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Meeting with Panel on Orphans 3/5/94

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THE ORPHAN PROJECT

THE HIV EPIDEMIC AND NEW YORK CITY'S CHILDREN

CAROL LEVINE
EXECUTIVE DIRECTOR

ADMINISTERED BY
THE FUND FOR THE CITY OF NEW YORK

121 AVE. OF THE AMERICAS
SIXTH FLOOR
NEW YORK, NY 10013
TELEPHONE (212) 925-5290
FAX (212) 925-5675



FEB - 8 1994

*could I
have 2 copy of this?
Thanks*

February 3, 1994

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20503

Dear Ms Gebbie:

Thank you for agreeing to participate on the Saturday morning panel (March 5).
Enclosed is the complete agenda.

Sincerely,

A handwritten signature in blue ink that reads "Carol". The signature is fluid and cursive.

Carol Levine

**In Whose Care and Custody? Orphans of the HIV Epidemic
in Historical and Global Perspective**

AGENDA AND PARTICIPANTS (as of 2/3/94)

Thursday, March 3, 1994

- | | |
|------------------------|--|
| 11:00 a.m. - 1:00 p.m. | Arrival and Lunch |
| 1:00 p.m. - 1:15 p.m. | Introductions |
| 1:15 p.m. - 1:45 p.m. | Overview: The HIV Epidemic in the U.S. and its Impact on Children -- Carol Levine |

SESSION I Case Studies: The Historical Perspective (1:45 p.m. - 5:15 p.m.)

- | | |
|-----------------------|--|
| 1:45 p.m. - 3:15 p.m. | From Isolation to Integration: The Changing Nature of American Orphan Asylums, 1865-1930-- Tim Hasci , The Chapin Hall Center for Children at the University of Chicago

The Orphan Trains: An Experiment in Child Rescue-- Marilyn Irvin Holt , University of Kansas, author of <u>The Orphan Trains: Placing Out in America</u> |
| 3:15 p.m. - 3:30 p.m. | Coffee Break |
| 3:30 p.m. - 4:45 p.m. | Stigma and Spoiled Identity:—The Canadian Juvenile Immigration Movement, 1869-1930-- Patricia T. Rooke , Department of Educational Foundations, University of Alberta, coauthor of <u>Discarding the Asylum: From Child Rescue to the Welfare State</u>

Social Science and the Study of Orphans (TENTATIVE TITLE)-- Bernadine Barr , Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine |
| 4:45 p.m. - 5:15 p.m. | Discussion led by Allan Brandt |
| 5:15 p.m. - 7:00 p.m. | Reception and Dinner |

SESSION II Literary and Visual Images of Orphans (7:00 p.m. - 8:30 p.m.)

7:00 p.m. - 8:30 p.m. Readings from Victorian and modern literature -- directed by Andrew Borba

A New York City family affected by AIDS -- Steve Hart, photographer

Friday, March 4, 1994

8:00 a.m. - 9:00 a.m. Continental breakfast

SESSION III The Response of Social Institutions to the Problem of Orphans (9:00 a.m. - 12:00 p.m.)

9:00 a.m. - 10:00 p.m. Orphanages and the Specter of Social Control--**Stephen R. Thomas**, Fordham University

Suffer the Little Children--**David Smith**, Director, The Poynter Center and Professor of Religious Studies, Indiana University

10:00 a.m. - 10:15 a.m. Coffee Break

10:15 a.m. - 11:15 a.m. Noblesse Oblige and the Development of Charitable Institutions for Children (TENTATIVE TITLE) - **Kathleen McCarthy**, Center for the Study of Philanthropy, City University of New York Graduate School

The Care of Dependent Children: On the Need to Transcend the History of Social Policy--**Michael B. Katz**, Professor of History and Education and Direftor of the Urban Studies Program, University of Pennsylvania; author of In the Shadow of the Poorhouse: A Social History of Welfare in America

11:15 a.m. - 12:00 p.m. Discussion led by **Paul Jellinek**, Robert Wood Johnson Foundation

12:00 p.m. - 1:00 p.m. Lunch

SESSION IV Case Studies: Orphans in Global Perspective (1:30 p.m. - 5:00 p.m.)

1:30 p.m. - 3:00 p.m. Jewish Youth: Refugees of the Reich --**Deborah Dwork**, Yale University, author of Children with a Star: Jewish Youth in Nazi Europe

Mobilizing Communities to Meet the Needs of Orphans-- **Neil Boothby**, Duke University, editor of Unaccompanied Children: Care and Protection in Wars, Natural Disasters, and Refugee Movements

Orphans of the AIDS epidemic in Uganda--**Aklilu Lemma**, Visiting Professor of Public Health, Johns Hopkins University; formerly head of UNICEF effort in Uganda

3:00 p.m. - 3:15 p.m.

Coffee Break

3:15 p.m. - 5:00 p.m.

Discussion led by **Jonathan Mann**

EVENING FREE

Saturday, March 5, 1994

9:00 a.m. - 9:30 a.m.

Breakfast

SESSION V Policy Options for Orphans of the HIV Epidemic (9:30 a.m. - 11:30 a.m.)

9:30 a.m. - 11:30 a.m.

Panel Discussion moderated by **Carol Levine** and **Allan Brandt**
Summary of previous sessions -- **Levine and Brandt**

Panelists:

Richard Dudley, New York Medical College

Paul Farmer, Harvard University

Kristine Gebbie, National AIDS Policy Coordinator

Helen Rodriguez-Trias, former president, American Public Health Association

Michael Seltzer, Funders Concerned about AIDS

Mathilde Krim, American Foundation for AIDS Research
(TENTATIVE)

What are the key policy issues?

What are the principles that ought to underlie policy decisions?

What are the implications of various policy options?

What are recommendations for further research?

What are recommendations for immediate action?

NEXT STEPS -- Levine and Brandt

1) relationship of US policy to global policy
to those countries & how stated economy -

? of time to prepare -

? of general advocacy for children?
broader politics of why children
end up orphaned

Global policy - ? & worth or inclusion
of orphan/children issues?

NZ & Y Encouragement for the Humanities -
Where can they enter in?

Get Mike Seltzer's wife
in Recs Against AIDS

Museum

Pres letter -

Nick Beerman
Pub Policy

James
Drum Policy
SFO
is HVT

Classical
Action
Charles Hamelin

Kelly outline

3 mothers
19 dependent children
Kelly / Kelly

Stigma - how they came to be orphaned
- whether they have the disease
- what circle of support is available
cross cultural adoption by gay men / lesbians
inter racism

Planning / Timing
who plans policy -
who plans individual cases - defining priority need -
Children as political tool

Keeping programs to scale - local vs. national ?
state support systems
who is involved

political framework
political tool ?
disproportionate share to children ?
public focus (Chicago series)

Behavioral
research
agenda

THE ORPHAN PROJECT

THE HIV EPIDEMIC AND NEW YORK CITY'S CHILDREN

CAROL LEVINE
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THE FUND FOR THE CITY OF NEW YORK

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Best Western

December 14, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20503

RECEIVED

Steve
what's the
calendar looks
like
DEC 20 1993

Dear Ms. Gebbie:

On March 3-5, 1994, The Orphan Project is sponsoring a symposium called "In Whose Care and Custody? Orphans of the HIV Epidemic in Historical and Global Perspectives." Allan Brandt, Amalie Kass Professor of the History of Medicine at Harvard University, co-director of the symposium, joins me in inviting you to participate in a panel on the final day, Saturday, March 5, to discuss the presentations in the earlier sessions to help us develop cogent policy recommendations for both AIDS policy and child welfare and family support policy.

The symposium will be held in New York City, at the offices of The Orphan Project (Fund for the City of New York, 121 Avenue of the Americas, 6th Floor). We are planning to invite about 30 participants, in addition to the speakers. This symposium, funded by the American Foundation for AIDS Research and the Agency for Health Care Policy and Research, is the first analysis of the ways in which large numbers of parentless children were perceived in the U.S. and other countries and in other international crisis situations today. For this symposium we have assembled an extraordinary group of scholars from different disciplines to provide a multifaced examination.

The final agenda is not yet ready, but let me give you some idea of the content. The symposium will open on Thursday afternoon with a series of case studies from American, Canadian, and European history. These case studies will explode some prevalent ideas about orphans, orphanages, and orphan trains. Among the speakers will be Marilyn Irvin Holt, author of "The Orphan Trains," and Deborah Dwork of Yale University, whose child-centered historical research focuses on the Holocaust and its survivors. Thursday evening we will have a series of images about orphans, through literature and photography, to examine how emotional responses have affected public policy.

Friday morning's session will be devoted to a series of presentations on cross-cutting themes, such as the role of philanthropy and religion in responding to the needs of youngsters and families. Among the speakers will be Professor Michael Katz of the University of Pennsylvania, an expert on the history of public welfare in the U.S., and Professor David Smith, Director of the University of Indiana's

Poynter Center. Paul Jellinek of the Robert Wood Johnson Foundation will be the moderator.

Friday afternoon we will turn to global examples, with a series of speakers moderated by Dr. Jonathan Mann of Harvard University. Presenting at this panel will be Dr. Aklilu Lemma, formerly head of UNICEF's orphan program in Uganda; and Neil Boothby of Duke University, whose research on parentless children has taken him to Central America, Africa, and Southeast Asia. Friday evening will be free; we will arrange a dinner for those who would like to spend the evening in Soho.

The Saturday morning panel, on which we hope you will participate, will respond and reflect on the themes that have emerged, specifically with regard to future U.S. policy. Since we recognize that not all the panel members will be able to attend all the earlier sessions, we will start the morning with a review of the highlights. Given the nature of the panel, a written presentation in advance of the symposium is not necessary. We would, however, like to have a written version sometime later as we make our plans for publication.

The outcome of the symposium will be, at a minimum, a series of policy recommendations and a book.

I hope that you will be able to participate in this exciting and important symposium. Please call me or Allan Brandt (617-495-3532 or 617-432-4365) if you have any questions. We do recognize that you have a very busy schedule, and we are prepared to be quite flexible concerning the number of sessions you can attend.

I look forward to hearing from you. I am enclosing some background materials and a recently published book, which grew out of a conference we co-sponsored last year.

Ken Shu

With all best regards.

Sincerely,

Carol Levine

Carol Levine
Executive Director

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Special Communication

Estimates of the Number of Motherless Youth Orphaned by AIDS in the United States

David Michaels, PhD, MPH, Carol Levine, MA

Objective.—To estimate the number of youth in the United States who have been or will be left motherless by the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic, in order to project the need for family supports, age-appropriate foster and congregate care, and mental health and social services.

Design.—Orphans are defined as youth whose mothers (the usual caregiving parent) die of HIV/AIDS-related causes. A mathematical model was constructed to estimate the number of such motherless youth. Cumulative fertility rates were applied to the number of reported AIDS deaths (1981 through 1990) and projected deaths (1991 through 1995) of adult women less than 50 years old. The results were adjusted for underreporting of HIV/AIDS-related mortality, pediatric AIDS deaths, infant mortality, ethnic and racial variation in fertility, and decreased fertility associated with late-stage HIV disease. Estimates were made for the number who were children (less than 13 years of age), adolescents (13 to 17 years of age), or young adults (18 years of age or older) at the time of their mothers' death.

Results.—By the end of 1995, maternal deaths caused by the HIV/AIDS epidemic will have orphaned an estimated 24 600 children and 21 000 adolescents in the United States; unless the course of the epidemic changes dramatically, by the year 2000, the overall number of motherless children and adolescents will exceed 80 000. In 1991, an estimated 13% of US children and 9% of adolescents whose mothers died of all causes were children of women who died of HIV/AIDS-related diseases. These proportions will surpass 17% and 12%, respectively, by 1995. The vast majority of these motherless youth will come from poor communities of color.

Conclusions.—A large and rapidly growing number of American youth are being orphaned by the HIV/AIDS epidemic. Unless increased attention and resources are devoted to this vulnerable population, a social catastrophe is unavoidable.

(JAMA. 1992;268:3456-3461)

NOW in its second decade, the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic is reverberating in ever-widen-

ing circles. From 1981 through March 1992, 218 301 cases of AIDS had been reported to the Centers for Disease Control and Prevention (CDC). Of these, 22 607 (10%) were women.¹ However, while 9% of the first 100 000 persons with AIDS were women, women comprised 12% of the second 100 000, and the proportion of women among all persons with AIDS will continue to rise.² The proportion of women among all

AIDS cases is significantly higher in some locations, reaching 27% in New Jersey (oral communication, J. Biel, MPH, New Jersey Department of Health, Newark, April 13, 1992) and 20% in New York City for calendar year 1991.³ By 1989, AIDS had become the sixth leading cause of death nationwide among women 25 to 44 years of age.⁴ In New York City, it is the leading cause of death among women 15 to 44 years of age,⁵ and since 1987, HIV/AIDS has been the leading cause of death among African-American women of that age group in New York State and New Jersey.⁶

Half of the women with AIDS nationally are injecting drug users (IDUs) and an additional quarter have been infected through heterosexual contact with infected drug users.^{1,7} Studies of family

For editorial comment see p 3478.

structure among IDUs show that in these families, women are the primary caregivers.⁸⁻¹⁰ When these women die, they leave children of different ages, some of whom need shelter, food, and medical care, and all of whom need emotional support and guidance.

This study addresses a fundamental question: How many children, adolescents, and young adults will be orphaned by the HIV/AIDS epidemic in the United States?

Because there are no data that directly answer the fundamental question (in itself an indication of the relative lack of attention this population has received), this study attempts to synthesize information from other sources to produce ranges of estimates. These

From the Department of Community Health and Social Medicine, CUNY Medical School/Sophie Davis School of Biomedical Education (Dr Michaels) and The Orphan Project, New York, NY (Ms Levine).

Reprint requests to The Orphan Project, 121 Avenue of the Americas, 6th Floor, New York, NY 10013 (Ms Levine).

The 'Silent' Legacy of AIDS

Children Who Survive Their Parents and Siblings

Over the past decade, efforts to improve the organization and provision of health care for families affected by the human immunodeficiency virus (HIV) have focused primarily on infected individuals. However, from the start it has been clear that children who were or would be orphaned as a result of the epidemic would add unique complexities to the equation.

See also p 3456.

How many children have been or will be orphaned by the acquired immunodeficiency syndrome (AIDS) epidemic? In this issue of *JAMA*, Michaels and Levine¹ estimate that 18 500 children and adolescents have already been orphaned. By 1996, this number will increase to 45 600 and by the year 2000 to 82 000 orphans. Additionally, tens of thousands of young adults will become motherless.

These estimates, which are similar to recent Centers for Disease Control and Prevention (CDC) estimates,² are based on a set of reasonable assumptions that, if anything, appear to be deliberately conservative. As discussed by the authors, the fertility rates of intravenous drug users may very well be higher than the age- and race-adjusted cumulative fertility rate. The authors also assumed that the rate of AIDS deaths among women will plateau after 1993. Unfortunately, this is likely to be overly optimistic, not only because of a lack of treatment options, but more pointedly because there is every reason to believe that the majority of the estimated 80 000 HIV-infected women³ in the United States are unaware of their diagnosis.^{4,5} Therefore, even if a therapeutic breakthrough occurred tomorrow, most HIV-infected women would not receive potentially life-prolonging or saving treatment or appropriate health care.

The study by Michaels and Levine did not address those HIV-affected children who are effectively orphaned prior to their parents' deaths. This phenomenon is best reflected by the living arrangements of HIV-positive children (which we believe parallel those of uninfected siblings): only 45% of all

HIV-positive children who received health care in New York during 1990 lived with a biologic parent (the vast majority were single mothers, without a father in the home); 16% lived with a relative; and 33% lived with unrelated foster or adoptive parents.⁶ In 1989, 39% of the HIV-positive children born at Harlem Hospital went into foster care directly from the newborn nursery because of an inability by the mother to provide adequate care (S. W. Nicholas, MD, unpublished data, 1989).

The sobering estimates by Michaels and Levine, which probably underestimate the true extent of the problem, are noteworthy because of the tragic aura that surrounds these young survivors. Most of them, living in that complex place called poverty, have a whole range of unmet social, educational, and health needs. Many have already experienced a variety of personal losses unrelated to AIDS. Ironically, AIDS orphans are themselves at high risk of HIV infection because of early sexual activity, unsafe sexual practices, and experimentation with drugs. Finally, many of these children will not only experience the loss of a parent from AIDS, but will also witness the illness and death of one or more infected siblings. The ultimate legacy of the AIDS epidemic is a deafening silence.

What is to be done? Axiomatically, to prevent children from becoming motherless, the debilitation and death of HIV-infected mothers must be prevented. This cannot be accomplished unless HIV-infected women are diagnosed and given appropriate treatment and health care.

Children orphaned by the AIDS epidemic need improved health, social, and, in particular, psychosocial support services. They often need help from a variety of sources within the community, such as schools, churches, YMCAs or the juvenile justice system. Because of the secrecy that results from the stigma of AIDS, from the fear that someone will discover the "family secret," many potential sources of help are not sought. How best to disclose HIV-related information, while still protecting confidentiality, is a dilemma that must be addressed immediately on behalf of these children. Some pilot programs have begun working on ways to facilitate the disclosure of AIDS-related information to schools, day-care, and other community programs. More programs like these are desperately needed.

While some ill HIV-infected women establish future custody plans for their children, most do not. Lack of planning results from denial, fear of disclosure, lack of a potential

From the Department of Pediatrics, Harlem Hospital Center (Drs Nicholas and Abrams), the Babies Hospital (Dr Nicholas), and the Inmaculation Children's Center (Dr Nicholas), College of Physicians and Surgeons of Columbia University, New York, NY.

Reprint requests to Inmaculation Children's Center, 142 Audubon Ave. New York, NY 10032 (Dr Nicholas).

guardian, lack of any formal counseling or legal advice, and inflexible laws. Not infrequently, elderly grandmothers in ill health become guardians by default when the mothers die. The health care team, with the assistance of legal counsel, should discuss future custody plans with every HIV-infected parent. Every state should review its existing guardianship laws, many of which leave children in legal limbo at the time of a parent's death, even when a guardian has been named in the parent's will. One solution to prevent such limbo is the "stand-by guardianship law," enacted in New York in 1992, which allows an ill or dying woman to name a guardian for her children prior to mental incapacitation, physical debilitation, or death.

Ultimately, the majority of HIV-affected children will end up in formal or informal foster care or adoptive care. A variety of innovative foster care programs to meet the complex needs of HIV-positive children have been created throughout the country. Few programs, however, have focused adequately on the needs of uninfected siblings. Special HIV units designed to track and oversee the care of HIV-infected foster children should expand their programs to include all HIV-affected children. Model programs designed to augment early permanency planning are urgently needed. Such programs would train, certify, and supervise a future guardian (typically identified by an ill HIV-infected mother) to provide respite care, home assistance, and other help in caring for HIV-affected children. As the mother becomes

more ill, the role of this individual would expand as necessary. Ultimately, at the time of maternal debilitation, mental incapacitation, or death, the individual would become either a foster parent or an adoptive parent. As with many of the successful AIDS programs established to date, such model programs very likely will need to cross traditional boundaries, improve interagency communications, and establish new collaborative relationships.

