nied the clients' ills (Bueheler-Wilkerson, 1993).

Because she had the freedom to explore alternatives for care during numerous births, illnesses, and deaths, Wald began to organize an impressive group of offerings, ranging from private relief to services from the medical establishment. She developed cooperative relationships with various organizations, which allowed her access to goods and jobs for her clients. News of her successes spread. Private physicians sought her out and referred their clients to her for service.

The Henry Street Settlement House

Within 2 years, the nurses had outgrown their original quarters. They needed larger facilities and more nurses. With the help of Jacob Schiff, a banker and philanthropist, they moved to a larger building at 265 Henry Street. This became known as the Henry Street Settlement House (Mayer, 1994). Nine graduate nurses moved in soon after.

By 1909, the Henry Street Settlement House had grown into a well-organized social services system with many departments. The staff included 37 nurses, 5 of whom were managers, and other men and women performed the many activities of the settlement house.

Other Accomplishments

Wald is credited with the development of school health nursing. Health conditions were so bad in the New York City schools that 15–20 children per school were sent home every day. These ill children were returned to school by their parents in the same condition. As a result, illnesses spread from child to child. Ringworm, scabies, and pediculosis were common.

To prove her point about the value of community health nurses, Wald set up an experiment using one nurse for 1 month in one school. During that time, the number of children dismissed from classes dropped from more than 10,000 to 1100. The New York Board of Health was so impressed that they hired nurses to continue the original nurse's work. Wald's nurses treated illnesses, explained the modes of transmission, and explained the reasons that some children had to be excluded from class and why others did not. The nurses also followed up on the children at home to prevent the recurrence of illnesses.

Wald was also responsible for organizing the Children's Bureau, the Nursing Service Division of the Metropolitan Life Insurance Company, and the Town and Country Nursing Service of the American Red Cross. Her dreams of expanding public health nursing, obtaining insurance coverage for home-based preventive care, and developing a national health nursing service have not become a reality. However, in view of today's health-care demands, she was a visionary who believed that health care belongs in the community and that nurses have a vital role to play in community-based care. She died in 1940 and is remembered as one of the foremost leaders in public health nursing.

MARGARET SANGER

Background

Margaret Higgins was born in Corning, New York, on September 14, 1879. After recovering from tuberculosis, which she contracted while caring for her mother, she attended nursing school at the White Plains Hospital School of Nursing. In her autobiography, she described the school as rigid and at times inhuman; perhaps this provides an indication of where her future interests would take her (Sanger, 1938). During her affiliation at the Manhattan Eye and Ear Hospital, she met William Sanger. They married and moved to a suburb of New York, where she stayed at home to raise their three children.

Labor Reformer

Sanger was very concerned about the working conditions faced by people living in poverty. Many workers were paid barely enough to buy food for themselves and their families. At that time, the income for a family with two working parents was about $12–$14 a week. If only the father worked, earnings dropped to $8 a week. Obviously, when only the mother worked, the family income was even lower. A portion of this

income was paid back to the company as rent for company housing. Food was often purchased through a company store, and very little was left for other expenses, including health care.

A major strike of industrial workers in Lawrence, Massachusetts, marked the beginning of Sanger's career as an advocate and social reformer. The workers had previously attempted a strike for better conditions but conceded because of threatening starvation. If the workers went on strike, there was no money for food. Strike sympathizers in New York offered to help the workers and to take the children from Lawrence into their homes. Because of her interest in the situation of the underpaid workers and her involvement with New York laborers, Sanger was asked to assist in the evacuation of children from the unsettled and sometimes violent conditions in Lawrence.

Following an outbreak of serious rioting, she was called to Washington to testify before the House Committee on Rules about the condition of the children. She testified that the children were poorly nourished, ill, ragged, and living in conditions worse than those in impoverished city slums.

Two months later, the owners of the mills sat down to talk with the workers and gave in to their demands. Sanger's interventions on behalf of the children had brought the workers' plight to the attention of the general public and to the people in Washington.

