 453-471

Miller, David. "Holding Nations Responsible," *Ethics*, 114:2 (2004) 240-268

Miller, David. *National Responsibility and Global Justice*, (Oxford: Oxford University Press, 2007)

Miller, I.W. and Norman, W.H. "Learned Helplessness in Humans: A Review and Attribution-Theory Model*," Psychological Bulletin*, 86:1 (1979), 93-118

Mink, Gwendolyn. *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca: Cornell University Press, 1995)

Moehling, Carolyn M. & Thomasson, Melissa A. "The Political Economy of Saving Mothers and Babies: The Politics of State Participation in the Sheppard-Towner Program," *The Journal of Economic History*, 71:1 (2012), 75-103

Monroe, Anne Shannon. "Adventuring in Motherhood," *Good Housekeeping*, 72:5 (1920), 28, 128

Murphy, Sheila T. et al. "Narrative Versus Nonnarrative: The Role of Identification, Transportation, and Emotion in Reducing Health Disparities," *Journal of Communication*, 63:1 (2013), 116-137

Murray, Christopher J.L. "The Infant Mortality Rate, Life Expectancy at Birth, and a Linear Index of Mortality as Measure of General Health Status," *International Journal of Epidemiology*, 17:1 (1986), 122-128

"National Baby Week," Imperial War Museums. Accessed 15 October 2012. http://www.iwm.org.uk/collections/item/object/24061

O'Donovan, Charles. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 108-109

Olmstead v. United States, 277 U.S. 438 (1928)

Omran, Abdel. "The Epidemiological Transition: A Theory of the Epidemiology of Population Change," *The Millbank Memorial Fund Quarterly 49*:4, (1971), 509-538

Omran, Abdel. "A Century of Epidemiologic Transition in the United States," *Preventive Medicine* 6, (1977), 30-51

Oppenheimer, Ella. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 148

"Out of Town" circular, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Paradise, Viola I. *Maternity Care and the Welfare of Young Children in a Homesteading County in Montana*, (Washington: Government Printing Office, 1919), 8

Parker, Valeria H. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 150

Pfau, Michael. "Who's Afraid of Fear Appeals? Contingency, Courage, and Deliberation in Rhetorical Theory and Practice," *Philosophy & Rhetoric*, 40:2 (2007), 216-237

Phillips, Matt. "The Long Story of U.S. Debt, From 1790 to 2011, in 1 Little Chart," *The Atlantic*. 13 Nov 2012, http://www.theatlantic.com/business/archive/2012/11/the-long-story-of-us-debt-from-1790-to-2011-in-1-little-chart/265185/

Plato, *The Apology*, Trans. Benjamin Jowett (Adelaide: The University of Adelaide, 2012) 38-42, http://ebooks.adelaide.edu.au/p/plato/p71ap/

Porter, Dorothy. *Health, Civilization, and the State: A History of Public Health from Ancient to Modern* (London: Routledge, 1999)

Quessy, Alfred H. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, May 5, 1921. Available on: Proquest, Accessed: August 11, 2012, 97

Rand, Erin J. "An Inflammatory Fag and Queer Form: Larry Kramer, Polemics, and Rhetorical Agency," *The Quarterly Journal of Speech*, 94 (2008): 299-300

"Record of Accomplishments and Prospectus of the New York Milk Committee," New York Milk Committee, (1911), Archives of the New York Academy of Medicine

Renegar, Valerie R. & Sowards, Stacey K. "Contradiction as Agency: Self-Determination, Transcendence, and Counter-Imagination in Third Wave Feminism," *Hypatia*, 24:2 (2009): 1-20

Rimal, Rajiv N. "Closing the Knowledge-Behavior Gap in Health Promotion," *Health Communication*, 12:3 (2000), 219-237

Rimal, Rajiv N. et al. "Extending the Purview of the Risk Perception Attitude Framework: Findings from HIV/AIDS Prevention Research in Malawi," *Health Communication* 24 (2009), 210-218

Rimal, Rajiv N. & Real, Kevin. "Perceived Risk and Efficacy Beliefs as Motivators of Change: Use of the Risk Perception Attitude Framework to Understand Health Behaviors," *Human Communication Research* 29:3 (2003), 370-399

Risk and Sociocultural Theory: New Directions and Perspectives, Ed. Deborah Lupton (Cambridge: Cambridge University Press, 2000)

Roberto, Anthony J.; Murray-Johnson, Lisa & Witte, Kim. "International Health Communication Campaigns in Developing Countries," in *The Routledge Handbook of Health Communication*, 2nd Ed, Eds Teresa L. Thompson, Roxanne Parrott & Jon F. Nussbaum, (New York: Routledge, 2011), 223-234

Roe v. Wade, 410 U.S. 113, 152 (1973)

Rose, Nikolas. "Psychiatry as a Political Science: Advanced Liberalism and the Administration of Risk," *History of the Human Sciences*, 9:1 (1996) 1-23