Michaels and Levine have taken the silence that surrounds AIDS orphans and have transformed it into an audible sound. But this sound must now be amplified into a voice that can clearly articulate the federal, state, and local actions that are needed to meet the needs of every person in this nation affected by the AIDS epidemic.

Stephen W. Nicholas, MD
Elaine J. Abrams, MD

1. Michaels D, Levine C. Estimates of the number of motherless youth orphaned by AIDS in the United States. *JAMA*. 1992;268:3456-3461.
2. Caldwell MB, Fleming PL, Oxtoby MJ. Estimated number of AIDS orphans in the United States. *Pediatrics*. 1992;90:482.
3. Gwinn M, Pappaioanou M, George JR, et al. Prevalence of HIV infection in child-bearing women in the United States: surveillance using newborn blood samples. *JAMA*. 1991;265:1704-1708.
4. Krasinski K, Borkowaky W, Bebenroth B. Failure of voluntary testing for human immunodeficiency virus to identify infected parturient women in a high-risk population. *N Engl J Med*. 1988;318:185.
5. Landeaman S, Minkoff H, Holman S, McCalla S, Sijin O. Serosurvey of human immunodeficiency virus infection in parturients: implications for human immunodeficiency virus testing programs of pregnant women. *JAMA*. 1987;258:2701-2708.
6. *Pediatric HIV Continuum of Care Study Final Report*. Albany, NY: AIDS Institute, New York State Department of Health; July 10, 1992.

THE ORPHAN PROJECT

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CAROL LEVINE
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JAN 24 1994

January 20, 1994

W. Steve Lee

Executive Assistant and Scheduler to the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20503

Dear Mr. Lee:

I am writing to make arrangements for Kristine Gebbie for The Orphan Project symposium, "In Whose Care and Custody? Orphans of the HIV Epidemic in Historical and Global Perspective." Based on the phone call with Carol, I understand you will be taking care of her travel arrangements.

212.766.6600/double BC 3E2984 212.766.6615 fax

We have arranged for a special rate of \$100 per person per night at the Best Western Seaport Inn located at the historic South Street Seaport. For reservations, call the hotel at 800/468-3569. Please let them know you are calling in reference to the Orphan Project History Symposium.

Since everyone will be arriving and departing at different times, please take local transportation to and from the airports and train stations. A car service will be available between the hotel and the conference site on the days of the symposium.

An important note to those arriving at LaGuardia or JFK airports, take the yellow cabs from the official taxi stands. The average fare from LaGuardia is \$20, and from JFK is \$35. If you are going directly to the hotel, tell the cab driver to take the **Brooklyn Bridge**; and if you are coming directly to the conference, the **Williamsburg Bridge** is recommended.

A continental breakfast is provided by the hotel, and we will also have refreshments at the meeting. Lunch (Thursday, March 3rd and Friday, March 4th), and dinner (Thursday, March 3rd) have been pre-arranged by the Project. Instead of a dinner at a Soho restaurant, Carol has offered her home for a cozy, buffet dinner for those who have no other plans that Friday evening. Please return the enclosed form immediately because the caterers need a head count as soon as possible. Also, let me know if you have any dietary restrictions or special needs.

For further information, please call me at 212/925-5290.

Sincerely,

Ken Chu
Administrative Assistant

THE ORPHAN PROJECT

THE HIV EPIDEMIC AND NEW YORK CITY'S CHILDREN

CAROL LEVINE
EXECUTIVE DIRECTOR

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THE FUND FOR THE CITY OF NEW YORK

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IN WHOSE CARE AND CUSTODY? ORPHANS OF THE HIV EPIDEMIC IN HISTORICAL AND GLOBAL PERSPECTIVES.

Please fill out this form and return to:

Ken Chu
The Orphan Project
121 6th Ave, 6th Fl
New York, NY 10013

Fax # 212/925-5675

Name (please print) _____

☐ I will be attending dinner at 7:30 p.m. on Friday, March 4th.

☐ I have other plans and will not be attending dinner on Friday, March 4th.

Please list any dietary restrictions or special needs:

THE WHITE HOUSE
WASHINGTON

January 12, 1994

Carol Levine, Executive Director
The Orphan Project
121 Avenue of the Americas
Sixth Floor
New York, NY 10013

Dear Ms. Levine:

This letter confirms the participation of Kristine M. Gebbie, National AIDS Policy Coordinator, at "In Whose Care and Custody? Orphans of the HIV Epidemic in Historical and Global Perspectives" symposium on March 5, 1994 in New York, NY.

I will be in contact with you and your staff as I finalize her travel plans.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant
and Scheduler to the
National AIDS Policy Coordinator

Enclosures

THE WHITE HOUSE
WASHINGTON

December 23, 1993

Carol Levine, Executive Director
The Orphan Project
121 Avenue of the Americas
Sixth Floor
New York, NY 10013

Dear Ms. Levine:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the "In Whose Care and Custody? Orphans of the HIV Epidemic in Historical and Global Perspectives" symposium on March 5, 1994 in New York, NY. Your request is under consideration and I will contact you at least sixty (60) days prior to the event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,



W. Steve Lee, Executive Assistant
and Scheduler to
National AIDS Policy Coordinator

RCWO
NOV - 6 1993

October 30, 1993

Ms. Christine Gebbie RN, MN
AIDS Policy Coordinator
Office of the President
750 17th Street NW
Washington, Dc 20500

Dear Ms. Gebbie

I am one of the Robert Wood Johnson Health Policy Fellows with whom you met earlier this month. I found our meeting to be a very exciting one, and wanted to thank you for taking the time to brief us on your work.

As you requested, I am enclosing a copy of my work estimating the number of children and adolescents orphaned by the HIV epidemic. Since this article was published, I have been applying the model to the U.S. cities with the largest number orphans, as well projecting global orphan statistics for UNICEF and the Global AIDS Policy Coalition, at Harvard.

During the course of my year here, if I can be of any assistance to you and your work, please do not hesitate to contact me.

Your very truly,



David Michaels
4800 Davenport Street NW
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Special Communication

Estimates of the Number of Motherless Youth Orphaned by AIDS in the United States

David Michaels, PhD, MPH, Carol Levine, MA

Objective.—To estimate the number of youth in the United States who have been or will be left motherless by the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic, in order to project the need for family supports, age-appropriate foster and congregate care, and mental health and social services.

Design.—Orphans are defined as youth whose mothers (the usual caregiving parent) die of HIV/AIDS-related causes. A mathematical model was constructed to estimate the number of such motherless youth. Cumulative fertility rates were applied to the number of reported AIDS deaths (1981 through 1990) and projected deaths (1991 through 1995) of adult women less than 50 years old. The results were adjusted for underreporting of HIV/AIDS-related mortality, pediatric AIDS deaths, infant mortality, ethnic and racial variation in fertility, and decreased fertility associated with late-stage HIV disease. Estimates were made for the number who were children (less than 13 years of age), adolescents (13 to 17 years of age), or young adults (18 years of age or older) at the time of their mothers' death.

Results.—By the end of 1995, maternal deaths caused by the HIV/AIDS epidemic will have orphaned an estimated 24 600 children and 21 000 adolescents in the United States; unless the course of the epidemic changes dramatically, by the year 2000, the overall number of motherless children and adolescents will exceed 80 000. In 1991, an estimated 13% of US children and 9% of adolescents whose mothers died of all causes were children of women who died of HIV/AIDS-related diseases. These proportions will surpass 17% and 12%, respectively, by 1995. The vast majority of these motherless youth will come from poor communities of color.

Conclusions.—A large and rapidly growing number of American youth are being orphaned by the HIV/AIDS epidemic. Unless increased attention and resources are devoted to this vulnerable population, a social catastrophe is unavoidable.

(JAMA. 1992;268:3456-3461)

NOW in its second decade, the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic is reverberating in ever-widen-

ing circles. From 1981 through March 1992, 218 301 cases of AIDS had been reported to the Centers for Disease Control and Prevention (CDC). Of these, 22 607 (10%) were women.¹ However, while 9% of the first 100 000 persons with AIDS were women, women comprised 12% of the second 100 000, and the proportion of women among all persons with AIDS will continue to rise.² The proportion of women among all

AIDS cases is significantly higher in some locations, reaching 27% in New Jersey (oral communication, J. Biel, MPH, New Jersey Department of Health, Newark, April 13, 1992) and 20% in New York City for calendar year 1991.³ By 1989, AIDS had become the sixth leading cause of death nationwide among women 25 to 44 years of age.⁴ In New York City, it is the leading cause of death among women 15 to 44 years of age,⁵ and since 1987, HIV/AIDS has been the leading cause of death among African-American women of that age group in New York State and New Jersey.⁶

Half of the women with AIDS nationally are injecting drug users (IDUs) and an additional quarter have been infected through heterosexual contact with infected drug users.^{1,7} Studies of family

For editorial comment see p 3478.

structure among IDUs show that in these families, women are the primary caregivers.⁸⁻¹⁰ When these women die, they leave children of different ages, some of whom need shelter, food, and medical care, and all of whom need emotional support and guidance.

This study addresses a fundamental question: How many children, adolescents, and young adults will be orphaned by the HIV/AIDS epidemic in the United States?

Because there are no data that directly answer the fundamental question (in itself an indication of the relative lack of attention this population has received), this study attempts to synthesize information from other sources to produce ranges of estimates. These

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The Orphan Trains: An Experiment in Child Rescue

Marilyn Irvin Holt

The Orphan Trains: An Experiment in Child Rescue

They put us all on a big platform in some big building while people came from all around the countryside to pick out those of us they wished to take home. I was four years olds, and my sister was only two. . . . It was a nice train ride, and we were fed mustard and bread during the trip.¹

This is how Margaret Braden remembered her orphan train experience and her arrival in Mitchell, South Dakota, in 1914. Margaret and her two-year-old sister were among the approximately 200,000 children and teenagers who were transported out of urban centers to rural communities between 1853 and 1929. This form of placing out, today known as the orphan trains, lasted for seventy-six years, creating a form of child rescue not earlier seen in the United States. The practice itself became a barometer of change in how society regarded dependent children and judged their care.

During the years immediately preceeding the Civil War, charity workers and philanthropists, ministers and civic leaders, argued that there must be better solutions to society's ills than customary incarceration of the poor and institutionalization of impoverished children. Among those seeking alternatives were Robert Hartley of the the New York Association for Improving the Condition of the Poor, John Earl Williams of Boston's Children's Mission, and Charles Loring Brace of the New York Children's Aid

Society. Philosophically, these men and their peers shared the belief that home life was preferable to institutional care; that youngsters given the opportunity for self-improvement would make the best of it; and that children would only have a chance for survival and improvement outside an urban setting--even if that meant separation from their natural parents or extended family. On the latter point there was agreement that the worst in city life exposed youngsters to intemperance, crime, and vice. On the other hand, rural living--whether in upper New York State, Vermont, Michigan, or Nebraska--was idealized as wholesome and representative of fundamental social, religious, and work values.²

Practically, Brace and his colleagues saw eastern cities struggling under an increasing burden of homeless, destitute, and orphaned populations. Public institutions swelled to capacity while private charities attempted to meet growing needs on the streets and in the tenements. At the same time, developing agricultural states, particularly those in the west, complained of a population shortage and, periodically, openly begged eastern cities to ship their surplus populations where there was work to be done in building up the country.³

These very divergent needs of urban and rural areas came at a time when Brace, Hartley, Williams, and others were searching for child rescue solutions. Influenced in part by the British form of transportation that sent children and women from Britain to Canada and Australia, the possibilities were considered for

America. Brace, who forever described the work of the New York Children's Aid Society in the language of charity, quickly realized that transportation could not rest on ideals and vaulted sermons urging salvation of the worthy poor. It would be more easily accomplished if youngsters were advertised as potential farm workers and domestics; if they were given value as "productive" contributors to society.⁴

The joining of child rescue idealism with the practicality of making children and teenagers attractive work recruits seems at best hypocritical, at worst calculating. Brace and his contemporaries, however, saw nothing other than a way to blend society's and children's needs into a workable plan that benefitted both. This is not to say that these men were without prejudice. Calvinistic and bound to the Puritan work ethic, they suspected that most of the poor were inclined to be so. Generally, they believed that impoverished adults were beyond uplift but that children, if removed from their immediate environment, could become responsible citizens. Too, they disliked Catholic immigrants, and they battled Catholic charities when those organizations accused Protestant agencies of bigotry and proselytizing.

Into this arena of mid-nineteenth-century America the plan of child transportation was introduced. Boston's Children's Mission to the Children of the Destitute made the first attempts in 1850, but it was not until the New York Children's Aid Society began the practice in 1853 that the plan took hold.⁵ Other

charities followed, including the New York Juvenile Asylum, Boston's New England Home for Little Wanderers, and the New York Foundling Hospital. A number of public and private charities also were involved when they allowed transportation agencies to relocate children under their guardianship.

Each agency engaged in transportation also had in-city programs which ranged from training schools to foster care, but they believed relocation a sound alternative for serving dependent children. Organizations had their own procedures and variations on the plan, but the Aid Society provided the basic formula. The Aid Society began by identifying and gathering candidates for transportation. Some were taken off city streets. We have the story of Henry Danker who arrived in New York with a widowed mother and several siblings in the early 1870s. While the mother tried to hold home and family together, the children ran wild in the streets--until one day when one of the sisters ran shouting, "Mama, mama, the Methodists have Henry!" And, in a short time, with his mother's consent, Henry was turned over to the New York Children's Aid Society and sent to a farm in Illinois. Many of the placed out also came from institutions such as poor houses and orphanages. Sometimes, parents approached the Aid Society, believing that their children would have an opportunity for something better out of the city; other parents, particularly unwed mothers, gave up their children because they could not care for them or could not suffer the social stigma of having an illegitimate child; and some children were removed from

homes by public officials. Said one report of a fourteen-year-old named Julius, "[He] was surrendered to us owing to ill treatment by his stepfather." Placing out candidates also came from the Aid Society's city lodging houses for newspaperboys and street girls, and later, at the turn of the century, they came from the Brace Farm School where boys were specifically trained as farm laborers.⁶

The backgrounds of these children and teenagers were seldom discussed in specifics. Clearly, however, the majority had at least one living parent, despite the orphan label applied to them. Agencies did not attempt to hide the fact that children had parents, but it was not emphasized. Instead, placing organizations concentrated on assurances that those being transported were healthy and bright and had committed no sin other than being poor. As one Aid Society agent promised Illinois communities, "I will bring no bad children with me" (emphasis in original).⁷

The youngsters most likely to be transported were those easily assimilated into rural areas. Approximately 94 percent of the placed out were American-born whites or English, Irish, and German immigrants. A minority were of East European or Mediterranean background. The placement of Native American, Black, and Slavic children was almost non-existent. For the African American children there were certainly Black agricultural communities that probably would have accepted them, but charities hesitated because their transportation smacked too much of the

slave trade and there were detractors who made comparisons between transportation and slavery. Some of the children were of Jewish descent placed in Catholic or Protestant homes; some were Catholic or Protestant placed in homes not of their families' or culture's faith. Over all, transportation concentrated upon resettling those most likely to be accepted, and it seldom took religious background into consideration.⁸

Occasionally, farmers or businessmen hearing of the program wrote the Aid Society asking for a laborer who would receive room and board and wages. These young workers were supplied upon request. The usual form of transportation, however, involved a group of youngsters traveling under the watchful eye of an agent. Destinations were prearranged by these agents who expected local communities to prepare in advance for the group's arrival. These preparations meant organizing a citizen committee to receive local applications for children and the printing and posting of advertising handbills. They also included positive newspaper stories about the Aid Society and announcements that advertised free labor. Advised one Illinois newspaper, "If any of our readers. . . desire to get boys who will render them valuable service on their farms, they now have the opportunity." On the day of arrival, the youngsters were taken to some "big building"--an opera house, county courthouse, or church--where they were placed on display while adults made their choices.

In an 1873 magazine article Brace warmly explained the procedure:

When they arrive in the village a great public meeting is held, and a committee of citizens formed to decide on the applications. Farmers come in from twenty to twenty-five miles, looking for the "model boy" who shall do the light work of the farm. . .; childless mothers seek children. . .; housekeepers look for girls to train up; mechanics seek for boys for their trades. . . . Thus, in a few hours the little colony is placed in comfortable homes.¹⁰

The New York Foundling Hospital, a Catholic charity that used in-city foster care for some of its charges, began transporting children in the 1870s. It, however, did not rely on selection for home placement, and it did not advertise children as laborers for the simple reason that the children were so young. With the help of priests in destination areas, receiving families and Foundling charges were assigned to one another before the children, who were usually from two to six years of age, left New York. At the time of arrival, tags worn by the children were matched to those held by waiting adults. Explained a 1902 newspaper report from Hays, Kansas: "The people were lined up all around the station and the nurses brought the little ones out. All of them had tags on their clothes with the name of the person who was to adopt them and the nurses passed them out to the people who called for them."¹¹

Certainly, countless accounts by both children and adults attested to kind welcomes and open arms extended to these

children and teenagers. A willing acceptance was illustrated by the number of towns that were visited time and again and by local citizens' interest. Said a Kansas newspaper, "The applications for them [the children] are twice as great as can be supplied." Nevertheless, things were not always as rosy as Brace or others described. When a Foundling Hospital placement in Arizona Territory went badly awry because white children were placed in Hispanic homes, racial tensions contributed to accusations of child selling. Too, there were individual accounts that painted none too happy pictures. A boy sent to Arkansas by the Aid Society later recalled that during the selection process, "I felt sorry for the others because some of them were not chosen. I know now how it must have hurt them to feel that no one wanted them." And, an 1895 account from Kansas reported: "It was a pathetic scene to see the boys separated. Coming from a great city to a country town to be given away to strangers was too much for some of them to stand and they broke down and cried."¹²

Such observations pulled at the heartstrings, but it was not sentiment that heightened criticism. Always there had been some opponents to transportation--among them advocates of institutional rather than home care for dependent children. By the late 1800s, however, the voices of a few were joined by an increasing number of professionals in the emerging careers of the social sciences, social reformers, and boards of charity in states that once had welcomed the orphan trains. Their concerns raised a number of questions, but collectively their criticisms

suggested changing thought about child rescue and what was best for children. Sometimes criticisms contained elements of finger pointing and sensationalized allegations of child stealing and selling or the dumping of juvenile delinquents (accusations reenforced by charities when they accepted donations from receiving families or correlated the drop in urban juvenile crime to transportation). On the whole, however, critics used the orphan train experiment to articulate arguments for what constituted appropriate and acceptable child care strategies.