A New Concern for Sanger

In the spring of 1912, Sanger returned to work as a public health nurse. She was assigned to maternity cases in New York City's Lower East Side. One case became a turning point in her life. Sanger was caring for a 28-year-old mother of three children who had attempted to self-abort. This woman and her husband were already struggling to feed and clothe the children they had and could not afford any more. After 3 weeks, the woman had regained her health. However, during the physician's final visit to her home, he told the young woman that she had been lucky to survive this time but that if she tried to self-abort again, she would not need his services but those of a funeral director. The young woman pleaded with him for a way to prevent another pregnancy. The doctor replied, "Tell your husband to sleep on the roof" (Sanger, 1938). The young woman then turned to Sanger, who remained silent.

Three months later, Sanger was called to the same home. This time, the woman was in a coma and died within minutes of Sanger's arrival. At that moment, Sanger dedicated herself to learning about and disseminating information about birth control.

Contraception Reform

This task turned out to be far more difficult than Sanger had expected. The Comstock Act of 1873 classified birth control information as obscene. Unrewarding research at the Boston Public Library, the Library of Congress, and the New York Academy of Medicine only increased her frustration. Very little information about birth control was available anywhere in the United States at that time.

But contraception was widely practiced in many European countries, so Sanger went to Europe. She studied methods of birth control in France, and when she returned to the United States, she began to publish a journal called *The Woman Rebel*. This journal carried articles about contraception, family planning, and other matters related to women's rights.

The first birth control clinic in the United States opened at 46 Amboy Street in Brooklyn, New York, in 1916. Sanger operated the clinic with her sister, Ethel Byrne, and another nurse, Fania Mindell. On the first day, more than 150 women asked them for help. Everything went smoothly until a policewoman masquerading as a client arrested the three women and recorded the names of all the by-now frightened clients. To bring attention to their plight and to the closing of the clinic, Sanger refused to ride in the police wagon. Instead, she walked the mile to the courthouse.

Several weeks later, Sanger returned to a courthouse overflowing with friends and supporters to face the charges that had been filed against her. The public found it difficult to

believe that this attractive mother, flanked by her two sons, was either "demented" or "oversexed," as her adversaries had claimed. She did not deny the charges of disseminating birth control information, but she did challenge the law that made this information illegal. Because she refused to abide by that law, the judge sentenced her to 30 days in the workhouse.

After completing her 30 days, Sanger continued her work for many years. She solicited the support of wealthy women and used their help to gain financial backing to continue her fight. She gave talks and organized meetings. In 1921, she organized the Birth Control Conference in New York (Kalisch & Kalisch, 2004). In 1928, she established the National Committee on Federal Legislation for Birth Control, which eventually became the Planned Parenthood Foundation. Sanger was also an accomplished author, writing *What Every Girl Should Know, What Every Mother Should Know,* and *Motherhood in Bondage.*

Conservative religious and political groups were the most vocal in their opposition to Sanger's work. In the end, however, Sanger won. Planned Parenthood is a thriving organization, and birth control information is available to anyone who seeks it, although some groups oppose its availability on religious or political grounds.

Sanger could fairly be labeled an early example of the liberated woman. She was independent and assertive during a time when it was considered politically incorrect for a woman to behave in such a manner. Perhaps her most important contributions to the community were her tenacity and her ability to bring the needs of the poor to society's attention and not just the needs of the favored few who had sufficient money. As a nurse, she represented that part of caring that operates in the political arena to bring about change to improve people's health and save lives.

MARY ELIZA MAHONEY

Background

Mary Eliza Mahoney was the first African American registered nurse (RN) in the United States. She was born free on May 7, 1845, in Dorchester, Massachusetts; however, an unverified paper reports the official date as April 16 of the same year. She grew up in Roxbury with her parents and showed an interest in nursing during her adolescence. She worked for 15 years at the New England Hospital for Women and Children (now Dimock Community Health Center). She was a cook, a janitor, a washerwoman, and an unofficial nurse's assistant.

Nursing Education

In 1878, at the age of 33, she applied to the hospital's nursing program and was accepted as a student. She spent her training days washing, ironing, and cleaning and scrubbing, expected competencies of that time. Sixteen months later, of the 43 students who began the rigorous course, Mary and 4 white students were the only ones who completed it. After graduation she worked mostly as a private duty nurse. She ended her nursing career as director of an orphanage in Long Island, New York, a position she had held for a decade. She never married.