Rose, Nikolas. "The Death of the Social? Re-figuring the Territory of Government," *Economy & Society*, 25:3 (1996), 327-356

Rose, Nikolas. "The Politics of Life Itself," *Theory, Culture & Society*, 18:6 (2001), 1-30

Rosen, George. *A History of Public Health* (Baltimore: Johns Hopkins University Press, 1958)

Rosen, Robyn L. "Federal Expansion, Fertility Control, and Physicians in the United States: The Politics of Maternal Welfare in the Interwar Years," *Journal of Women's History*, 10:3 (1998)

Ross, Dorothy. "The Development of the Social Sciences" in Alexandra Oleson and John Voss, Eds. *The Organization of Knowledge in Modern America: 1860-1920* (Baltimore: Johns Hopkins University Press, 1979)

"The Baby and the Budget," postcard, New York Milk Committee (1911), Archives of the New York Academy of Medicine

The Henry J. Kaiser Family Foundation, Accessed 19 April 2013, http://kff.org/other/state-indicator/infant-death-rate/

"The House with the Blue Front," pamphlet, New York Milk Committee (1911), Archives of the New York Academy of Medicine

"The World Factbook: Maternal Mortality Rate," Central Intelligence Agency, Accessed 8 April 2013 https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html

Toombs, Elizabeth O. "Politicians, Take Notice: Columbus, Ohio Women Elected a Mayor and Proved that Women, When They Vote Together, Hold the Balance of Power," *Good Housekeeping* (1920) 15

"Saving Through Education," postcard, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Schlesinger, Mark. "On Values and Democratic Policy-Making: The Deceptively Fragile Consensus Around Market-Oriented Medical Care," *Journal of Health Policy, Politics, and Law*, 27:6 (2002), 889-926

Serlin, David. "Introduction," in *Imagining Illness: Public Health and Visual Culture*, Ed. David Serlin, (Minneapolis: University of Minnesota Press, 2010)

Senate. *Protection of Maternity,* April 25, 1921. (67 S. 1039) Washington: U.S. GPO.

Sheppard, Morris. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 25, 1921. Available on: Proquest, Accessed: August 11, 2012, 5

Shildrick, Margrit. "Becoming Vulnerable: Contagious Encounters and the Ethics of Risk," *Journal of Medical Humanities*, 21:4 (2000), 215-227

"Should Midsummer Urgency Be Met by Midsummer Appeal?" postcard, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Skinner v. Oklahoma, 316 U.S. 535 (1942)

Skocpol, Theda. *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992)

Smith, Norma. *Jeannette Rankin, America's Conscience*, (Helena: Montana Historical Society Press, 2002)

Starks, Tricia. *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State*, (Madison: University of Wisconsin Press, 2008)

"State of Chicago's Health," *Bulletin Chicago School of Sanitary Instruction* 13 (August 1910)

Stephenson, Michael T. & Witte, Kim. "Creating Fear in a Risky World: Generating Effective Health Risk Messages," in *Public Communication Campaigns, 3rd Ed.*, Eds Ronald E. Rice & Charles K. Atkin (Thousand Oaks: Sage Publications, 2001), 88-103

Stevenson, Emily Rose. "Home, Sweet Home: Women and the 'Other Space' of Domesticity in Colonial Indian Postcards, ca. 1880-1920," *Visual Anthropology*, 26:4 (2013), 298-327

Strong, Anna Louise. *Child Welfare Exhibits: Types and Preparation* (Washington: Government Printing Office, 1915)

"Summer Peak of Infant Deaths," Library of Congress Prints and Photographs Division (1916) http://hdl.loc.gov/loc.pnp/pp.print

Sylla, Richard. "The Progressive Era and the Political Economy of Big Government," *Critical Review*, 5:4 (1991), 531-557

Taylor, Bryan C. "'A Hedge Against the Future': The Post-Cold War Rhetoric of Nuclear Arms Modernization," *Quarterly Journal of Speech*, 96:1 (2010), 1-24

"The World Factbook: Infant Mortality Rate," Central Intelligence Agency, Accessed 9 January 2013, https://www.cia.gov/library/publications/the-world factbook/rankorder/2091 rank.html

Towner, Horace Mann. "Mothers and Babies First," *Woman's Home Companion* (1920), 4

Trent, James W. *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994)

Turner, Monique Mitchell; Skubisz, Christine & Rimal, Rajiv N. "Theory and Practice in Risk Communication: A Review of the Literature and Visions for the Future," in *The Routledge Handbook of Health Communication, 2nd Ed*, Eds Theresa L. Thompson, Roxanne Parrott & Jon F. Nussbaum (New York: Routledge, 2011)

Tversky, Amos. & Kahneman, Daniel. "The Framing of Decisions and the Psychology of Choice," *Science*, 211-4481 (1981), 453-458

Union Pacific Railway Co. v. Botsford 141 U.S. 250 (1891)

United States Department of Labor Children's Bureau. *Handbook of Federal Statistics of Children: Part 1*. 5. (Washington: Government Printing Office, 1914)