Chief among the controversial aspects of transportation were the placement process, investigation of homes, and irregular, or non-existent, follow-up visits by agents responsible for removing children from unsuitable homes. When selections were completed or matches made, an agent might step in and refuse a family based on demeanor or appearance. An agent for the New England Home for Little Wanderers, for example, reported that it had been difficult to find acceptable homes because he had refused applicants who examined the children "about as a man would a horse or ox. 'How much can I make out of this boy?'. . . seemed to be the idea." Contrasting sharply with other charities that advertised youngsters as potential workers, the New England Home expected its wards to be "treated as sons and daughters" (emphasis in original). Obviously, agencies differed in their approach, but none placed children or investigated homes on the basis of any well-defined set of guidelines. Agents, local committees, or clergymen made placements subjectively and with

basic assumptions that placements were permanent and that these new families and/or employers would provide a wholesome mix of education, religious training, and the physical necessities of shelter and food.¹³

That some homes remained unchecked was explained away by agents who complained that there was not enough time, especially when it might take one day by horse and buggy to reach one child on one remote farm. The older children, agents reasoned, could take care of themselves so time was spent on checking the younger children. The agents, as well as the organizations they represented, expected local committees or clergy to bridge the gap left by agents and to remove children when there was evidence of abuse. Despite deficiencies in the system, charities insisted that follow-up visits were the norm and the "system for visiting children . . . very complete." They also reported that, when necessary, children were sent back to their point of origin and returned to an institution or to parents; the numbers returned, however, were less than one percent of all those transported.¹⁴

Also questioned was the child's status within the new family. For those taken as paid farm labor the status was fairly straightforward, but for the majority of the placed out there were no clear-cut expectations. Although some organizations, such as the New York Juvenile Asylum, insisted that its charges be indentured under a legally binding contract, other charities made no such demands. In fact, the New York Children's Aid Society and the New York Foundling Hospital discouraged indenture and in

doing so made a radical break with this age-old custom based on English common law. Both organizations were proud of their stand against indenture, but they were not ready to advocate confirmation of status by adoption. Realistically, they could not demand adoption since, after all, many of the children had living parents, guardianship rights were often murky, and all states did not accept the legal theory of adoption. As examples, Massachusetts passed adoption statutes in the 1850s; Kansas in 1864 and Illinois in 1867; but Minnesota not until 1917. Therefore, status for most of the transported approximated that of children in foster care, although few agencies used that term and some families ignored charities' wishes by indenturing or legally adopting children once they were placed. Little direction or control over what happened after placement meant that some youngsters ran away (often because of abuse) and that there were no legal obligations for adults (by 1930, the Kansas Children's Service League, for example, had under its care forty-three children who had been abandoned by their new families).¹⁵

Charles Loring Brace's 1855 declaration of purpose stated, "Our objects have been, the improvement and elevation of the vagrant and poor children of the street, . . ." For Brace, it was that basic, but there were no established criteria that defined improvement and elevation or that proved positive outcomes. Nevertheless, while transportation was condemned on several counts, advocates fought back with their best weapons, published testimonials. Some of these came from well-known figures such as

Horatio Alger and Jacob Riis, but many came from those who had been transported. A young woman in Nebraska credited her experience for the new educational opportunities she enjoyed--a college scholarship. A child sent to Iowa wrote, "I now have a good mother and father, a nice little sister whose name is Lucille, and a nice old grandma who likes me pretty well"; and a young man in Michigan announced that his employer had given him eighty acres, "Once a New York pauper, [I am] now a Western farmer." Another young man, sent to Indiana, expressed gratitude that the New York Children's Aid Society had been "the instrument of my elevation." Certainly, placing organizations could point to placed out children who had grown up to become teachers, ministers, lawyers, and businessmen; there were also state legislators, mayors (Henry Jost of Kansas City was proudly the "orphan-boy mayor"), and at least two governors who rose above their humble beginnings because of the orphan trains.¹⁶

Still, critics persisted, and in 1884, Hastings Hornell Hart who later joined the Russell Sage Foundation attempted to put the matter to rest with his own impartial investigation. He chose for study Aid Society placements in Minnesota. The final report held mixed conclusions. The Aid Society was, first and foremost, vindicated from allegations that it deliberately placed chronic juvenile offenders and ignored cases of reported child abuse. Nevertheless, said Hart, the society's placement procedures were faulty. Hart was appalled by local committees' lack of judgment, the noninvestigation of homes, and the agent's hurry-up attitude.

Ultimately, the Hart report defused some critics, but it also proved reports of casual, no-questions-asked placements.¹⁷

While some hammered at the placement process, others, particularly state governments and boards of charity, argued that the process was not the salient point. Stopping the orphan trains was. There was no need to refine or retool the practice when what was needed was an end to transportation. While the Illinois legislature damned the practice as "unwarranted, illegal, and uncharitable," a Kansas newspaper editorialized, "The [Chanute] Tribune is opposed to the great state of New York shipping her waifs to Kansas. Let her care for them herself and let Kansas care for the children of Kansas." States that had been frontier outposts in the 1850s were settled by the late 1900s. They had their own growing urbanized centers and populations of poor. Institutions, public and private, appeared in relation to need, and state officials feared a drain on public funds and a lack of homes for their own children if eastern charities continued transportation. There was a sense of eastern metropolitan areas extraditing and foisting their problems upon other regions of the country.¹⁸

Complaints of juvenile offenders continued, but there were increased accusations that the orphan trains carried physically and mentally handicapped children who might very well draw upon state institutions or medical facilities. Although placing agencies did not generally concede that children with special problems or needs were transported, they actually provided

evidence to support the allegations. Brace, for example, writing of the importance of charity noted a placement in Ohio:

I feel that, considering her mental deficiencies, she [Carrie] has made as much progress as could be expected. . . . I am often asked by my friends, who think the child is little more than half-witted, why I do not "send her back, and get a brighter one." My answer is, that she is just the one who needs the care and kindness which Providence has put it into my power to bestow.¹⁹

The tide turned against transportation. In 1899, Illinois, Indiana, and Minnesota passed statutes that forbade placement of children with mental deficiencies and certain afflictions such as epilepsy. Other laws passed in Michigan, Kansas, and Missouri tried to shut state borders by addressing the importation of dependent children. Some of these required posting of bonds, stringent placement standards, and investigation by state boards of charity. By 1924, twenty-eight states had such regulatory laws and guidelines.²⁰

Legislation had an impact, but transportation's end was greatly influenced by social scientists, social workers, and the child welfare community which began to redefine theories and procedures. This redefinition itself underscored the differences between religious based charities and the new social sciences; while one believed that social uplift was impossible without religious principles, the other argued that charity was not

missionary work but social engineering through quantitative formulations. What the orphan trains did or did not do provided a frame of reference that precipitated a redefinition of child status, the meaning of foster care, and closer examination of legal adoption and indenture. Of the former, a social worker in 1927 noted that adoption was still under study as a "method of social treatment" while the latter was assailed as a "relic of sixteenth-century England."²¹ Arguably, these issues probably would have been addressed at some point, but it is quite possible that they were examined sooner and in more depth because of their ties to the orphan trains.

Demise of child transportation also came when social work theory shifted emphasis. Orphan trains were unequivocally bound to the belief that child rescue was separate from social uplift for adults (although some "worthy" adults, especially women, were transported during times of economic crises). The separation of child and adult did not end with the dawn of the twentieth century, but it slowly began to coexist with programs that addressed the needs of the entire family, not just those of the child. Agencies, including those that transported children, began in the early 1900s to support additional in-city intervention programs that kept children with their families or which offered temporary foster care while parents overcame illnesses or economic difficulties. Social reformers became more likely to advocate that children stay with their natural families unless the home environment was physically abusive or life threatening.

The moralistic orientation of mid-nineteenth-century reformers who believed adults beyond salvation was replaced with social science interpretation of adult failings as a product of social conditions, not inherent inferiorities. Home and institutional care proponents still debated, but there was a growing consensus that home was best and that investments to strengthen family life were sound alternatives.²²

Just as no one factor created the orphan trains, no one event stopped them. This experiment in child welfare, however, profoundly influenced child care in this country, as well as highlighting the question of what was in a child's best interest while society's needs were served.

The story of the orphan trains is not a neat package. It is a messy bundle of contradictory messages and motives. As a sociological study it meanders from the purest of intentions to religious piety to bigotry and racism. As a chronological history it is almost useless because the subject is not about one great event to which important dates and turning points may be attached. It is about changing social attitudes which refuse to be pinned with any official date of occurring. It is about vasculitizing emotions and a society that has never quite decided whether it is sin or circumstance that makes someone dependent. It is certainly about children and how they are regarded.

The orphan train relationship to the current dilemma of orphans of the HIV epidemic is multifaceted. Certainly, the very practice of transportation and the heated discussions it produced

provide a historical context for understanding the development of guidelines, changing philosophies about children and their protection, long-established debates between home and institutional care, acceptable home placement policies, and the emerging role of professional social workers in defining strategies.

Controversies were wars of words, and the language used to either support or denounce the orphan trains cannot be overlooked as lessons for today's concerns. Words, after all, evoke images and color perceptions. Thus, children served by the orphan trains were described by proponents as "worthy" poor (as opposed to the unworthy), and they were portrayed sentimentally as "street waifs" and orphans. Families taking them were called charitable, and rural communities were depicted as wholesome and democratic, ready to give anyone a fresh start. The transported were targeted for salvation and elevation while critics assailed them as "gutter snipes," delinquents, and diseased--either physically or morally.

Language that described the program and those it included was meant to elicit specific emotions. The practice was accepted and allowed to exist because it begged an urgency to save the children; despair at not being able to help everyone; love in countless new homes and wrenching sacrifice by parents who gave up their children; and hope that the transported would benefit from their experience. Words also elicited and exhibited the emotion of fear. Those who created and supported transportation

did so because one part of their charitable impulses looked at the growing number of urban poor and reacted with fear of what they might do to the social order. It was not out of whim that Brace entitled one of his best known books The Dangerous Classes of New York or that the Association for Improving the Condition of the Poor lobbied city officials for wholesale transportation of poor immigrants.²³ The impoverished were, for many, a dangerous underclass that threatened social and economic stability. The best solution seemed to be redistributing the most worthy and salvagable--the children--to rural communities. These areas, at first receptive, later showed fear. This was not directed at individual children but at what they represented, a potential depletion of limited resources. However veiled in the language of charity or religious homilies, fear was a powerful ally to the trains' beginning and their end.

Implicit too in the orphan train experiment, and relative to the question of HIV orphans, was the notion of children's value to society. Arguably, many children and teenagers would have been placed because families wanted them and were willing to open their homes to the less advantaged. Orphan train organizers, however, were never entirely sure that people would accept children just because it was the charitable or kind thing to do. After all, where the early beginnings of foster care already existed, charities paid families for the upkeep of children. Neither Brace nor his contemporaries felt that they could rely on the single appeal that each life had its own value. In a society

that assessed the sum of each man, woman, and child on the basis of what they could contribute, the placed out were advertised as worth something either as farm laborers, domestics, or an instant family for childless couples. Value was based on what each child could add, sometimes emotionally but more often economically. Undoubtedly, this sense of the productive child was diluted when child labor laws, compulsory school laws, and societal attitudes demanded more nurtured, protected childhoods. However, the issue remains as governmental units or charitable organizations look at the ledger and estimate the price of child maintenance against the cost to society.

The orphan trains reflect the complexities of American life and growth. The nineteenth century was not a gentler, kinder time untouched by grave social and economic issues. Those who created and directed the orphan train program reacted to conditions as they saw them while, at the same time, breaking with custom and traditional thinking for child rescue. This brought repercussions, as any experiment might. Nevertheless, the point argued by supporters was that all of society benefitted when it recognized dependent children as a population deserving intervention on its behalf.

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Chapter Seven

My War Began in 1945

For nearly half a century after the demise of Nazi Europe, historians have pondered many aspects of those twelve years of terror. They have researched and analyzed the development of National Socialism, the institution of a political system of suppression based on violence, the military campaigns, occupation, collaboration, and national resistance movements, economic growth and exploitation of human resources, the euthanasia program (the destruction of "unworthy life"), and the persecution of minorities, especially homosexuals, gypsies, and Jews. The Judeocide has commanded an especially inspired historiographical literature. The machinery of destruction, the economics of persecution, the social and political history of the ghettos, the role of the Jewish Councils, the issue of Jewish resistance, the system of concentration camps, and the suffering of the victims have been the subject of myriad works of scholarship. The literature is as rich as it is vast, and this book could not have been written without it.

The focus of all these histories, however, is adults. Children are conspicuously, glaringly, and screamingly silently absent. It is not surprising that this should be so. When we think of "society" we understand this to mean the world of adults. Our dominant paradigm is that society consists of productive, or voting, or participatory members. The only place children have in that scheme is as future participants, the citizens of tomorrow. Given this conceptual framework, it is hard even for those who are concerned with the history of childhood to argue why that history is not marginal. Indeed, the usual theme of children's history has been child-rearing practices and education, in other words, how adults develop the next generation of adults.

While it is not surprising that the history of children should be, and has been, seen as a peripheral concern, this perception is neither correct nor appropriate. If we accept that the *Shoah* [annihilation] is the most radical challenge our society has experienced, and if we accept that the heart of that catastrophe was the murder of one and a half million children because they were without question or discussion totally innocent (the notion of a two-year-old as a participant in the great Zionist conspiracy is ludicrous), then it becomes clear that our relationship to children is the core of our civilization, and that it is now impossible to write our history without recognition of the children's central place. With an understanding of the *Shoah* stripped bare of all rationalizations, explanations, or justifications, in other words, with an apperception of the quintessence of this evil – the persecution of children – we must acknowledge that a history of our society which does not accord a focal role to children fails to provide us with a proper or useful analysis.

One of the most obvious examples of the practical application of the dominant paradigm as reflected in historiography is the dearth of scholarship about the resistance networks that helped Jewish children. While the subject of national resistance movements has received a great deal of attention, the sorts of activities included in these discussions are those which traditionally have been considered to be public and political: armed defiance, sabotage of industry and transport, underground publications, lightning attacks to destroy records or steal documents, and so on. Such missions have defined, until recently, the term "resistance." The result of this conceptual framework is that it reserved the honor of being a resister primarily to men. It also fostered and supported an ideology of courage and heroism that was framed in (what Carol Gilligan has shown us to be) a conventional and quintessentially male construct: the pursuit of an abstract concept of justice.¹ The objective of caring, of saving and preserving lives, of another sort of justice in fact, was relegated to the realm not of history but of charity: to do good works. These resistance activities were consigned to the world of the private and personal, and the (predominantly) women who dedicated themselves to such rescue efforts were not the subject of the historians' curiosity. In this regard, it is interesting to note that the history of women who took on what was considered to be men's work, both legal and underground, such as factory positions, the Maquis [guerrilla resistance], or the clandestine press, has a place in recorded history. In other words, when women moved into "society," into the world of men, they became legitimate subjects of scholarship. Those who remained within the traditional domain of women and devoted themselves to succor, save, and sustain others, especially children, were overlooked, even

though the protection and defense of their young charges imperiled their own lives. Danger, dedication to a humanitarian cause, and steadfast resistance to the Nazi program clearly were not, by themselves, the criteria for publicly acclaimed or analytically researched heroism.

The dominant paradigm of society obscured our vision and narrowed our scope of inquiry. If we accept a view of society that is limited to the adult public realm, we lose the richness of the lives of the majority of the population and the world they inhabit: the homely, the private, and the personal, in short, the "marginal." And so a number of central issues of the *Shoah* received little or no attention, such as what human beings did for each other to safeguard their neighbors and how the ideology of the stranger, the other, was brought to bear on the most vulnerable members of the community, those Jewish children without power or resources.

In a similar way, the whole question of Jewish resistance has been framed by the same traditional concepts of armed action.² Thus, the Warsaw Ghetto uprising has been the focus of much interest and is remembered each year in the commemoration of Yom Hashoah (a day dedicated to reflection on the *Shoah*). By contrast, the efforts of Jewish underground networks (such as the Oeuvre de Secours aux Enfants – OSE in France, TOZ in Poland – or the Éclaireurs Israélite de France, the French Jewish Scouts) and, indeed, the actions of a number of Jewish councils towards the relief and rescue of the community's children have received much less consideration and are never celebrated. I do not wish to minimize or denigrate armed defiance. The Warsaw Ghetto uprising was a spectacular, awe-inspiring, and monumentally courageous campaign. My point is that there are other forms of courage and other genres of resistance. The policy, for example, of Czerniaków in Warsaw and Gens in Vilna to educate, feed, and protect children out of proportion to their ghettos' resources was another way in which Jews opposed the press of Nazism and held fast to their principles and responsibilities. The activities of Jewish networks throughout Nazi-occupied Europe to save the children is also too frequently forgotten. And, most poignant, the decisions taken by the children's parents on behalf of their daughters and sons is an overwhelmingly painful form of courage and resistance. It cannot be stressed too fervently that it was the parents who took the first and most terrifying step in the protection of their children, as it was they who had to determine whether it was best to send them into hiding, to try to smuggle them out of the country, or to keep them at their side.

The history of children in Nazi-occupied Europe challenges the boundaries of traditional historiography in a multitude of ways. As the literature amply demonstrates, historians have been able to deal with the

question of the persecution of adults, or of an entire people, but they have not been able to face the even more harrowing subject of the persecution of children. This is a problem distinct from the issue of who are acceptable or appropriate subjects for historical inquiry, and has to do with sensibilities and sentiment. The historians' unwillingness to accept the murder of children is emotionally different from their incomprehension of the genocide of adults, and so, like everyone else, they have been loath to pursue the subject. While there are a number of reasons for this special sensitivity, the most important is that whereas adults are never seen as totally helpless, children are (and are expected to be) utterly defenseless and dependent. Our understanding of an adult, our archetypal image, is of a person who can make choices and take decisions. Our concept of a child is someone who must be cared for, looked after. To research and analyze the systematic destruction of adults is, consequently, subjectively different from investigating the same program as it applied to children. In the former instance, the historian has the option to lament that the adults did not do more, but in the case of children one can only mourn their fate.

A corollary of these points was raised in "Search and Research": in discussions of the genocide of the Jews the question, "why did you allow this to happen to you?" is often raised. How could those whom we perceive as "adults" – people with power, resources, connections, education, insight, and experience of the world – have done so little to help themselves? If, however, we recognize that children are central to the *Shoah*, that their experience is the heart of that horror and evil laid bare of rationalizations and stereotyped conceptions, then it is clear how inconsequent or, better, how irrelevant such a question is. It is obvious that the only meaningful question is not "why did you allow this to happen to you?" but "why was this allowed to happen?" The treatment of the innocent and the protection of the powerless are, after all, key issues through which we can understand and judge a society. The central conundrum is not why did the *Jews* allow this to happen, but where were the *gentiles*? It is the collusion of the gentile world, their responsibility in the oppression of children and their failure to defend their young neighbors, which emerges as the principal dilemma.