Contribution to Nursing

Mahoney recognized the need for nurses to work together to advance the status of black nurses within the profession. In 1896, Mahoney became one of the original members of the predominately white Nurses Associated Alumnae of the United States and Canada (later known as the American Nurses Association [ANA]). She cofounded the National Association of Colored Graduate Nurses (NACGN). Mahoney delivered the welcoming speech at the first convention of the NACGN and served as its national chaplain. Mahoney died on January 4, 1926, and was buried in the Woodlawn Cemetery in Everett, Massachusetts.

In 1936, the NACGN created an award in her honor for women who contributed to racial integration in nursing. After the NACGN was dissolved in 1951, the ANA continued to offer this award to deserving black women. In 1976, 50 years after her death, Mary Eliza Mahoney was inducted into the Nursing Hall of Fame.

When she entered nurse's training, Mahoney never envisioned how her simple act of becoming a nurse would change the status of black nurses and help them to attain leadership positions within the profession. Her dedication and untiring will to inspire future generations has been an inspiration to many men and women of color who remain dedicated members of the nursing profession.

ADELAIDE NUTTING

Background

Adelaide Nutting was born on November 1, 1858, in Frost Village, Quebec, Canada. She was the first graduate of the Johns Hopkins School of Nursing in Baltimore, Maryland. During her student days, the journal *Trained Nurse* offered a $10 prize for an essay on a typhoid fever case. Nutting submitted her essay and won the prize. Her essay was printed in the March 1910 issue, but that was just the beginning for this dynamic nurse leader.

Nutting was a close friend of Isabel Hampton, the director of the Johns Hopkins School of Nursing. When Hampton resigned her position in 1894, Nutting became the superintendent of nurses and the principal.

Nursing Education

Nutting established the 3-year, 8-hour-per-day program that became the prototype for diploma school education in nursing. She later came to believe that more background in the basic sciences was a necessity, and she developed a 6-month course that also became a model for other schools. Although associated with a hospital school of nursing, Nutting was convinced that nursing education would advance only if the profession developed more autonomy. Like Nightingale, Nutting believed that schools of nursing should be independent of hospital control or ownership.

Higher Education

Nutting is probably best known for her work in the creation of the Department of Nursing and Health at Teachers College of Columbia University. After leaving Johns Hopkins in 1907 to take the first chair in nursing at Columbia University, she became the first professor of nursing in the world. She held this position until 1925, when she was succeeded by Isabel Stewart, a former student and colleague.

Other Interests

Nutting was interested in many aspects of nursing. In 1918, she approached the Rockefeller Foundation to request funds for her alma mater, Johns Hopkins. During the interview, she stressed the need for improvement in the education of public health nurses. This meeting led to the formation of a blue-ribbon committee that studied the situation and released a report that emphasized the need for university education of nurses.

Nutting also recognized the importance of cultivating benefactors for nursing. For example, she became very close to Frances Payne Bolton, a wealthy and influential citizen of Cleveland, Ohio. She convinced Bolton to fund an Army Nurse Training School at a time when women were being trained as aides rather than as professional nurses. Nutting opposed their training as aides because she believed that soldiers with war wounds needed professionals to care for them.

The three major nursing organizations of the time supported the establishment of the school, but the U.S. War Department rejected the idea. In response, Bolton went to Washington to persuade the War Department to prepare the women as nurses. The Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, Ohio, is named after this supporter of nursing.

Nutting was committed to the promotion of nursing and nursing education. She was in the forefront of educational reform, first by establishing standards of diploma education and later by supporting the move to the university setting. One of her best achievements was improving the preparation of teachers of nursing. She realized early that the quality of nurses is greatly influenced by the quality of the teachers of nursing students.

MILDRED MONTAG

Background

During World War II, a nursing shortage became evident. To meet the demands for nurses, Congress enacted the Bolton Act of 1943. This created the United States Cadet Nurse Corps. According to the Bolton Act, nurses could be educated in fewer than 3 years and perform nursing duties and responsibilities like their counterparts from the traditional 3-year diploma schools (Applegate, 1988). Mildred Montag developed this program at Adelphi University.

After the war, the federal funds were withdrawn, and the numbers of nursing graduates declined. The acute nursing shortage continued. In 1952, however, a project aimed at developing nursing education programs in junior and community colleges was discussed. Montag, now an assistant professor of nursing at Columbia Teacher's College, was appointed the project coordinator.