United States Department of Labor Children's Bureau. *Infant Mortality: Montclair, N.J. A Study of Infant Mortality in a Suburban Community* (Washington: Government Printing Office, 1915)

Wall, Shelley. "Humane Images: Visual Rhetoric in Depictions of Atypical Genital Anatomy and Sex Differentiation," *Medical Humanities*, 36 (2010), 80-83

Ward, D.B. "The Geography of Ladies Home Journal: An Analysis of the Magazine's Audience 1911-55," *Journalism History*, 34:1 (2008), 2-14

Ward, John W. and Warren, Christian. *Silent Victories: The History and Practice of Public Health in Twentieth-Century America* (Oxford: Oxford University Press, 2007)

Weber, Max. *From Max Weber: Essays in Sociology* (New York: Routledge, 1948)

Weiner, Bernard. "On Sin Versus Sickness: A Theory of Perceived Responsibility and Social Motivation," *American Psychologist* 48:9 (1993)

Williams, Nellie C. Statement to the Senate, Committee on Education and Labor. *Protection of Maternity*, Hearing, April 28, 1921. Available on: Proquest, Accessed: August 11, 2012, 87

Witte, Kim. "Putting the Fear Back into Fear Appeals: The Extended Parallel Process Model," *Communication Monographs*, 59:4 (1992): 329-249

Witte, Kim. & Allen, Mike. "A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns," *Health Education & Behavior*, 27 (2000) 591-615

Witte, Kim; Berkowitz, Judy M.; Cameron, Kenzie A. & McKeon, Janet K. "Preventing the Spread of Genital Warts: Using Fear Appeals to Promote Self-Protective Behaviors," *Health Education & Behavior* 25 (1998), 571-585

"What Happened in… During the Hot Spell?" postcard, New York Milk Committee (1911), Archives of the New York Academy of Medicine

"What Milk to Buy," New York Milk Committee (1911), Archives of the New York Academy of Medicine

"While There's Care, There's Hope," postcard, New York Milk Committee (1911), Archives of the New York Academy of Medicine

"Who's Afraid," circular, New York Milk Committee (1911), Archives of the New York Academy of Medicine

Wilkinson, Patrick. "The Selfless and the Helpless: Maternalist Origins of the U.S. Welfare State," *Feminist Studies*, 25:3 (1999) 571-597

Willrich, Michael. "'The Least Vaccinated of Any Civilized Country': Personal Liberty and Public Health in the Progressive Era," *The Journal of Policy History 20*:1 (2008) 76-93, 76

Wolf, Jacqueline H. "Saving Babies and Mothers: Pioneering Efforts to Decrease Infant and Maternal Mortality," in *Silent Victories: The History and Practice of Public Health in Twentieth-Century America* Eds. John W. Ward & Christian Warren (Oxford: Oxford University Press, 2007), 135-160

World War I Casualty and Death Tables, Public Broadcasting Service (2011) http://www.pbs.org/greatwar/resources/casdeath_pop.html

Yankauer, Alfred. "Job Lewis Smith and the Germ Theory of Disease," *Pediatrics*, 93:6 (1994): 936-938

Zizek, Slavoj. *Violence: Six Sideways Reflections* (New York: Picador, 2008)

Zoller, Heather M. "Communicating Health: Political Risk Narratives in an Environmental Health Campaign," *Journal of Applied Communication Research*, 40:1 (2012), 20-43

Zuckerman, M. "Attribution of Success and Failure Revisited, or: The Motivational Bias is Alive and Well in Attribution Theory," *Journal of Personality*, 47:2 (1979), 245-287

Vita

Jessica Lauren Kuperavage

Education
Ph.D Communication Arts and Sciences (2013)
Pennsylvania State University
"From Private Tragedy to Public Health: "

M.A. Communication Arts and Sciences (2010)
Pennsylvania State University
"Becoming Rational: Rhetoric, Agency, and Mental Illness"

B.A. Communication (2008)
Christopher Newport University

Employment
Graduate Assistant, 2008-2013

Honors and Awards
Fellow, Center for Democratic Deliberation, 2012-2013
Top paper panel: NCA Student Division, 2011
Specialized Training Grant, 2010

Selected Presentations
National Communication Association, Association for the Rhetoric of Science and Technology, "Picturing Risk: Visual Representations of Mortality in a Health Campaign," November 2013

National Communication Association, Feminist and Women's Studies Division, "'Saving Through Education': The Family as Locus for Health," November 2012

National Communication Association, American Studies Division, "VacciNation: Nationalist Imagery and Scientific Ethos," November 2012

Rhetoric Society of America, "Breaching an Enclave: Reconfiguring the Face of Mental Health," May 2012

Rhetoric Society of America, "Petitioning Against the Opium Evil," May 2012

National Communication Association, Student Division, "Dying with Their Rights On: Agency, Mental Illness, and Representation in 1980s New York," November 2011