There is a further twist to this discussion. Those who have never confronted the history of the children have deduced from the mortality statistics that the Jews permitted themselves to be handled like the inanimate merchandise (or, alternatively, animate vermin) the Germans supposed them to be. In our history, however, we have seen over and over again that people took decisions and made choices. Adults did so on behalf of children, and as the press of Nazism squeezed harder and

children took on what formerly had been seen as adult tasks and responsibilities, they too decided and chose what to do. While still at home, parents had to decide whether to try to emigrate as a family, to send their children to safety in another country, or to attempt to hide, either all together or separately. If they had no personal contacts who could help, but had been put in touch with a resistance network that undertook to find homes, should they relinquish their child to absolute strangers? The children too made decisions. Older children could not be forced to hide; should they leave their parents? The then twelve-year-old Irene Butter-Hasenberg and her elder brother Werner, for instance, had resolved not to part from their parents even if the latter were successful in finding a hiding place for their children. As we saw in Chapter 2, "To Hide," Marianne Marco-Braun shared the young Hasenbergs' feelings. When her friends Jacob and Gerard Musch found addresses for her brother and her, she was adamant that she could not, and would not, hide herself knowing her parents had nowhere to go. "I said, 'But we can't go without our parents. What about our parents?' They felt it was more important to take us, being young. I couldn't take that. I said, 'No, we can't go unless you find something also for my parents.'"³

Both the parents and the children were faced with what the scholar Lawrence Langer has called "choiceless choices,"⁴ but as autonomous human beings (and not ciphers or vermin) they faced those choices and made decisions. This continued to hold true even after families were forced to leave their homes and applied to major as well as minor matters. For example, the gravest and most oppressive decision parents and children had to make in the transit camps was whether to accompany family members who were called to go on transport first. As we know, Ellen Levi insisted that her mother, and Helga Kinsky-Pollack that her father, remain in Theresienstadt when they were deported to Auschwitz. Theirs were but two cases of the dilemma thousands of families were forced to resolve. The issue of choices was a constant everywhere and in every situation. Just a few instances will serve as a reminder: in the ghetto, children chose to go over the wall to obtain food, and parents attempted to ascertain which "resettlement" transport would be best for their family; in the slave labor camps, young people tried to determine which work detail would be the most secure, came to their own conclusions about the advisability of volunteering, and chose (even in the face of death itself) to remain together with their loved ones. These decisions may have availed them little, but they were the acts of thinking human beings. The young people were not simply numbers.

To make choices does not mean to have a "survival strategy" however. Indeed, the only point at which a long-term survival strategy was

conceivable, let alone feasible, was when the children were still at home. There, they had their whole lives in front of them. The future as yet belonged to them and so did their past. At home they were in a position to make plans which they presumed would hold for the duration of the war. At each successive stage, more of the past and more of the future collapsed, and the scope of their designs for survival increasingly focused on the present. Most children who went into hiding or lived in ghettos were removed from their own homes and neighborhoods, but in the former instance they were with their gentile countrymen, who participated in the outside world, and in the latter they were in an enforced Jewish community in cities and towns they knew. Thus, while they were separated from their personal past, their lives still had some connection to history. Plans for the future in hiding and in ghettos were framed by the conditions of the war: can we remain here until the war is over? If the war ends soon, we will manage.

Such a concept evaporated into a dream in the transit camps. Removed from community and society, isolated from and forgotten by their fellow citizens, children in transit camps literally were distanced from their past, and their future revolved around the *Aussiedlung* transport schedules. Schemes for survival focused on how to elude the list of persons designated for the next train. Everyone in camp, children included, lived according to the rhythm of deportation. That was the end point, and they could not imagine beyond it. And when they arrived in the slave labor camps, the scope of their plans collapsed to a single day. There the young people had no past, no history. They had been baptized into a new world, the Kingdom of Death. There were no long-term plans, just quotidian demands. Their project was daily existence.

Notwithstanding the plans the young people and their parents devised, the choices they made, and the decisions they took, the dominant factors in the determination of their lives were the omnipresent, ubiquitous program for destruction and luck. In the end, the actions people took of their own volition were as likely to work to their detriment as to their benefit. They simply did not have enough information to calculate knowledgeably. The situation they faced was so alien, so different from anything they had experienced personally or had learned through education that they could not apply their knowledge to it. Caught as they were in the net of Nazism, luck and chance ultimately transpired to be the major variables in their lives. In every pattern or phase of life (in hiding, transit camps, the ghettos, and the slave labor camps), fortune and accident were the primary determinants of how the young people negotiated the machinery of death. Thus, for example, Judith Belinfante and Georges Waysand were taken into homes in neighborhoods where

everyone knew or surmised their identity but no one betrayed them. Others, like Sara Spier's parents, were betrayed by neighbors who argued with the host family over clothes pins. "They got into a quarrel, and then the neighbor said, 'Well, now I go to the police and tell you have Jews.' They didn't believe he would, but he did."⁵

Irene Butter-Hasenberg has attributed her survival to three miracles.

One of them was that when we were still in Amsterdam, my father met a friend one day who had gotten a South American passport through a man in Sweden. He had written to that man, and he'd gotten these passports. These passports would put you on a list, and being on any list meant that you weren't going to go to Auschwitz. What would happen to you, you didn't know, but it meant protection from going to Auschwitz.

This friend of my father had just gotten these passports, and he gave my father the name of the man in Sweden and said: "Write to him." So my father did that. He sent a little note as if he were an old friend, and he said, "I know you haven't heard from us for a long time, and you're probably curious about how we're all doing. I'm enclosing some pictures so you can see how much the children have grown." And that was that.

When we were in Westerbork, these [Ecuadorian] passports came from Sweden. They were sent to our home address and they were forwarded in the mail. One day my parents got the mail, and there were the passports. I have never been able to understand this; very little mail was forwarded, and how did they [the passports] manage to get through?⁶

The Hasenbergs' passports were forwarded, they passed the controls, and they were not stolen. That was decidedly good luck, and it saved the family from Auschwitz. They were deported to Bergen-Belsen.

Alexander Ehrmann and his family were not so fortunate. They very nearly were saved from deportation through the intervention of an uncle of his. This relative was involved with the Jewish leadership in Hungary and he became a courier who carried money to buy off specific people. Through this work he had contact with a Hungarian officer whom he persuaded to go to the ghetto in Sátoraljaújhely. "On the eve when they took us to the synagogue in the ghetto for the third transport, somebody came in. There was some kind of military officer looking for the Ehrmann family. Supposedly, he was sent by an uncle. We tried to get out but we couldn't because the doors were sealed. A sentry was posted outside. It was a rumor anyway. After the war my uncle confirmed that he

really had sent the officer to look for us, but it was too late. The next morning we boarded the train."⁷

Within the construct of the Nazi system of destruction, the role of chance occurrence, of accidental action or timing in the life of each victim cannot be overestimated – both for good and for ill. Hanna Kent-Sztarkman and her mother were miraculously lucky on two separate occasions, once in the ghetto of Radom, and once in Auschwitz.

One night [in Radom in 1942] we heard shooting. . . . We looked out the window and we saw people running and German soldiers shooting. We got dressed and then a couple minutes later we heard German soldiers in the building yelling, "*Raus! Raus! Raus!*" meaning "Out! Out! Out!"

We all went out and there were masses of people on the street. You could go either to the right or to the left into the middle of the street. We turned to the left. We stood there for about half an hour, and then they told us to go back into the apartment house. We didn't know what happened.

Then we found out: Radom had two ghettos, a small ghetto on one side of town and the bigger ghetto, where we were, in another part of the town. They [the Germans] sent out everybody from the small ghetto to Treblinka that night. They had a few cattle cars left, so they needed some more people. They got all the people from the big ghetto out on the street, and they counted how many people they needed. Some of our neighbors who, when they left the apartment, went to the right were sent to Treblinka. And we, because we turned to the left, were not sent. The luck of the draw.

When my brother and my neighbor's son came home from work, my neighbor's son didn't find his mother and sister. My brother found us. It was just one of those things.⁸

The second time Sztarkman and her mother cheated death was discussed in the last chapter. It occurred in Auschwitz in the autumn of 1944. When Mrs Sztarkman was selected by Mengele for the gas chambers in late October, her daughter chose to go with her. While they awaited their turn, Himmler ordered the camp administration to cease the extermination by gas and to dismantle the crematoria. Chance overrode choice.

In this life of evil and horror that was determined by the ubiquitous murder machinery and luck, children still had their own place, a space that was theirs alone. It was the arena of childhood, and it was within those boundaries, protected by the adults who cared for them, that education, play, and relationships continued. In all the patterns of life that

we have discussed, except the slave labor camps, children lived on two levels simultaneously. They adapted to the increasingly alien and bizarre world they were forced to inhabit, and they struggled to maintain a certain normality, to safeguard basic structures of their pre-war existence: school, the activities of youth, family life, and friendships. As their lives moved away from home towards the final destination, less and less space was allowed to this realm until it disappeared entirely in the camps. Yet the children struggled to preserve it.

We have seen that whilst still at home, children were subjected to the Nazi-imposed persecution of segregation (separation from their former gentile companions and the larger communities in which they lived), isolation (banishment from their former world of schools, parks, playgrounds, candy stores, and so on), and differentiation (being marked with a star). The children accommodated to these conditions. They made friends amongst their Jewish peers, and they attended established and newly instituted Jewish schools. They shopped when permitted, and they played only in their own courtyards, gardens, and homes. They learned to wear their stars as a matter of course. And they were in their own homes, with their parents, brothers and sisters, and relatives. They were still all together. Their familial world was still intact.

Evicted from their homes, their situation changed radically. Living a clandestine existence in hiding, most children were bereft of family relationships. Some formed warm attachments to their hosts, most did not. Still, a few basic tenets of childhood remained. The children tried to continue with their education and took up activities and hobbies appropriate to their age: model building, creative writing, knitting, sewing, drawing. Those who were in hiding but lived openly had greater possibilities of maintaining a (superficially) normal childhood. They played with other youngsters, developed relationships with their foster families and, if old enough, sometimes even went to school.

In the ghetto too, at least initially, many children were able to continue with certain aspects of their former lives. They went to school or attended clandestine classes. They maintained friendships. The younger children played games in the streets, the adolescents developed an interest in each other. They went to children's circles and youth clubs, and their Zionist organization activities did not stop. Furthermore, while most young people no longer were in their own homes, the immediate family remained together.

In the transit camps and after the first months of life in the ghettos, these structures crumbled under the pressure of Nazi oppression. In the camps females and males were separated and families were divided. Everyone

lived institutionally, in barracks. In the ghettos, *razzias*, forced labor round-ups, and random violence tore families apart. Educational activities in the transit camps and, after some time, in the ghettos too ceased for the most part. The pastimes of children and youths came to an end. Deportation neared. When it finally came and the young people entered the concentration camp world, their lives as children ended. As we have seen, only those old enough to pass as adults, or as bodies capable of adult labor, were allowed to live. The remainder was killed within hours. Those who passed the selection took on the responsibilities of their elders. Often, they felt as if they had become the grown-ups, and their adult relatives were the children for whom they had to care. As the two generations moved through the system of destruction the family structure was shattered, the last vestiges of pre-war parental power and authority were lost, but love and affection endured.

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For those Jewish children who were old enough to remember, the memory alone of family life was a source of strength and solace. Children who were separated from their parents when they went into hiding or through the hazards of deportation, daughters who lost contact with their fathers and brothers through the separation of sexes in the camps or because the latter had been picked up in the streets for a forced labor detail, sons who no longer saw their mothers and sisters, and siblings who were not able to remain together remembered each other as they were at the time of parting. Throughout the war they preserved the hope or dream that some day the family would be reunited. In a vague, inchoate way, they presumed that when the war was over they would resume their former life, and the old structures and certainties would be restored. Even those who had seen family members killed, or who had been told that such a fate had befallen them, held out hope for the rest. This was not a clearly formulated or articulated principle, but a fundamental assumption, an interior conviction that carried a certain stability.

Maurits Cohen was eight years old when he went into hiding; his older brothers who also hid were ten and eleven. Neither of the latter survived. One was picked up by the Germans when he and a grandson of the farmer Boogaard (who, it may be remembered, with his family saved over 300 Jews and others hunted by the regime) had bicycled into the nearby village. The other was hiding with a family and attended the local school; he had been told to say that he was an evacuee from Rotterdam. One day, German soldiers entered his classroom and asked which children came from Rotterdam. The little boy said he was, and he was caught. Maurits Cohen was not told of these tragedies at the time. "I learned of everything after the war," he explained.

During the war, I was a child and I was engaged with everyday living. The very impact of the consequences of the war I experienced after the war ended. My war began in 1945, and not in 1940. When I learned that my father and mother would not come back, and my brothers, then the war started. It took me years to get used to the idea, to find my own place, an only child, of course. We had had a very big family, so as a child I had to carry the whole weight of survival.⁹

The children discovered after the war that their dreams had been fantasies, their hopes, illusions. Very few nuclear families were reunited after the war in their entirety, and no extended family escaped without losses. The survivors returned to their homes to find that their loved ones would never join them and that the Jewish community itself had been destroyed. Pre-war society had changed and the life they had known, the habits, manners, tenets, and beliefs had vanished. Indeed, the very shards of their lives had disappeared. Nothing that had been left in their homes was to be found and little that had been entrusted to friends and neighbors was recovered. The plunder of their possessions was permanent. The Germans had done their work thoroughly and, in spiritual collusion with them, the victims' neighbors looted whatever was left. The survivors returned to naught.

When the war ended, Mária Ezner was convinced that her father, who had been arrested before the rest of the family was deported, would survive. Her mother and sister shared her belief, and together they walked and jumped trains from Strasshof to Budapest. The roads and rail lines overflowed with people as the Soviet Army moved west and those who were liberated streamed east. The Ezners were debilitated and exhausted but they continued, driven by the urgent expectation of their reunion with their father and husband. As they trudged on, they saw "Cossacks on their horses. And we saw Tartars [Mongolians], like the great, great Plague of Europe, the Tartars in 1241, the same people. We saw elite troops coming, and Russian soldiers – women – who with two flags organized the traffic at the bridges, and so on." They slept in abandoned homes and ate the food they found in the larders. And then Ezner's mother fell horribly ill with dysentery. "One day she fell, and she thought she couldn't get up. We stood and cried that she should stand up, and then she got the strength and she stood up and we went on and on. If she had known that our father wouldn't come back, maybe she wouldn't have managed. But she said she had the feeling that she had to lead her two children home." Finally they arrived in Budapest, where they stayed with friends of relatives who had not yet returned. They checked the lists of survivors posted by the Joint Distribution Com-

mittee, but "the name of my father never showed up on the list." A few days later, "somebody said he had met a peasant from our community and this peasant had said, 'Oh, the lawyer Ezner is at home!' And then my mother said, 'We'll go home.'"¹⁰ They organized transport with a peasant who brought a laden cart to the market-place in Pest and returned with it empty. Leaving in the early morning, they arrived in Abádszalók the following morning.

The house was empty. Not only was Father not there, the whole house was totally empty. No bed, no table, not a chair, nothing. Only one thing remained: my mother's piano was brought into the garden. Maybe it was too heavy. The people who had robbed everything had just left it. That one thing was in the garden. My mother still had her blanket with the SS stamp with her and we laid down on the floor and went to sleep. That was our homecoming.

If I had known that my father would not come back, maybe I would have told my mother that we should go to Vienna and not return. I adored my father more than anybody. I have never met a man such as he. So there was no question as to whether we would return to Hungary, because we hoped that Father was working under similar conditions to ours. . . . We didn't know that Auschwitz existed. . . .

We came back because we didn't know that our father wouldn't come back. And we were there; Mother on the ruins of her life. We imagined that when we returned we would come back to our old lives. The old life never came back. . . . And we had nothing.¹¹

A couple of their former friends returned bits of their furniture. "Some of our neighbors came and denounced other people who had our things. We went to them, and there were people who said, 'Surely, surely we'll bring it back.' But there were others who said, 'We?' and we knew that it was hidden in the attic or cellar." Ezner, her mother, and her sister were devastated, depressed, and impoverished. "We had no money. We had nothing."¹²

The Ezners' homecoming was a common occurrence throughout Europe. Older and younger children, from the cities and the villages, of all social classes, degrees of religious observance, and nationalities experienced the same return to a void.¹³ Mária Ezner had recently turned fourteen when she, the child of a lawyer, went back to the small village where she had lived an assimilated, Jewishly unobservant life before the war. Gerry Mok, by contrast, was just eight years old when the Netherlands was liberated. His father had owned a small fruit shop in the Jewish neighborhood in east Amsterdam where they lived, and they had had

a very Jewish life. Yet, essentially they confronted the same reality. "My personal Auschwitz came after 1945, not before," Mok explained. "I didn't really lose anyone during the war. People left, and I knew that was a disaster, supposedly a disaster, that anything might happen to them. But more or less, I expected them to come back, reasonable or not, and even notwithstanding the fact that people told me that probably my parents were dead. Do you think I believed them? . . . I thought I knew better. I was wrong." He waited and waited. "I expected my parents to come back. I expected everyone to come back. And no one came." It was a loss from which, in a certain sense, he never recovered. Since that time, "I have been missing my parents, I have been missing my grandparents and I have been missing my neighborhood. And I still do."¹⁴

No one from his enormous extended family returned, and few of his family possessions were given back to him. The day Mok left his parents in February 1942, his father confided their valuables to a gentile man with whom he did business from time to time; "they bought fruits together, things like that." This business associate "came before I left and was asked to take care of all the things that belonged to my parents and my grandparents. He got a big iron box with all the jewels and things of my grandmother, who had a lot of such pieces. He took the box and put it on the back of his car." Mok remembered it well, because it was a sure sign that his parents intended to join him in his hiding home, as they told him they would. "I knew that they would follow me because they gave those valuable things to this man. I knew if my parents did that, they really were planning also to come." When the war was over, and Mok came to the painful realization that his parents would not return and he would not go back to his home, he recalled that some of his parents' things would have been saved, and he would have something that had belonged to them and to his grandparents. "I remembered who had taken the box, and I remembered the man's address because I had been there a thousand times. [My step-parents and I] went there, and oh yes, the man lived at that address and, oh yes, he knew I had lived there, and how fine that little Gerry survived. And I got fruit from him, and he was very nice, but 'the child must be completely mistaken because I never got anything.'" It was frustrating and infuriating, and especially so for Mok whose claim had no authority precisely because he was a child. "I remembered his name, I remembered his address, I remembered his car, I remembered the place he put it on his car, I remembered that he came, I remembered the fuss that was made about it. And then I went there, he recognized me, yes he knew my father, yes he knew my grandfather's wagon driver, he knew everybody. And everything was true except, coincidentally, strangely enough, what I told about valuables. So: 'The

child must be wrong; how nice that a child can imagine a thing like that."¹⁵

The extent of the neighborly theft and the degree to which these ordinary people had justified their gains to themselves ranged from the astounding to the bizarre. Many children who survived and returned to their home towns after the war have related that, when they went to visit neighbors, friends of their parents, they were nicely treated and amiably received. They even were invited to come in, to sit down, and to eat. But the same people denied having received jewelry, china, linen, or silverware from the deported family. And there the child sat, eating off her mother's own dishes. In rural areas, where land and livestock were the valuables a family owned, children returned to villagers who denied that they or their families had ever existed. In some cases their reception was benign: the children simply never had lived there. In other instances, people who had the temerity to return were murdered.¹⁶ Wealth so easily obtained was not so easily renounced. In many places, Jews who survived were an unwanted encumbrance, an intolerable presence. Moishe Koblansky and his family were hidden by several people in and around their village of Gruszwica in the Ukraine, some of them Ukrainian and some Czech. The last family to take them in were Czech farmers who lived very near to the Koblanskys' own home. From late 1943 until the beginning of February 1944 the Koblansky family hid in a six by six by four foot pit which had been dug out under the pigsty. The wooden floor of the pigsty was their roof. "When the Russians came in, February 2nd of 1944, we were about two blocks away from our house. The Russians came one day, and early the next morning, before dawn we got out of the hole. We didn't wait to have breakfast with these people. We didn't want to compromise them. We left the hiding place in the pigsty and we went to our house. That way, no one knew where we came from, no one would know where we had been. The people who hid us would be safe and no one would know that they had hidden Jews, because some people might take retribution against them." The Koblanskys returned to their home only briefly. They did not stay. They were no longer members of that community. "There was no question. We left the house. Everything was very casual. There was no sense of belonging and no sense of things belonging to us. The term 'my house' had no meaning. I think that's how I felt at that time. The house was just another encumbrance. We couldn't carry it with us, we couldn't sell it. So the hell with it."¹⁷ To wait until they could sell it was out of the question. It was too dangerous. Once again, they left their home for safety elsewhere.