The time for a change in nursing education had come. The postwar era created other job opportunities for women, and hospital-based diploma school was not a popular career choice. The health-care delivery system was disease-oriented and patient-centered. New technologies had entered the field of health care, requiring nurses to have a stronger background in the sciences and be able to use these technologies at the bedside.

Montag proposed two levels of nursing. She described a curriculum that would educate what she referred to as the *technical nurse.* This nurse would provide direct, safe nursing care under the supervision of the professional nurse in an acute care setting (Haase, 1990). Today, associate degree programs provide more graduate nurses than any other nursing programs, providing the majority of the nurse workforce.

Associate degree nursing education has had a profound effect on nursing education. The associate degree is the primary model for basic registered nurse education. Montag's major achievement with this innovation was to shift nursing education from the hospital, service-based institutions to the institutions of higher learning. The curriculum included general education courses to prepare the nurse for social and personal competency as well as skill competency.

VIRGINIA HENDERSON

Background

Virginia Henderson was born November 30, 1897, in Kansas City, Missouri. She attended the U.S. Army School of Nursing during World War I. Her mentor was Annie Goodrich, head of the Army School. Goodrich later became the first dean of the Yale School of Nursing. After the war, Henderson continued her nursing career in public health in New York City and Washington, D.C.

Henderson decided to enter nursing education and took her first faculty position at the Norfolk Virginia Protestant Hospital School of Nursing. In 1929, she returned to New York and enrolled in Columbia Teacher's College to further her nursing education. Here she earned her bachelor's and master's degrees. In 1934, she joined the faculty of Columbia Teacher's College. She taught nursing at Columbia from 1934 to 1948.

In 1953, she joined the faculty of the Yale School of Nursing in New Haven, Connecticut, as a research associate and spent the last four decades of her life at Yale. She began a 19-year project to review nursing literature and published the four-volume *Nursing Studies Index,* which indexed the English-language nursing literature from 1900 through 1960.

Contributions to 20th-Century Nursing

Virginia Henderson pioneered the work that is the essence of modern nursing. Her most important writing, *Principles and Practice of Nursing,* is considered the 20th century's equivalent to Nightingale's *Notes on Nursing.* Nightingale emphasized nature as the primary healer. With the advent of antibiotic therapy and other technological advances, Nightingale's work became dated (Henderson, 1955).

In her textbook revision in 1955, Henderson first offered her description of nursing: "I say

that the nurse does for others what they would do for themselves if they had the strength, the will and the knowledge. But I go on to say that the nurse makes the patient independent of him or her as soon as possible" (Henderson, 1955). Henderson wrote three editions of this textbook. Unlike other nursing textbooks, this one emphasized the importance of nursing research, not just routine nursing techniques. Nurse educators continued using the book throughout the remainder of the century.

As a nursing professional, Henderson actively participated in nursing organizations. She founded the Interagency Council on Information Resources for Nursing. She was a member of the ANA and acted as a consultant to the National Library of Medicine and the American Journal of Nursing Company. Henderson received many awards for her work and efforts to increase the status of the nursing profession. The Sigma Theta Tau International Nurses Honor Society named its library in honor of her outstanding contributions to nursing.

Henderson believed that nursing complemented the patient by giving him or her what was needed in "will or strength" to perform the daily activities and carry out the physician's treatment. She believed strongly in "getting inside the skin" of her patients as a way of knowing what he or she needed. As she said, "The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant and the knowledge and confidence of the new mother" (Henderson, 1955).

Henderson's beginnings were in public health, and this contributed to her definition of nursing. Because of this background, Henderson was a proponent of publicly financed, universally accessible health-care services. She understood that nurses maintained roots in the communities where they lived, and she believed that nursing belonged in the forefront of health-care reform. She also believed that nurses should take this opportunity to advance the profession by becoming leaders in developing plans for implementing accessible health care.

Henderson is recognized as the "First Lady of Nursing" and is thought by many to be the most important nursing figure in the 20th century. Her colleagues refer to her as the 20th century Florence Nightingale (ualberta.ca/~jmorris/nt/henderson.htm, 2000). She represents the essence and the spirit of nursing in the 20th century to all of us.