Returning children received little sympathy from their neighbors, and they encountered indifference from their national governments. In the

immediate post-war period (from 1945 to 1950) politicians were pre-occupied with the business of rebuilding their countries, and the plight of Jewish children did not figure prominently in that agenda. The cities had been bombed, the infrastructure shattered, and the financial system was in ruins. The population, which had been united under a national flag before the war, had been riven apart by Nazism, Fascism, and the occupation. Resisters and collaborators had fought against each other for years while the great majority of people simply had endured the hardships of war. There was no solidarity between these three factions; they had not experienced the war in the same way and there was no sympathy between them. It was the politicians' job to stitch their citizenry together. This was the predominant national project, and the issue of the Jews, the iniquities that had been perpetrated against them during the war, their current plight, and their uncertain future, was a low-priority problem.¹⁸

Surviving Jews were, after all, perceived to be marginal to society. They were few in number and, as the local conditions were so inhospitable, a considerable proportion emigrated shortly after they had returned. Stripped of power and resources, and severely debilitated by their years of hardship, the Jews – especially Jewish children – were not part of the mainstream. Furthermore, the enormity of the Judeocide was not fathomed. The Jews were seen as just another group of victims; their special history and predicament was neither recognized nor understood. This obtuseness was exacerbated by the ideology of the newly elected Social Democratic governments in the west and the instituted socialist regimes in the east. These governments eschewed the nationalist and racist designations of Nazism and Fascism, and as part of their political theory demanded that all citizens were the same and were to be treated equally. In so doing they failed to acknowledge and indeed denied the unique situation of the Jews during the war.¹⁹

In short, because of the pragmatic considerations of reuniting the country, the apparent marginality of the Jews, and the contemporary political ideology, the national goal throughout Europe was a ritualistic purification rather than a serious attempt to redress wrongs or to address the dilemma of accountability.²⁰ Justice (abstract or concrete) was not the order of the day. After popular rage was spent during the first few days following liberation, and after a public condemnation of all those (and their families) who had been members of collaborationist organizations, attention was diverted from the ordinary sympathizers to the extraordinary villains.²¹ In each country a few major figures were tried, but in general their crime was high treason, not genocide. Those who had benefited from their fellow countrymen's misfortunes, who had

betrayed their neighbors, who had been involved in the expropriation of property; the bureaucrats who had maintained the national train systems and who had demanded payment for the Jews who were shipped on their lines, and the industrialists who had used Jews as slave laborers, were rarely brought to trial. That what had happened to the Jews was of no consequence becomes all too clear in an examination of the one comprehensive attempt to screen a whole nation: the de-Nazi-fication process in occupied Germany. The *Fragebogen*, or questionnaire, which had to be answered by everyone whom the Allied Military Government suspected of having been associated with the National Socialist regime, focused on nine distinct topics. These included personal data (name, address, nationality, religion, etc.), education, profession or trade, employment and military service, membership in and service for organizations, writings and speeches, income and assets, and travel or residence abroad. The Final Solution was never mentioned, and the systematic destruction of the Jews was alluded to in only four of the 131 questions (numbers 121–4). Under the heading “Income and Assets” the respondent was asked whether he or she “had acquired property which had been seized from others,” and whether “you ever acted as an administrator or trustee of Jewish property in furtherance of Aryanisation decrees or of ordinances?”²² Possessions, not persons, were of interest. No one was asked what he did when he saw a two-year-old taken away.

The result of this project (which, it must be emphasized, was shared by all the governments in Europe), was that the singular responsibility of each country towards its Jewish citizens was disregarded and the survivors’ sensibilities dismissed. They were neither defended nor avenged. And there was no national policy to integrate them into society, to provide the special economic, social, and psychological assistance they required. Children who returned had lost years of education and normal socialization as well as family, friends, home, and community. Little effort was expended and few programs were instituted to help them normalize their lives, rejoin their gentile peers.²³ To the contrary, they were left to deal with their difficulties alone. Indeed most children did not even have the company of other young people in the same predicament to provide support. When Mária Ezner and her mother and sister returned to their empty home in Abádszalók, they had no money and nothing to sell. Mrs Ezner was a broken woman, and it was the fifteen-year-old Mária’s responsibility to provide food for her family. Education, gymnasium and university studies, was out of the question. “It was the negation of my personality that I would not go on to study. That was a problem I myself confronted alone. There was no community, no mass

of people, like in the deportation. There were no children with whom I could speak, like in the ghetto. I stood alone. And the whole misery of our situation fell on my head then."²⁴ Sara Spier had no home to which to go, and although she waited for them, her parents and her little brother did not return from deportation. She and her sister found that they had to fend for themselves. Like Mária Ezner's, her pre-war assumptions about her future were absolutely impracticable in the post-war world. She was fifteen when she went into hiding and eighteen when she re-entered society. "When the war was over, I had had two years of gymnasium. I couldn't go to university. I would have loved to. I had thought to study Dutch or medicine. And there I was, I had only two years of high school, I had no parents, and I could see that I was not going to be looked after. I had to look after myself from the very moment the war was over." The couple who had helped her to hide, Cor and Trijntje van Stam, got her a position in a hospital where she could study to be a nurse. At that time, there was no school for nursing in the Netherlands. Both the theoretical and the practical education were conducted in the hospital, and the young women trainees received pocket money, room, and board. Three weeks after the war ended, Spier moved to the hospital. She had no home, no money, and no profession. The nursing course offered all three. In its own way, it was another choiceless choice and, as she said, "I was very, very lonely after the war." She completed the course and took her examinations, and "then I thought, 'I'd like to study medicine; I'll go to school in the evening.'" During the day I was a nurse and in the evening, I did my high school course. So I only worked and I ate and I slept. So, really, another piece of my youth was completely gone. Ultimately, I succeeded and got my gymnasium diploma. I was twenty-eight years old, and I was so tired by that time that I did not go to do university studies."²⁵

The sub-text of the lack of policy to provide Jewish children with the help they needed, of the emphasis on the project of national rebuilding and unity rather than responsibility and accountability was: "We, as a nation, must forget about the past and look to the future. And you, Jewish children, must forget what happened to you, and go on with your lives." There was a sub-text to that message too, and it read: "We do not want to know. We do not want to hear about it." Thus, the European enthusiasm for the establishment of the state of Israel was because it provided a country for the Jews to build. The survivors too could work towards the future of their nation. Israel was a convenient counterpart to their own agenda and, by the way, an expedient national home – not for the Jews as individuals, but for people whose very presence remained

a challenge to the Europeans' carefully constructed national histories of the war years and the national self-perception of heroism and Christian charity.

On a personal level, the sub-text was clearly articulated. Sara Spier's experience with the head nurse of the hospital where she had obtained a training position is a typical example of the imposed conditions for readmission into society. The head nurse had done many wonderful things during the war. She had helped Jews and others who had had to hide, and she had hidden people in the hospital itself. "But when I went just to make her acquaintance, she said, 'Well, you can come here, you can work like everybody else, but the war is over now, so no word about the war. You may come, you come to work and you come to learn to be a nurse, and we won't speak about the war and you don't speak about your Jewish background. No stories.'"²⁶

The children could not forget their histories, of course, and just because they were forbidden to speak did not mean that they would not remember. Within each Jewish child who survived the war, the past remained intact and undigested. It became an unspoken and unintegrated personal history; an unopened internal package. The silence continued. Now adults, most child survivors have not recounted their histories to their spouses or children. I was grateful that so many agreed to share their past with me, and I asked why they were willing to do so. In every European language, the same answer was given: "Because you asked."

DRAFT

"From Isolation to Integration: The Changing Role of
Family and Community in American Orphan Asylums, 1860-1933"

by Tim Hacsí

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Introduction

Finding a good way to care for children who lack parents able to do so is a difficult problem. At the end of the twentieth century, it is a problem that is once again entering widespread public awareness. Failures in the foster care systems of a number of states and widespread disillusionment with welfare have led many child welfare advocates to look for new solutions, or to consider a return to older methods. Over the next decade, a new group of dependent children will need help, and it is not clear what constitutes the best way to provide that help. The number of children orphaned by the AIDS epidemic is expected to rise from roughly 18,000 in 1992 to 82,000 by the year 2000. While this total is much smaller than the national foster care caseload, it will not be spread evenly across the United States, nor will the children left orphaned be typical of the current foster care population. This paper focuses on the history of certain aspects of an earlier method of child care, orphanages, in an attempt to understand some historical issues that may be relevant to current efforts to provide for the growing number of AIDS orphans who will need help in the near future.

Although they are rare in the 1990s, orphan asylums stood at the center of the American child welfare system for three-quarters of a century. From the Civil War until the 1930s, more dependent children were reared in asylums than by any other method. But there was no single prototype of a "typical" orphan asylum, and most asylums changed considerably over time. Although Catholic, Protestant, Jewish, and publicly-managed asylums each had certain unique characteristics, individual institutions of each

kind differed from one another in important ways. Despite this, almost all asylums shared certain characteristics, and developed along similar lines during the late nineteenth and early twentieth centuries. Most fundamentally, the attitudes of asylum managers towards their children, their children's relatives, and the surrounding community changed tremendously during the decades before and after 1900.

Regardless of the specific nature of an asylum's religious management or funding source, orphan asylums throughout the nation were community institutions, controlled by local groups and serving local interests. Throughout the first half of the nineteenth century, and in many cases until well after the Civil War, almost all asylums kept very close control over their children. The daily schedules in most asylums were highly regimented, children were rarely away from the close observation of adults, and they spent little or no time outside asylum walls. As a result, asylum children had almost no opportunity to interact with adults other than asylum employees, or with children who lived in the neighboring community. But as the roles of families changed and as attitudes towards poor families became less harsh, asylum life also began to change. In the late nineteenth century the isolation of children within asylums began to lessen; by the 1920s orphan asylums were very different places to live than they had been a few decades earlier. In the decades following the Civil War, asylum children began to experience more regular interaction with people outside the asylum, especially relatives, and with other institutions and organizations.

The spread of orphan asylums, 1800-1860

Though there were a handful of orphan asylums in the United States by 1800, they did not start to become a widespread part of American life until the 1830s. Between 1800 and 1830 the number of orphan asylums in the young nation rose gradually, from half a dozen to roughly thirty. More than half of these institutions were managed by Protestant groups and taught their children distinctly Protestant values; about one quarter were Catholic. Asylums were usually founded in port cities that received sizeable numbers of immigrants, and were largely a response to the increased poverty that came with rapidly growing urban centers and the rise of manufacturing and wage labor. Though called orphan asylums, the majority of the children cared for in many of these institutions were "half-orphans" who had one living parent. Many of the earliest asylums cared only for girls, though as time passed some were founded for boys and some accepted children of both sexes. In general, antebellum orphan asylums were small institutions, caring for just a few dozen children at any one time.¹

The spread of asylums in the United States accelerated in the 1830s. In 1832 a devastating cholera epidemic swept across the nation, hitting poor and immigrant communities in port cities especially hard.² The religious leaders of these communities, often joined (or led) by charitable groups formed by middle-class women, searched for a way to care for the numerous children left without homes or parents able to provide for them.³ Many of these groups decided to build orphan asylums, which would be managed, funded, and located within the community. The total number of asylums in

the United States doubled during the 1830s, as nearly two dozen Protestant and at least one dozen Catholic asylums were founded, mostly as direct responses to the ravages of cholera. As urban centers continued to grow, immigration increased, and wage labor spread, another three dozen new asylums (now evenly split between Protestant and Catholic) were founded during the 1840s, bringing the total in the nation to roughly one hundred by 1850.

At the century's midpoint, asylums could be found in twenty-one of the nation's thirty states, as well as in the District of Columbia. The largest cities had multiple asylums. In 1850 New York City had nine orphan asylums, Philadelphia seven, St. Louis six and New Orleans five. Large cities usually had asylums managed by several different Protestant groups, as well as two or more Catholic asylums run by different ethnic groups. The death and destruction brought in 1849 by another wave of cholera, combined with the continued effects of immigration, urban growth, and industrialization, led to an even more rapid explosion of new children's institutions. More than sixty new orphan asylums were established in the 1850s. By the eve of the Civil War, then, there were over one hundred and fifty orphan asylums in the United States. By this time, some asylums were becoming quite large, caring for more than one hundred children at a time, and some, notably those in California and New York, received a considerable portion of their income from public funds. Orphan asylums had become the nation's most widespread method of caring for dependent children outside their own homes.

Nineteenth century isolating asylums

Children in poor families lived in the world in a way that many children in nineteenth century asylums did not. For example, poor children living with their families attended community institutions such as schools and churches, where they interacted with other children as well as a variety of adults.⁴ Asylum children rarely enjoyed interaction with a variety of adults and other children; their lives were bounded by other asylum children, a few adult authority figures, and asylum walls. Just as they had been before the Civil War, orphan asylums in the 1870s and 1880s were still likely to keep their children inside the asylum itself virtually every moment of every day. Children might venture outside the asylum once a week for church, but they usually attended school, and often even church services, within the asylum itself. Different asylums had different reasons for this isolation. For some, a lack of available public schools or appropriate religious training in the outside community led to schools and church services within the asylum. For many Catholic asylums, isolation was a way of preserving the religious and ethnic heritages of their children in a society that was seen, with considerable justification, as anti-Catholic. In such cases, an asylum manager's motivations were "protective." For some Protestant and so-called non-sectarian asylums, on the other hand, keeping complete control over every aspect of children's lives was a way of breaking poor children away from an impoverished heritage that was deemed seriously flawed. This kind of asylum can be called "controlling." In the 1870s, most orphan asylums were still isolating institutions, whether they were controlling asylums that tried

to block children off from "evil" influences (including their own families), or protective asylums determined to see that children received a religious and cultural upbringing such as their parents presumably would have wanted them to have.

Many asylum managers believed that orphans and half-orphans were to be cared for until a new home could be found for them, or until they were old enough to care for themselves. But children with at least one living parent had a home to return to if the family's fortunes improved, and in fact most children departed asylums to return to their families. Even in the middle of the nineteenth century, some asylum managers embraced the idea of giving temporary care to dependent children, after which the children would be reunited with their families. For example, Brooklyn's Home for Destitute Children gave "temporary care and protection in the 'Home' to children whose parents need this relief," as well as to neglected or abandoned children.⁵ An asylum manager's view of poor parents determined whether or not an asylum willingly served this function.⁶ When asylum managers saw poor parents as unworthy simply because of their poverty, they tried to break all ties between children and parents and find the children new homes. This was another important characteristic distinguishing protective asylums from controlling ones: the former often helped families reunite while the latter usually opposed family reunification.

The protection of a child's religious heritage was always a central concern for Catholic, Jewish, and sectarian Protestant asylums. On many occasions, ethnic as well as religious heritages were being protected: for example, Germans and Italians each built Catholic and Protestant homes specifically for their own children. Strong religious

impulses played an important part in asylum managers' compassion toward poor families, and in managers' willingness to help poor children temporarily, just as they had in the original founding of many asylums. Catholic asylums may have been especially willing to help families reunite, since Catholic charity was generally "less judgmental, more ready to help, less quick to condemn" than Protestant charity throughout the nineteenth century.⁷

The spread of orphan asylums, 1860-1933

After the Civil War, orphan asylums were founded in even greater numbers than they had been in the antebellum period. Asylums were built in every populated area of the nation, centering largely in the northeast but also multiplying or appearing for the first time in many western and southern states. Most continued to be built in, or close to, large or mid-sized cities. The number of Catholic and Protestant asylums

Table 1⁸

Orphan Asylums by management type, 1890-1933

<u>Year</u>	<u>Catholic</u>	<u>Protestant</u>	<u>Jewish</u>	<u>Fraternal</u>	<u>Public</u>	<u>Unknown</u>	<u>Total</u>
1890	173	111	9	4	83	184	564
1910	215	186	11	17	98	310	837
1923	299	321	40	71	110	390	1,231
1933	243	266	37	90	141	543 ⁹	1,320

skyrocketed, and public, non-sectarian, and Jewish asylums appeared for the first time. This growth continued until the early 1930s, when there were over 1,300 hundred orphan asylums in the United States. (See Table 1)

As Table 1 shows, different groups founded the majority of their asylums at different times. New Catholic and Protestant asylums appeared at a steady rate through the 1920s, as they had been doing since before the Civil War. Public asylums had been extremely rare before the Civil War, but in the next three decades spread across several states, notably Ohio, Indiana, and Connecticut. By 1890, however, the expansion of publicly-managed asylums had slowed considerably. Jewish asylums and fraternal asylums, such as those managed by the Masons and the Odd Fellows, had been fairly rare before 1900, but more than tripled in number between 1910 and 1923. The number of asylums for dependent children probably peaked in the late 1920s or early 1930s, after which it began to drop rapidly as asylums became foster care agencies or shifted away from concentrating on poor children to instead caring for children with emotional, psychological, or physical problems.

The shift from isolating to integrative asylums

During the last third of the nineteenth century, the way some asylums expected and wanted their children to interact with the broader world began to change. The isolating asylums of the antebellum period, which had maintained thorough and constant

control over their children, slowly began to evolve into integrative institutions that encouraged parental visits, sent their children to public schools with other children from the community, and sometimes even sent their children on summer vacations in the country. For most asylum children, such contacts with the outside world increased but remained limited in the late nineteenth century, but for almost all asylum children they became quite common in the 1910s and 1920s.

There were a number of reasons for this change. Most fundamentally, sending children out into the community was a response to asylum critics who argued that institutions were cold, dehumanizing, regimented places that were not fit homes for children. Letting asylum children interact with a variety of adults and children outside the asylum provided them with opportunities to develop as individuals. Furthermore, the increasing use of institutions such as public schools to help socialize and raise children was a society-wide development; orphan asylum managers, like middle-class families, gradually turned over more and more of their child-rearing functions to institutions between the Civil War and the New Deal.¹⁰

The experience of asylum superintendents and matrons with poor families was equally important in causing the shift toward integrative institutions. Many asylum managers began their careers with a harsh view of poor parents; if a parent abandoned his or her child to an asylum, then that parent must not care much for the child. But years of dealing with poor parents - watching the agony parents went through when they had to part with their children, seeing parents make attempts to regain their children, and, most important, learning that parents were forced to give up their children due to

the death of a spouse, a serious illness, or long term unemployment rather than by a lack of parental affection - often led asylum managers toward a far more benevolent view of the poor. Once this had happened, it made sense to most asylum managers to do what they could to help families reunite.

Two examples will serve to illustrate the shift towards more integrative institutions. The first shows how children's relationships with their families were increasingly encouraged by changes in asylum policies governing parental visitation rights. By the early twentieth century, many asylum managers were beginning to encourage stronger ties between their wards and the children's remaining family members, especially parents, whereas before they had often tried to weaken or end the influence of parents over institutionalized children. The second example focuses on a shift in where asylum children received their formal education. In the middle of the nineteenth century, virtually all orphan asylums ran their own schools, thus allowing asylum managers to keep a close eye on everything children did throughout the day. By the early twentieth century, however, most non-Catholic asylums sent their children to public schools. Unlike their earlier counterparts, asylum children in the 1910s and 1920s often went to school with children from the surrounding neighborhood, and interacted on a regular basis with adult authority figures other than asylum workers.

Parental visitation

Until the late nineteenth century, most asylum managers did what they could to limit contact between asylum children and their parents. By the 1810s, one of the nation's first orphanages, the Boston Female Asylum, was already trying to keep children and their parents apart by strictly limiting parental visits to the Asylum. For the next fifty years, most asylums continued to limit parental visits, with some going so far as completely banning contact between parent and child. In the 1860s, Brooklyn's Home for Destitute Children allowed parents to visit their children only "on the first Wednesday of every month." Apparently, even parents who were paying board for their children's upkeep in the Home (and who retained legal guardianship of their children) were only allowed one or two hours a month to see their children.¹¹

It is important to note that the very fact that many asylum managers felt a need to place limits on parental visitation shows that at least some parents were trying to maintain ties with their children. This is the opposite of what many critics of the poor in the late nineteenth century expected. These critics argued that poor parents placed their children in asylums because they felt no real love for the children, and simply wanted to rid themselves of a burden. In fact, parents usually turned to asylums as a last resort, and hoped to reclaim their children once their health and/or economic situation improved. By the late nineteenth century, many asylum managers were recognizing the strong emotional bonds between the children they were raising and those children's parents. As a result, some asylum managers began to actively encourage parental visits.

This attitude became more widespread in the 1890s, as support for family breakup among child welfare experts diminished in the wake of a severe economic depression, continued urban growth, massive immigration, and other forces.¹²

As the idea of keeping families together became more widely accepted, maintaining ties between institutionalized children and surviving relatives, especially parents, became increasingly important to most asylum managers. In the 1910s, the Orphan Asylum Society of New York at Hastings-on-the-Hudson was trying to strengthen family ties "by an elaborate system of visiting" during the summer and the Christmas holidays. This system included returning children to their parents' homes for brief stays, especially at holidays.¹³

By the 1920s, most asylums managers were doing all they could to make contact between children and parents as easy as possible. The San Francisco Presbyterian Orphanage and Farm had visiting hours every afternoon except Saturdays, so that parents with jobs would be able to see their children whenever they had a few free hours.¹⁴ This was the result of two intertwined beliefs that were widely held by asylum managers by the 1920s: children should be returned to their parents as soon as the parents were able to take them, and regular parent-child contact would make this an easier transition as well as a more likely one.

Education

No goal was more central to most asylum managers' ways of thinking than molding their children into respectable, disciplined, religious, hard-working, self-supporting citizens. Along with religious training, education was the chief means managers employed to achieve this goal. In the middle of the nineteenth century, virtually all asylum children attended asylum schools, which were expected to provide moral training and teach reading, writing, arithmetic, history, and various other subjects. By the early twentieth century, many asylums were sending their children to nearby public schools, but their goals had not changed: schools were still expected to provide moral training as well as a basic, formal education. Asylum managers who did not approve of the lessons taught in public schools, which generally meant the managers of Catholic institutions, continued to maintain their own schools.

By 1860, most states outside of the South had created public school systems that made elementary schooling widely (though not universally) available, and often provided some secondary schooling as well.¹⁵ Although asylum managers did not make use of public schools for most of the nineteenth century, asylum schools generally tried to emulate public schools as much as possible. The same subjects were taught, the same methods of teaching were employed, and in many cases the same textbooks were used. This was natural, since asylums, like public schools, were more concerned with turning out good citizens than good scholars.¹⁶ Many orphan asylum managers, especially of Protestant institutions, would probably have been willing to send their children out to

public schools in the Civil War era, but it was rarely an option. Public schools were usually overcrowded, unable to handle anywhere near the number of children of school age who lived nearby.¹⁷ Asylum managers who maintained their own schools throughout the nineteenth century did so due to a lack of other options as much as out of a desire to have complete control over their children's daily experiences.

A few asylum children were already attending public schools in the Civil War era. For example, Boston's Church Home for Orphan and Destitute Children was sending its children to public schools by 1863. But the situation in New Orleans was far more typical than that in Boston. Several orphan asylums already existed in New Orleans, managing their own schools, before the beginning of public schools in 1841. These asylums continued to educate their own children until almost the end of the century, in large part because there was no room in the city's public schools for additional children. When New Orleans expanded its public school system in the 1890s, some asylum managers saved money by shutting down their schools and sending their children out to the city's now accessible public schools.¹⁸

Once it became a viable option - usually around the turn of the century - there were a number of advantages for asylum managers in sending their children to public schools. First, it would save the asylum money, since it would no longer have to hire its own teachers. Finding qualified teachers on limited asylum funds had always been a problem, and it was one that could be shifted to public schools. Closing asylum schools would also free up much needed space in the asylum, which was important given the overcrowding many asylums regularly experienced. Larger public schools could also

classify children by their age and knowledge far more easily than could most asylum schools: where one asylum teacher might have to teach a class with children of widely varied ages, a public school could divide children into three or four different grades.

Catholic orphan asylums were unlikely to send their children to public schools in the early twentieth century. There were a number of reasons for this, some pragmatic and others philosophical. Because the teachers in Catholic asylum schools were usually unpaid nuns, it cost Catholic asylums relatively little to run their own schools. And in many cases the schools in Catholic orphan asylums also served neighborhood children, whose parents preferred paying for their children to attend a private Catholic school, even if it was part of an institution for poor children, over sending their children to public school.

Ideological reasons were even more important than pragmatic ones in the continuation of Catholic asylum schools long after most other asylum children were attending public schools. The managers of Catholic asylums were particularly concerned with guiding their children's secular and religious upbringing in what they saw, accurately enough, as a basically Protestant society. Where Protestant asylum managers tended to see public schools as willing and able to help them perform their mission by raising children as good citizens and good Protestants, Catholic asylum managers saw public schools as the enemy, at least in so far as the way they trained any Catholic children attending them. Chiefly because of their distrust of the messages taught in public schools, the managers of Catholic asylums continued to run their own schools long after other asylums were using public schools. An extensive survey of Catholic asylums in the

mid-1910s found that a handful sent their children to local parochial schools, but the vast majority were still educating their children within the asylum itself. A California survey in 1920 found that forty of the state's orphan asylums sent their children to public schools, while just thirteen conducted their own grammar schools; at least ten of those thirteen were Catholic institutions.¹⁹

Twentieth century integrative asylums

By the 1910s, integrative asylums were becoming the norm as institutionalized children became more likely to attend public schools, visit often with family members, and join organizations where they mixed with other children from the community.²⁰ The greater availability of public schools and groups such as the Boy Scouts made increased interactions possible. The progressive focus on children's individual psychological and emotional needs, central to the growing professions of psychiatry and social work, enhanced the movement toward opening asylums up to the outside world.²¹

Asylum managers had always tried to make their institutions as homelike as possible. This goal became much more attainable after 1900, especially in small and mid-sized institutions. Asylum managers hoped, as always, "to make the [asylum] family life as much like individual home life as possible," and in the early twentieth century they had more ways to do so. Children were not just encouraged to venture out of the asylum; they were also to be better treated within the asylum. They were to be treated as

individuals, given love, and taught to be self-supporting rather than to think that "the world owes them a living." Discipline was to be "as nearly as can be parental," and children were to be surrounded by "the genial warmth of family affections."²²

But asylums could not actually replace a child's family, and by the early twentieth century most asylum managers recognized this fact, even as asylums were rapidly improving as places for children to live. Even more than in the late nineteenth century, orphan asylums in the Progressive Era consciously tried to function as aides to working-class family life. St. Mary's Home for Children opened in Chicago in 1895 "primarily in an effort to assist overweighted [sic] parents, unable to provide a proper home for their children, yet unwilling, as every parent ought to be, to give up entirely the responsibility and control of their children." A speaker at the National Conference of Charities and Corrections in 1900 stated that the "natural and proper function" of private orphan asylums was "to receive the children of unfortunate parents with the view of returning them to assist, perhaps, in reuniting the family." This goal was widespread during the Progressive Era, marking the middle ground between those opposed to institutions under any circumstances and the occasional asylum manager who still considered lengthy asylum stays to be in a poor child's best interest.²³

Like the managers of Protestant and public asylums, many Jewish and Catholic asylum managers hoped to send children back to their own parents, though in fact they often kept their charges for lengthy periods. The report of the committee on dependent children at the National Conference of Jewish Charities in 1902 stated that orphan asylums "must ever keep in sight the possibility of reuniting the family when the

destitution which has occasioned the breaking-up has disappeared or been overcome."

The Marks Nathan Jewish Orphan Home of Chicago encouraged frequent parental visits to its children partly in the hopes that such visits would increase parenting skills, as parents would see how asylum workers and children interacted. The Program for Catholic Child-Caring Homes, an influential statement of goals for Catholic asylums in the 1920s, stressed that every effort should be made to help children and families reunite as soon as possible.²⁴

The Chicago Orphan Asylum's annual report for 1933 ended with a statement that reflected the aspirations most orphan asylum managers had held since asylums first appeared, though the means they had used to achieve their goals had changed considerably. After an extended discussion of two children the Asylum had cared for, one of whom had just been sent to a state hospital for the insane, the other having been returned to his father and stepmother, the report ended:

We know of no "formula" which will assure a good future for children like Sarah and Leland, but we can marshal all the available skill and understanding to their aid and honestly say of each who comes to us, "We have done for him all that we can."²⁵

Conclusion

When cholera raced across the United States in 1832, urban communities throughout the young nation were faced with a common problem: how to care for

children left without homes or parents able to care for them. At that time, no single method of caring for dependent children dominated American welfare and charity. Some children were apprenticed, some entered poorhouses, and some children were able to remain with relatives because their families received charity or outdoor relief. Orphan asylums were a relatively new solution to children's poverty. As recently as 1800, there had only been a handful of asylums for children in the entire country, and even in 1830 fewer than three dozen existed. Just nine cities - Albany, Baltimore, Boston, Charleston, Philadelphia, New Orleans, New York, Savannah, and Washington, D.C. - combined held three-quarters of the nation's orphan asylums in 1830.²⁶

Given the relative scarcity of orphan asylums in 1832, why did so many communities decide to build them as their chief response to the cholera epidemic? One reason was that other options were either relatively inaccessible or were seen as unacceptable. Outdoor relief came in small amounts, was difficult to become eligible for, and was stigmatizing. Almshouses were highly stigmatizing, and perhaps even more importantly would have removed children completely from their communities. In particular, Catholic children who entered the poorhouse might be irrevocably lost to the faith of their parents.

Orphan asylums, on the other hand, seemed to have a number of advantages. They would be located in the community and their children could be raised in the faith of their parents. For children who had relatives nearby, staying within the community, even if in an institution, increased the likelihood that they would be reunited with their families in the future (though not all antebellum asylum managers agreed with such a

goal). Asylums were also a matter of pride: they would allow a community to care for its own, rather than having to rely on public assistance or other communities' asylums. Finally, they were extremely flexible institutions that each community could shape to fit its own needs and priorities. Asylums could care for girls or boys or both, they could seek to reunite families or to place children in other people's homes, and they could teach whatever specific religious, moral, and cultural values the community wished.

In the 1990s, as at the start of both the nineteenth and twentieth centuries, some people concerned with specific groups of poor children are looking for better ways to care for children who, either temporarily or permanently, lack families able to raise them. The preferred solution in the first half of the nineteenth century was orphan asylums. In the first half of the twentieth century, the solution chosen was non-institutional: a combination of foster care and support payments (through mothers' pensions, ADC, and now AFDC) to poor mothers to help them raise their own children. Both of these systems are now being widely criticized, just as orphan asylums were nearly a century ago. For many Americans, AFDC conjures up pictures (however inaccurate) of "welfare mothers" having additional children to increase their monthly stipend, and of "welfare cheats" who receive multiple monthly checks. Foster care is overburdened in many of the nation's larger states, and newspaper headlines regularly announce its failures. A variety of politicians and policy makers have proposed a return to institutional care for children, though their expectations about who would be placed in new institutions, and what those children's relations with their families would be, varies widely.

This rather discouraging sketch of the current child welfare system is all the more worrisome to advocates concerned with children left orphaned by the death of a parent due to AIDS. The number of such children will be rising dramatically in the late 1990s. The good news - if there can be such a thing in this tragic situation - is that "AIDS orphans" who are HIV-positive are being given special care within the foster care system, and there is no reason to expect that this will change as the number of such cases rises.

However, the vast majority of children who will be left orphaned by the AIDS epidemic over the next decade will be HIV-negative, since most babies born to HIV-positive mothers are HIV-negative, and many other future "AIDS orphans" were born before their mothers became infected. Unfortunately, the foster care system is already overburdened, including foster care in the handful of cities where most HIV-negative AIDS orphans will be concentrated. Perhaps more importantly, many of the HIV-negative children who will be coming into the system are older, and foster care is increasingly geared toward the care of young children. So even if concerned activists felt comfortable with the treatment children will receive in foster care, there is a mismatch between the kind of children the system is currently receiving (and expecting) and the HIV-negative children who will be needing help in coming years.

The HIV epidemic is very different - and far more devastating - than cholera ever was, but in at least one respect its effects are very similar. Specific impoverished communities will be hardest hit, and the children of people who are afflicted by the epidemic will often be left without anyone to care for them. How these children will be cared for is a crucial question. In the 1830s, communities struck by cholera built

institutions, but the response in the 1990s to the AIDS epidemic will need to be more complex.

A combination of institutional care and foster care programs is the response most likely to be flexible enough to provide good care for children of varied ages and family situations. Some older children may be better off in a boarding school, for example, than they would be being bounced from one foster care home to another. For children with severe emotional, psychological, or physical handicaps, institutional care or a specialized foster care home may work better than any other available option. Nonetheless, the options that exist for older children in the foster care system are limited, and will need to be expanded and improved. What lessons can child welfare activists and AIDS activists concerned with the care of children orphaned by the AIDS epidemic draw from the history of orphanages, and from the history of child welfare more generally?

First, any method of child care that succeeds quickly finds itself helping children drawn from a wider audience than it was originally developed to handle. Orphanages began with the expectation that they would help orphans, and occasionally "half-orphans," but by the late nineteenth century most children in asylums were half-orphans, and most asylums were also regularly accepting "dependent" children who had two living parents. Second, any method geared specifically towards one needy group becomes in itself stigmatizing; it would probably not be to a child's benefit to grow up with the label "AIDS orphan." Being poor and without parents will be enough of a burden. Any program developed to help improve the care HIV-negative orphans are likely to receive

should be developed as a universal program, to avoid stigma as much as possible and to increase the likelihood of support from the child welfare system in general.

What kind of programs does the historical record suggest might work?

Unfortunately, there is no clear cut answer to this question. Institutions had a long period of relative success and some states may be moving back in their direction, but they seem a less promising road to follow than foster care. Within the foster care system, there has always been a problem finding enough good homes to meet the demand. Today, this is particularly true for older children, and many of the children who will soon be in need of help will fit this description. Attempts to develop foster care homes for HIV-negative children specifically are less likely to succeed than attempts to increase the number of good foster care homes for pre-adolescents and adolescents more broadly. Once found, such foster care homes would be able to care for HIV-negative AIDS orphans as well as children who enter foster care for other reasons.

One crucial lesson from the history of orphan asylums is that any sort of institutional care must rely heavily - and deliberately - on the surrounding community if it is to adequately prepare children for adult life. Whenever family members exist, they should be encouraged to be active part of the child's life, unless there is a very good reason to believe that such a continued connection would prove harmful to the child. The same is true for children in foster care homes. Relatives should be encouraged to remain a part of children's lives whenever possible, whether or not there is any likelihood those relatives will someday be able to take the children into their own homes.

The history of orphan asylums is far more complex than can possibly be discussed in a short paper. The focus here on the increasing interaction between asylum children and the world outside the asylum provides some lessons for current efforts to aid children, but so do other aspects of asylum history that could not be included. For example, most asylum managers were very hesitant - or completely unwilling - to accept children under school age because they recognized that institutions were not a proper place for such young children to live. With this in mind, any solutions for dependent children today need to recognize that what might work well for adolescents could be disastrous if applied to infants. Similarly, institutions are far better at providing relatively short-term care than they are at raising children for the bulk of their childhood. Orphan asylums served as aides to poor families; to the extent that they are relied on over the next decade, it should be as a support system to the care of children in foster care homes or in the care of relatives, not as a place to warehouse children for whom we have no better solution.