MEN IN NURSING

Men's participation in nursing did not begin in the latter part of the 20th century. Early Egyptian priests practiced nursing. The priests who served the goddess Sekhmet held high social rank. The first nursing school in the world started in India in about 250 B.C., and only men were considered "pure" enough for admission.

During the Byzantine Empire, nursing was practiced primarily by men and was a separate profession (Kalisch & Kalisch, 2004). In every plague that swept through Europe, men risked their lives to provide nursing care. In 300 A.D. the Parabolani, a group of men, started a hospital to care for victims of the Black Plague. Two hundred years later, St. Benedict founded the Benedictine Nursing Order (Kalisch & Kalisch, 2004). Throughout the Middle Ages military, religious, and lay orders of men continued to provide nursing care.

Before the Civil War, male and female slaves were identified as "nurses." During the Civil War, the Union used mainly female nurse volunteers, although some men also filled this responsibility. Walt Whitman, for example, served as a volunteer nurse in the Union Army. The Confederate Army took a more formal stand and identified 30 men in each regiment to serve as military nurses. Charged with this responsibility, these men tended to the ill on the battlefields (Clay, 1928). During this war, more men died than in any other war in U.S. history.

The Alexian Brothers, named after St. Alexis, a 5th century nurse, were first organized in the 1300s to provide nursing care to those afflicted with the Black Death. In 1863, the Alexian Brothers opened their first hospital in

the United States to educate men as nurses. The Mills School for Nursing and St. Vincent's School for men were organized in New York in 1888. At that time, men did not attend female nursing schools.

Nursing continued to develop as a predominantly female profession, excluding men from entering into schools of nursing and its professional organization. The Nurses Associated Alumnae of the United States and Canada held its first annual meeting in Baltimore in 1897. This organization developed into the ANA in 1911 and continued to exclude men until 1930. One of the early acts of the organization was to prevent men from practicing as nurses in the military.

The Army Nurse Corps, created in 1901, barred men from serving as nurses (Kalisch & Kalisch, 2004). The U.S. military changed from predominantly male nurses to female. At the conclusion of the Korean War, the armed services permitted men to serve as military nurses (Brown, 1942).

Once men entered the military as nurses, their numbers increased in civilian nursing as well. Nursing schools admitted men into the classroom. The numbers of men in nursing gradually increased. Today, although still a comparatively small group, the number of men pursing nursing careers continues to increase. Men are attaining graduate degrees and specialty certifications; men continue to enhance nursing by resuming their historical role as caring, nurturing professionals.

PROFESSIONAL ORGANIZATIONS

American Nurses Association

In 1896, delegates from 10 nursing schools' alumnae associations met to organize a national professional association for nurses. The constitution and bylaws were completed in 1907, and the Nurses Associated Alumnae of the United States and Canada was created. The name was changed in 1911 to the American Nurses Association (ANA), which in 1982 became a federation of constituent state nurses associations.

The purposes of the ANA are to (nursingworld.org/about/index.htm):

1. Work for the improvement of health standards and the availability of health-care services for all people.
2. Foster high standards for nursing.
3. Stimulate and promote the professional development of nurses.
4. Promote the economic and general welfare of nurses in the workplace.
5. Project a positive and realistic view of nursing.
6. Lobby Congress and regulatory agencies about health-care issues affecting nursing and the public.

These purposes, reviewed in each biennial meeting by the House of Delegates, are unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, religion, race, or sexual orientation (ANA, 2005). The core issues identified by the ANA in 2005 were (ana.org):

- Nursing shortage.
- Workplace rights.
- Workplace health and safety.
- Appropriate staffing.
- Patient safety and advocacy.

Although more than 2 million people are members of the nursing profession in the United States, only about 10% of the nation's RNs are members of their professional organization. The many different subgroups and numerous specialty nursing organizations contribute to this fragmentation, which makes presenting a united front from which to bargain for nursing difficult. As the ANA works on the goal of preparing nurses during the 21st century, nurses must work together in their efforts to identify and promote their unique, autonomous role within the health-care system.

Many advantages are available to nurses who join the ANA. Membership offers benefits such as informative publications, group life and health insurance, malpractice insurance, and continuing education courses. The ANA also helps state nurses associations to support their members regarding workplace and client care issues such as salaries, working conditions, and staffing.

As the major voice of nursing, the ANA lobbies the government to influence laws that