1. The following discussion of the spread of orphan asylums is drawn from Timothy A. Hacsí, "A Plain and Solemn Duty': A History of Orphan Asylums in America" (Ph.D. Dissertation, University of Pennsylvania, 1993), chapters 1-3.
2. Charles E. Rosenberg, The Cholera Years: The United States in 1832, 1849, and 1866 (Chicago: University of Chicago Press, 1962).
3. Suzanne Lebsock, The Free Women of Petersburg: Status and Culture in a Southern Town, 1784-1860 (New York: W.W. Norton & Company, 1984), pp. 195-236; Nancy A. Hewitt, Women's Activism and Social Change: Rochester, New York, 1822-1872 (Ithaca: Cornell University Press, 1984), pp. 87-102.
4. Of course, many poor children worked much of the time, often in place of attending school. But even then children were "in the world" in a way that most asylum children were not.
5. Twentieth Annual Report of the Brooklyn Industrial School Association and Home for Destitute Children (1874), p. 21.
6. The other central factor in deciding how closely parents and their institutionalized children interacted was whether state government and the court system protected parental rights.
7. Michael B. Katz, In the Shadow of the Poorhouse: A Social History of Welfare in America (New York: Basic Books, 1986), p. 61.
8. This table is taken from Hacsí, "A Plain and Solemn Duty'," p. 135.
9. The increase in the number of asylums with an "unknown" management type between 1923-1933 is largely an artifact of the 1933 census, which does far less to identify the managers of individual asylums than previous censuses.
10. At the same time that families were losing many of their traditional socialization roles, they were increasingly expected to fulfill every family member's emotional and psychological needs. This change helped spur the rise of foster care as a replacement for institutional care for children. On the shifting expectations for family life, see Steven Mintz and Susan Kellogg, Domestic Revolutions: A Social History of American Family Life (New York: The Free Press, 1988), pp. 107-131.
11. Susan Lynne Porter, "The Benevolent Asylum - Image and Reality: The Care and Training of Female Orphans in Boston, 1800-1840" (Ph.D. Dissertation, Boston University, 1984), pp. 168-170; Tenth Annual Report of the Brooklyn Industrial School Association and Home for Destitute Children (1864).
12. Katz, In the Shadow of the Poorhouse, pp. 113-129.

13. Proceedings of the Thirteenth New York State Conference of Charities and Correction (1912), p. 63.
14. Thirty-Third Annual Report of the San Francisco Presbyterian Orphanage and Farm (1928).
15. Lawrence A. Cremin, The Transformation of the School: Progressivism in American Education, 1876-1957 (New York: Alfred A. Knopf, 1961), pp. 12-14.
16. Twenty-Seventh Annual Report of the Orphans' Home and Asylum of the Protestant Episcopal Church in New York (1878), pp. 8-9; Forty-Eighth Annual Report of the Chicago Orphan Asylum (1897), p. 30.
17. Tyack, The One Best System: A History of American Urban Education (Cambridge: Harvard University Press, 1974), p. 230.
18. Sixth Annual Report of the Church Home for Orphan and Destitute Children in Boston (1863), p. 6; Priscilla Ferguson Clement, "Children and Charity: Orphanages in New Orleans, 1817-1914" in Louisiana History 27(4), Fall 1986, pp. 143-144.
19. Proceedings of the Fourth Biennial Meeting of the National Conference of Catholic Charities (1916), p. 175; Ninth Biennial Report of the State Board of Charities and Corrections of the State of California (1920), pp. 98-101.
20. Although Catholic asylums usually continued to run their own schools, because neighborhood children often attended the asylum school, asylum children did mix regularly with other children in school. And Catholic asylums were just as likely as other kinds to encourage their children to mix with other children through outings, sporting events, and visits to family members.
21. Roy Lubove, The Professional Altruist: The Emergence of Social Work as a Career, 1880-1930 (Cambridge: Harvard University Press, 1965), pp. 55-84.
22. Annual Report of the San Francisco Presbyterian Orphanage and Farm (1900), p. 30; Roger S. Kluttz, The Lutheran Children's Home of the South: Seventy-Five Years of Service, 1888-1963 (Columbia, S.C.: The State Printing Co., 1963), p. 37; Eleventh Annual Report of the State Orphans' Home of Montana (1904), p. 9.
23. Report of St. Mary's Home for Children (1924), p. 4; Proceedings of the Twenty-Seventh National Conference of Charities and Correction (1900), p. 228.
24. Proceedings of the Second National Conference of Jewish Charities (1902), p. 120; Proceedings of the Third National Conference of Jewish Charities (1904), p. 89; Proceedings of the Sixth National Conference of Jewish Charities (1910), p. 230; Proceedings of the Fifty-First National Conference of Social Work (1924), pp. 139-141; Proceedings of the Second Biennial Meeting of the National Conference of Catholic Charities (1912), p. 198.

25. Eighty-Fourth Annual Report of the Chicago Orphan Asylum (1933), p. 24.
26. Hacsí, "A Plain and Solemn Duty," p. 330.

On the Need To Transcend the History of Social Policy

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In this paper, I want to make four observations about the response to orphans and other dependent children in America's cities during the last two centuries. These observations relate to the language of dependence, the mixed economy of social welfare, the role of context, and the insufficiency of policy. They add up to an argument for using the past to transcend history because very little in America's past can instruct us in the present crisis. Put bluntly, none of the earlier approaches to the problem of orphaned and dependent children are worth emulating or adapting to the present. By and large, they failed to respond to dependence in comprehensive, constructive, and

compassionate ways, and they were designed for contexts radically different from the unprecedented situation in today's cities.

The four observations that lead me to argue for the need to transcend the history of policy may be summarized in the following way:

Americans use a very old vocabulary to talk about poverty and dependence. Highly moralistic, this vocabulary has blended poverty, crime, ignorance, and disease into a frightening image whose residue touches children as well as adults.

In America, both public and private sources have financed and administered all forms of social welfare. From early in the nation's history, they have interacted in complicated, protean ways. As a result it is not very helpful or accurate to call America's mixed economy of social welfare either public or private.

Responses to orphaned and dependent children always have comprised strands in larger strategies of social welfare. They make sense only in context. In the same way, strategies of social welfare have been anchored in social, economic, demographic, and political contexts

that periodically have redefined the meaning of poverty.

American rhetoric about the importance of children has contrasted rudely with American social policy, which, as two historians have written, represents a chain of "broken promises." Whatever the weaknesses in their designs might have been, American responses to dependent children never have received the resources necessary to prove their worth.

These observations emerge more clearly from an overview of social welfare strategies in America's history. I will describe briefly two major periods between the end of the Colonial era and the 1940s: the Poorhouse Era and Building the Semiwelfare State. I then jump to the present to show how the context of poverty and the situation of dependent children differs from the past.

The Poorhouse Era includes the years from the early nineteenth century to about 1890. The hallmarks of its distinctive social welfare strategy, which peaked in the 1870s and 1880s, were hostility to public outdoor relief, reliance on institutions, the separation of parents and children, and social control through the personal oversight of the poor by the wealthy. The depression of the 1890s

revealed the bankruptcy of this strategy, which, gradually, moved from the forefront to the backwaters of social policy.

In the Colonial period, communities provided relief to poor people through four distinctive methods: auctioning the care of the poor to the lowest bidder, contracting for their care without competitive bidding, forcing them into almshouses, and mixing institutional care with outdoor relief.

Complicating administration were the ubiquitous settlement laws, which restricted relief to dependent people who met local criteria for "settlement." Local authorities shipped others across parish, town, or county borders, allegedly back to their communities of origin. Although poor laws required kin to support one another and encouraged the apprenticeship of dependent children, almost no special institutions or organizations looked after needy youngsters.

In the late eighteenth century, as migration, economic change, and the formation of a mobile wage labor class increased the prevalence of poverty, settlement became harder to determine, more expensive to administer, and a constant source of conflict and litigation. Increasingly, too, reformers pointed to the abuses inherent in auctioning and contracting out the care of the poor. Still, outdoor relief remained an inadequate policy because, so contemporaries argued, it raised taxes for poor relief and discouraged the poor from seeking work. As in Britain,

reformers sought to eliminate outdoor relief and force all dependent people into poorhouses.

In both nations, reformers' emphasis on poorhouses reflected a new belief in the power of institutions to solve social problems through their influence on behavior and character, and they translated their faith in the transformative power of institutions not only into poorhouses but also into mental hospitals, penitentiaries, reformatories, and public schools. Indeed, more dependent people undoubtedly found refuge in new general hospitals, mental institutions, and orphanages than in almshouses, and many more continued to receive outdoor than "indoor" relief. Nonetheless, because they embodied the goals of public policy toward dependence, poorhouses are a fitting symbol for this early era in the history of relief.

In the same years, a new vocabulary of poverty and dependence emerged. For a long time, writers had distinguished between the able-bodied and the impotent poor, between, that is, those who could look after themselves and those who couldn't. The search for the lines demarcating the two groups has run through poor law history for centuries, and continues still. Two observations about this quest are important: first, it never succeeded. In practice, the line has proved impossible to draw with anything like precision. Second, the distinction originally had a more pragmatic than

moral base. Only in the early nineteenth century, as part of poor law "reform," did writers moralize it into the distinction between the worthy and unworthy or deserving and undeserving poor.

Early nineteenth century writers did not discriminate precisely between poverty, crime, ignorance, and disease, which often blended together in their writing into frightening images of a class of poor people apart and different from respectable society. With children, this rough lack of differentiation marked the policies of early Houses of Refuge, as in New York, which took youngsters who had committed crimes or who it was thought might commit them because they were poor, undisciplined, and possibly orphaned. In its early years, the House of Refuge failed to distinguish the potential from the actual offender because, it was thought, given family background and living conditions little difference existed between them.

By forcing people into institutions, reformers expected to curb the growth of pauperism and cut its expense. They argued that poorhouses would curtail the demand for relief, achieve economies of scale, and partly pay for themselves through inmates' labor. They also expected them to improve the character of the poor by inculcating work habits and reversing their intemperance. At the same time, they argued that poorhouses would eliminate the abuses of the auction

and contract system and improve the living conditions and prospects of pauper children, whom they expected to enter with their parents.

Like all the new institutions created in the early decades of the nineteenth century, poorhouses failed to meet their goals. Indeed, early institutional histories describe a story of disappointment, disillusionment, and the displacement of purpose from reform to custody. Despite the spread of poorhouses throughout the country, in most places expenses for poor relief increased, because the per capita cost of institutional relief proved much higher than that of outdoor, which, perversely as it appeared to people of the time, continued to grow. Nor could poorhouse managers force their inmates to work productively. Strapped for funds, badly administered, poorhouses failed to classify their inmates or reform their characters, and most of them remained wretched places, unsanitary, spreading disease, often effectively run by ungovernable inmates who entered and left at will, undercut by corrupt suppliers and managers, and unsupported by a hostile public, terrible environments, certainly, for children. In a short time, these institutions intended to reform the care of the poor emerged as feared and despised instruments of public policy.

The role of poorhouses fluctuated throughout the nineteenth century. In their early years, poorhouses frequently served

entire families as places of temporary refuge; by the 1840s families rarely entered together, and most inmates entered by themselves. Especially among the elderly, far more of them were men than women, because children much more willingly housed their mothers than their fathers. The parents of few inmates, contrary to popular stereotypes, themselves had been paupers. Far more often than the entire population, adult inmates lacked children to care for them; many men were victims of industrial accidents and many women widows. In the early decades of the century, many also were sick or mentally ill, and young unmarried women often used poorhouses as places in which to give birth. Nor did most inmates remain in poorhouses long. Indeed, many stayed for only short spells between jobs or during family crises.

Shifts in poorhouse demography reflected public policies, some of which had important implications for dependent children. Throughout the nineteenth century, the creation of specialized institutions siphoned off many mentally ill and sick inmates. To reformers, far too many children still remained in poorhouses, too. Starting in the 1870s, laws forbidding the commitment of children over the age of two removed youngsters to orphanages, most of which were private but sustained with public funds, and various policies over the years progressively excluded young, able bodied men. As a result, poorhouses emerged by the early twentieth century primarily as public old age homes. •

Throughout the nineteenth and early twentieth centuries, more poor people received help through outdoor relief than in poorhouses. Few public officials defended this practice; many attacked it; but it remained ubiquitous. Attacks on outdoor relief emphasized its role in demoralizing the poor by eroding their independence, self-respect, and willingness to work. They also stressed its role in increasing public costs and its infection by the corruption of local politics. During the nineteenth century, reformers waged wars against outdoor relief, whose history traced a repeated dialectic of expansion and contraction. The most prominent and successful campaign against it surfaced in the 1870s in Brooklyn, which became the first of 10 of the nation's 40 largest cities to abolish public outdoor relief between the 1870s and 1880s. Others reduced the amount they provided. Cutbacks in outdoor relief hurt poor children especially because most relief went to women living by themselves or with their children.

Despite the continued importance of public outdoor relief, voluntarism remained a ubiquitous feature of America's response to dependence. Its many strands encompassed a variety of methods, agencies, religious impulses, and exposed the tense, complicated relations among gender, ethnicity, and class. From one angle, voluntarism reflected long standing assumptions about the responsibility of elites for supervising the behavior of the poor. From the early

decades of the nineteenth century through its close, reformers periodically lamented that neglect by their betters permitted the spread of immorality among the urban poor, who, they said, lived increasingly isolated lives. The answer, they argued, was the reassertion of social control through deference and personal relations embodied in a distinctive strategy: friendly visiting, first advocated in the United States by Robert Hartley and the New York Association for Improving the Condition of the Poor and emulated by others throughout the century. Similar assumptions about the role of elites stimulated both the formation of the New York State Charities Aid Society in 1873, which successfully won legislation permitting it to investigate local poorhouses, and the delegation of police powers to the private Societies for the Prevention of Cruelty to Children (SPCCs), first founded in the late 1870s.

This delegation to voluntary associations of the power to investigate and coerce points to a key feature of America's response to dependence: its mixed public/private economy. Throughout American history, governments often have met their public goals through the delegation of responsibility and funds to nominally private agencies. The result has been a bewildering mixture of practices not usefully classified as either public or private, culminating, today, in the emergence of a powerful "third sector."

Nineteenth century voluntarism crystallized in the scientific charity movement embodied in the Charity Organization Societies imported from Great Britain first in Buffalo, New York, in 1878. The key features of charity organization were: centralized city-wide registers of all relief recipients maintained by a special agency, the investigation of applicants for relief for other agencies, the replacement of public outdoor relief with friendly visiting, and the collection of data on pauperism, relief, and related subjects. Scientific charity inherited a method (friendly visiting); a key operational distinction (the difference between the worthy and unworthy poor); and an enemy (outdoor relief). At the same time, its incorporation of social darwinist views of social evolution, its centralized organizational model, and its fear of class war marked it as unmistakably modern for its time. Its hostility to conventional relief practices rested partly on ideology and partly on its sponsors' belief in the inescapable incompetence and corruption of government.

One other strategy of the Poorhouse Era deserves special mention: the separation of parents and children. Through their strategy of family breakup, governments created orphans. Distrust of poor parents' competence combined with fears of social disorder to override the sentimental exaltation of domesticity that shaped writing about home and

family. Observers repeatedly commented on the negligence and immorality of city parents whose fondness for drink, reluctance to work, and inability to teach middle class behavior left their children wild, ignorant, and unprepared for work, potential criminals and paupers.

As a response, reformers devised various ways of intervening between parents and children. First among them was schools, initially Sunday schools sponsored by Protestant denominations, shortly afterward free primary schools for the children of the poor, and a little later public school systems. For the especially recalcitrant, states founded reformatories, and legislation transferred custody of their inmates from parents to the state. In effect, the state created orphans. In their early years parents initiated most committals of children to reformatories, which they viewed as temporary refuges for times of crises or ways of disciplining uncontrollable children; they often did not realize that they were surrendering not only their children's care but their custody as well. Their confusion stemmed in part from their experience with other homes for dependent children, including orphanages, which frequently served as temporary shelters for their children during episodes of crisis.

In the 1850s, Charles Loring Brace introduced the most dramatic strategy for separating parents and children. His

New York Children's Aid Society shipped city children to the West to live with farm families. From 1853 to the mid-1890's, the Children's Aid Society moved at least 90,000 children out of New York City. Recent research qualifies, indeed undermines, the glowing reports prepared by Brace and his successors about the success of their efforts. Many children found their way back to New York City; others experienced harsh treatment and poor care. Even an apparently humane reform in the second half of the nineteenth century, the removal of children from poorhouses, contributed to family breakup because it forced parents unable to support themselves through work or outdoor relief to send their children to orphanages. Without doubt, children suffered horribly in poorhouses, but alternatives did exist, notably the support of families in their own homes. The alternative chosen underlines the importance of family breakup as one goal of public policy.

Public officials and reformers nonetheless faced a delicate question: how to force a family to surrender its children. Who would identify families that abused or neglected their children; who would initiate the prosecution? Reformers answered by founding Societies for the Prevention of Cruelty to Children, first in New York City in 1876. Known as the "Gerry" Societies, after their principal founder, Elderbridge Gerry, or, to the poor, as "The Cruelty," SPCCs were voluntary agencies vested with quasi-police powers.

They encouraged neighbors to spy on one another, investigated allegations, initiated prosecutions, and, at least in New York, incarcerated children awaiting trial. In Philadelphia, when the SPCC asked courts to remove children from their families, they also requested jail terms for their parents to prevent them from interfering with their children's placement. In New York, the Charity Organization Society often tried to force parents to send their children to school or improve their care by threatening to report them to the SPCC.

The social welfare strategies represented by the SPCC and the Charity Organization societies began to crumble in the late nineteenth and early twentieth centuries as reformers built what I have called the "semi-welfare state." By exposing their inadequacy, the devastating depression that began in 1893 delivered a blow from which the older strategy never recovered. Reformers expanded government's role to embrace broader interests, redesigned its structure to rely more on administration by experts, and increased its regulation of both commercial and noncommercial private activity. As state governments took on new tasks, they began to reorganize and professionalize their administrations. New York's 1929 Public Welfare Law heralded the new spirit. Relief became public welfare; almshouses became county, city, or town homes; superintendents of the poor, county commissioners of public welfare; overseers of the poor,

public welfare officers; the State Board of Charities, the State Board of Social Welfare.

In this reorganization of government, municipal reform held special implications for relief and welfare. The explosive expansion, diversification, and industrialization of late nineteenth century American cities overwhelmed existing city governments, which often were little more than confederations of wards run by party machines. As a consequence, cities lacked the capacity to respond decisively and with coordination to everyday problems. Like reformers confronting nineteenth century business practices, municipal reformers looked for ways to manage structures that had outgrown their means of administration. To a considerable degree, they succeeded in expanding and rationalizing city governments. One measure is the rise in per capita spending by the nation's largest cities: three percent from 1904 to 1912 and 59 percent from 1912 to 1930. In the first of these two periods spending on charity declined by eight percent, and, in the second, it leaped by 79 percent. Among the concrete reforms affecting welfare was the creation of municipal welfare departments with the first in Kansas City in 1913.

With practices known as "welfare capitalism," some large corporations tried to reorganize and modernize their labor management practices by pioneering forms of social insurance

later adopted by government. Although many aspects of welfare capitalism became more or less standard features of personnel practice, they failed to win the undivided loyalty of workers, check the growth of a labor movement, or ensure workers adequate, steady wages and safe, humane working conditions. Indeed, the Great Depression of the 1930s underlined the fragility of welfare capitalism as a source of protection for working people and their families.

State governments hesitantly introduced new forms of social insurance during the same years corporations pioneered private welfare practice. First came workmen's compensation, introduced in 43 states between 1909 and 1920. Unemployment and old age insurance developed much more slowly. Only in 1932 did Wisconsin become the first state to pass an unemployment compensation bill. From 1867 to 1912, the federal government operated a massive social insurance scheme for the elderly: veterans' pensions. As expenses for veterans' pensions ebbed with the death of the Civil War generation, support for public pensions for the elderly mounted. Very few firms offered pensions to their elderly workers. In fact, pensions spread most rapidly in the public sector. Even when states or counties did introduce pensions, the amounts paid were tiny and reached a small number of people. Nonetheless, because the elderly formed a powerful cross-class coalition, they succeeded in mounting a major

national movement, which forced their concerns to the top of the New Deal's social agenda.

In the 1890s, it would have been difficult to predict that the elderly would win the most in the first major national social insurance legislation. For the great object of reform attention was children. Indeed, most reformers referred to themselves a "child-savers" rather than "progressives." Contemporaries used child-saving as a generic term to describe a variety of efforts to improve the lives of children. As a movement, it became a magnet drawing together a diverse but effective coalition active from roughly the 1890s to World War I. Its major components were these: the removal of children from almshouses, the replacement of institutions with foster care, the introduction of juvenile courts and probation, educational reform through compulsory education, day care, kindergartens, and playgrounds, the attempted abolition of child labor, advocacy of mothers' pensions, and support for public health measures to reduce infant mortality, curb tuberculosis, and modify the delivery of health care.

In the context of this conference, a special word about tuberculosis is in order. Today, with tuberculosis virtually eliminated, it is difficult to recapture the terror and misery it caused and its magnitude as a problem for public policy and finance as well as for individuals and families.

Although tuberculosis struck all social classes, it ravaged the poor especially, a remorseless epidemic that struck down adults and children, creating uncounted numbers of orphans and half-orphans. In 1914 and 1915, New York City's register of tuberculosis patients numbered 35,000 with 22,000 new cases added each year. Of these, 8,918 died. Their care cost public and private sources \$687,342.00. Responses to tuberculosis highlighted the characteristics of American reactions to disease and dependence: the mix of public and private initiatives, the inconsistent application of sympathy and stigma, and uncertainty about the limits of intrusion and coercion in the lives of individuals and families.

Three debates permeated the child-saving movement. The first concerned the relative merits of institutions and families as settings for dependent children. The second reconsidered the strategy of family breakup, and the third questioned the appropriate role for government in the administration and provision of services and relief. Most "child-savers" soon agreed that families provided better settings for children than institutions, and they rejected the strategy of family breakup, arguing, instead, that every attempt should be made to preserve families intact. In 1909, the presentations and discussions at the first White House Conference on Children revealed the widespread consensus on these issues and the distance reformers had traveled in their thinking since the

1880s. Nonetheless, despite the beginning of foster care, practice did not match preferred policy. Throughout the first two decades of the twentieth century the number of children in institutions rose markedly; agents for Charity Organization Societies and SPCCs still sometimes preferred a strategy of family breakup; and funding remained too low to adequately implement new policies.

The role of government proved the most contentious question, often pitting Eastern reformers, burned by corruption and patronage politics, against those from the Midwest, who favored a far more extensive role for public authorities. (Midwestern reformers did not confront the entrenched voluntary establishment so influential in the East.) Still, by the time of the White House Conference, most child-savers agreed that, despite the continued importance of voluntary agencies, the responsibilities of government should be extended, even to the relations between parents and children. With the more vigorous enforcement of compulsory education, child labor laws, and juvenile courts, reformers tried to intervene directly in the lives of families. In practice, these interventions remained less obtrusive than in rhetoric, in part, because none of them received anything like adequate funding.

Child-saving emerged from a variety of sources: new ideas about childhood, anxieties generated by mounting divorce and

falling white native birth rate, the professionalization of reform and faith in experts, and theories that stressed the benevolence of the state and the possibility of reconciling diverse interests without class conflict. As a movement, it culminated in the introduction of mothers' pensions.

Mothers' pensions embodied the new commitment to family preservation, which required a stipend large enough to allow widows to support their children without full-time work.

Advocates of mothers' pensions included Western and Midwestern juvenile court judges, many settlement workers, women leading Jewish charity organizations in New York City, representatives of women's organizations, public welfare officials, progressive representatives of private charity, and, after 1912, the United States Children's Bureau.

Opposition came primarily from Eastern representatives of private charity, notably from the large Charity Organization Societies. In 1911, Missouri and Illinois became the first states to introduce mothers' pensions; by the end of 1913, 20 others, primarily Western and Central, had followed. By 1919, mothers' pensions existed in 39 states and the territories of Alaska and Hawaii.

In 1931, these programs supported 200,000 children in every state except Georgia and South Carolina. To be sure, they were small, paid almost exclusively to widows, reached only a fraction of eligible recipients, and demanded long residence, sometimes proof of citizenship, and almost always

good behavior. Nonetheless, they prevented the breakup of many families and represented an important, if halting, step on the road from charity to entitlement. Indeed, they became the precedent for the Aid to Dependent Children provisions of the 1935 Economic Security Act which, of course, later became Aid to Families with Dependent Children or what Americans customarily call "welfare." Mother's pensions also helped legitimate public supervision of families because state governments needed to ensure adequate treatment for the children of the families they helped preserve. Family preservation, therefore, sanctioned rather than challenged governments' intrusion into the relations between parents and children.

With the creation of the Children's Bureau in 1912, the federal government, spurred on by a remarkable generation of women reformers and scholars, appeared poised to assume a major role in promoting the well-being of children. The Sheppard-Towner Act's creation of a national network of clinics for mothers and children in 1920 appeared to reinforce the trend. Nonetheless, by the end of the 1920s a backlash led by male doctors and reinforced by other conservative forces had reduced the influence of the Children's Bureau and abolished the Sheppard-Towner clinics. When the federal government designed the first social insurance programs amid the devastation of the Great

Depression of the 1930s, the claims of the elderly and unemployed overshadowed children's concerns.

It is ironic that the small noncontributory program for widowed mothers, Aid to Dependent Children, inserted in the Economic Security Act through the influence of the Children's Bureau became the most contentious feature of the social welfare edifice constructed by the New Deal. The number of women receiving ADC, later AFDC, expanded far beyond expectations and most of them, of course, no longer are widows. Nonetheless, the amounts they receive remain far lower than payments to the elderly through Social Security, and the gap between government expenditures on AFDC and Social Security has widened. Despite a national rhetorical commitment to the well-being of children, national policy still stigmatizes those children whose parents cannot support them without public assistance and fails to provide them with enough resources to lift them above the poverty line. Sentimental invocations aside, in practice children, as well as parents, remain tainted by membership among the "underserving poor."

Rather than "undeserving," inner city poor now find themselves labeled "underclass." "Underclass" first gained prominence with a cover story in Time magazine in 1977. With the publication of Ken Auletta's, The Underclass, in 1982 the "underclass" secured its dominance in the vocabulary of

inner-city pathology. Auletta reinforced the image emerging in the mass media. His "underclass" consisted of a relatively permanent minority among the poor who fell into four distinct categories: the passive poor, hostile street criminals, hustlers, and the traumatized. In this portrait, a new social stratum, identified by a set of interlocking behaviors, not primarily by poverty, dominated the wastelands that were all that remained of America's urban-industrial heartland. Echoing the historic American discourse on dependence, commentators created a category which blurred the lines between poverty, crime, ignorance, and disease. Not even the efforts of powerful scholars, such as William Julius Wilson, could move the popular definition of "underclass" in more precise and theoretically rigorous directions.

Many commentators have questioned the adequacy and usefulness of the concept of "underclass," and I count myself among its critics. For a historian, however, the first question is not how well "underclass" captures a segment of inner-city experience but why it has gained such prominence at this moment in American history. One reason is that "underclass" is not really a sociological term but a convenient metaphor for use in commentaries on inner-city crises. As a metaphor, "underclass" evokes three widely shared perceptions: novelty, complexity, and danger. Conditions within inner cities are unprecedented; they cannot

be reduced to a single factor; and they menace the rest of us. "Underclass" is a metaphor for the social transformation embedded in these perceptions.

One strand of this metaphor - the novelty of the "underclass" - remains more contentious than the others. Is there, in fact, an unprecedented configuration of poverty and related problems in today's cities? Or, as Nicholas Lemann asserts, do contemporary inner cities embody "really an old problem that has become more isolated and concentrated and, as a result, gotten worse and more obvious?" Some commentators deny that an unprecedented set of conditions afflict poor people in America's inner cities. They rest their case for continuity on a reading of both the history of ideas about poverty and the history of social conditions in America's cities.

Proponents of continuity stress the similarity between current descriptions of the "underclass" and discussions of urban poverty throughout the last two centuries. In fact, as I have argued, evidence of ideological persistence abounds, and the language of the "underclass" echoes the oldest themes in American discussions of urban poverty. Poverty, moreover, pervaded American cities throughout their history, including periods commonly remembered as prosperous. Throughout modern American history poor people have clustered together in the neighborhoods of American cities,

and, with tuberculosis rampant, epidemics blending disease and dependence posed extraordinarily difficult issues for public policy, finance, and science. By any reasonable standards, around half of New York City's population was poor in 1900. The same, undoubtedly, was the case in other large cities. With work unsteady and wages low, many city people never escaped poverty even though they managed to sustain themselves and their families most of the time without charity or public assistance. In the nineteenth and early twentieth century, the main dividing line separated the poor from the dependent, those managing by themselves from those in need of help. In practice, many crossed back and forth between self-sufficiency and dependence during the periods of predictable crises and emergencies that punctuated working-class lives.

Despite these apparent parallels, nothing in America's past matches the unprecedented situation in today's inner cities, which, themselves, have emerged as integral to a new urban form unlike any other in history. Our concepts and language have failed to catch up with this great transformation. We confront the new urban America and its poverty with an old vocabulary and shopworn ideas. This is one reason why discussions of poverty often sound so stale, repetitive, and unhelpful.

Understanding the novelty of today's inner-cities starts with the observation that poverty, like racism and social disorganization, is a social construction, not a fixed, objective category. Poverty refers to relations among individuals, groups, institutions, and their settings. Thus, its contours and meanings have shifted with its changing social, economic, political, and intellectual contexts. In recent decades the emergence of the post-industrial city dramatically and irrevocably has transformed these contexts and with them the meaning of poverty, race, and social disorganization.

Three transformations have shaped post-industrial cities: the transformation of their economy, demography, and space. Because of these transformations, the experience, meaning, and implications of poverty in today's cities differ from the past on three dimensions: opportunity context, relation to the labor market, and spatial distribution. The changing meaning of poverty holds profound implications for inner-city children.

The poverty of earlier periods coexisted with expanding opportunity and urban growth as unskilled and semi-skilled work in cities increased throughout America's industrialization. Expanding opportunities opened modest avenues for social mobility. The wages of employed family members might be combined to buy property; steady employment

might lead to higher pay in a factory; with the help of schooling, children could improve on the status of their parents. These processes worked imperfectly; dramatic mobility remained rare; simply getting-by continued to be difficult for most working people. Still, over time real wages rose, most ethnic groups improved their living conditions, and their rate of poverty decreased. Poverty existed within a context of hope. All this has changed for the mostly minority populations who remain in inner cities. Deindustrialization and depopulation, not growth, shape the new context. Jobs remain scarce; real wages have declined; opportunities for mobility in the regular economy seem unreachable. Poverty now exists within a context of hopelessness.

Excluding those who could not work on account of infirmity or age, in earlier periods dependence resulted when people lost work, usually temporarily, often in slack seasons or economic downturns. Now, especially in inner cities (and despite the growing numbers of working poor) poverty and dependence denote detachment from the labor force. They are the statuses associated with a very large number of people, disproportionately African-American, who do not work (at least in the regular economy), who have not worked for a long time, who may, in fact, never have worked, and whose prospects for employment grow increasingly dim. This connection between race, urban poverty, and dissociation

from the labor market is new in American history. It is worse, of course, among the young.

The spatial distribution of poverty in post-industrial American cities also is new. Spatial differentiation in nineteenth and earlier twentieth century cities remained far muddier than now. In the era before inexpensive and convenient mass transportation rich and poor lived for the most part in close proximity as poor people clustered into pockets and alleyways near the homes of the affluent, and indexes of racial segregation stood far lower than at present. In early twentieth century cities, European immigrants lived in more segregated neighborhoods than African-Americans. This is the clear conclusion of social historians who have reconstructed urban neighborhoods. The joint effects of massive African-American migration to Northern cities after World War II, the exodus of whites to suburbs, and urban renewal and redevelopment redrew the demographic map of American cities. As a result, segregation and the social isolation of the urban poor have reached unprecedented levels. Sociologists and psychologists debate the precise effects on children of growing up in isolated, poor neighborhoods. Few people who live or work in them, however, need to await the results of social science to observe many of their consequences.

The situation in today's inner cities did not just happen. Far from inevitable, its emergence is a story that implicates government. Until the mid-1960s, city, state, and federal governments did little to slow or reverse the processes which resulted in concentrated and persistent poverty, especially among African-Americans. To the contrary, from the Constitution's acceptance of slavery through the neighborhood devastation of urban renewal, local, state, and federal governments often contributed to processes of marginalization, exclusion, and isolation. Government actions have intensified both the spread of poverty and the decline of formerly great cities. Consider, as examples, in the 1930s, federal agricultural policy hurt small and often black farmers by allowing large planters to displace them with government subsidies for uncultivated land. In the same years, by introducing "redlining" into mortgage appraisal practices, the Federal Housing Authority hastened the deterioration of city neighborhoods by starving them of capital for homeownership. Federal highway policy built expressways that destroyed housing, helped empty cities of their middle classes, and sealed off minority areas. Federal urban renewal programs did not rehouse the great majority of the residents whose homes they tore down in order to revive downtowns with new office towers and commercial space. Governments at all levels colluded to transform much public housing into stigmatized, segregated, underfunded ghettos.

This is not to say that government policies always worked against the interests of the disadvantaged or that government lacks the capacity to reduce poverty, improve housing, lessen hunger, and extend medical care. Beginning with the accomplishments of the New Deal in the 1930s, social programs often succeeded, and many researchers have documented the major gains of the period from the early 1960s to, roughly, 1973. However, the structure of American federalism, the power of state governments to block, resist, or modify programs and the ability of suburbs to wall off central cities, consistently have frustrated the creation and implementation of national policy. Still, if one glimmer of hope works its way through this gloomy history, it is the potential power of the national government. Although ideas and innovations have bubbled up from everywhere in America's mixed economy of social welfare, it has been the power and resources of the federal government that have translated them into effective, or partially effective, responses to great national problems, such as the poverty of the elderly, widespread hunger, or the inability of the poor to pay for medical care. Nor have tight economic times always proved an insurmountable barrier, as the expansion of social programs at both state and national levels during the Great Depression reveals.

The response to misguided government policy is not a return to a mythic age of voluntarism or a reliance on market

processes. The American past harbors no golden age that indicates what might have been or to which we might aspire to return. Even the cursory overview offered in this paper points to the harsh existence throughout American history of poor and dependent city children buffeted by unmediated market forces and unprotected by social policy. For a crisis like the one occasioned by children orphaned by AIDS, the past offers primarily negative examples: no helpful models for building services adequate and appropriate to the current crisis exist in the history of American social policy; an outmoded language of poverty handicaps attempts to confront the current situation; the post-industrial city has created a context for poverty and dependence unlike any other that has existed; only a national government, which is trying to reduce its own expenses, can supply the resources required. Like responses to other great social issues, the problems of children orphaned by AIDS require transcending history. Because we generally have failed so far, is no reason not to try, or to abandon hope. For the stakes are higher than ever.

THE ORPHAN PROJECT

THE HIV EPIDEMIC AND NEW YORK CITY'S CHILDREN

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February 24, 1994

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FEB 25 1994

Dear Ms Gebbie:

I am enclosing the papers we have received to date in preparation for the symposium, "In Whose Care and Custody? Orphans of the HIV Epidemic in Historical and Global Perspectives." I am also enclosing a participants list with addresses and phone numbers in case you want to contact anyone before the meeting to discuss your presentation.

We are busy making final arrangements for the symposium and look forward to your arrival.

With all best regards.

Sincerely,

Carol Levine

**In Whose Care and Custody Orphans of the HIV Epidemic
in Historical and Global Perspective
March 3-5, 1994**

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**"Stigma and Spoiled Identity:" The Canadian
Juvenile Immigration Movement (1869 - 1930)**

by

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Paper prepared for the Symposium, *In Whose Care and Custody: Orphans of the HIV Epidemic in Historical and Global Perspectives*, sponsored by The Orphan Project: The HIV Epidemic and New York City's Children, New York, N.Y., March 3-5, 1994.

By definition, of course, we believe the person with stigma is not quite human. On this assumption we exercise varieties of discrimination through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class.

(Erving Goffman, Stigma: Notes on the Management of Spoiled Identity (1963), p. 5)

Introduction

During the past year the Australian and British press have published outcries regarding their recent discovery of the immigration of juveniles from the Mother Country from the last decades of the nineteenth century until the 1950's.¹ A harrowing BBC television documentary referred to these children as "The Lost Children of the British Empire" with 130,000 in all being transported to Australia, Rhodesia, New Zealand and Canada to "seed" the colonies with "good white stock." The story as presented for public consumption has been oversimplified taking on Manichean proportions of good and evil with the wholesale dumping of children by British authorities onto the colonies and of children snatched from parental homes without consent or even knowledge of their emigration until parents reclaimed them. This is only a small part of the events which seductively confound the perfidies of imperial history with the present preoccupations with child-abuse in contemporary society.

The Canadian version at least is more complex and has been studied now for over two decades. Of the figures cited, over 80,000, that is more than half, came to

British North America covering a sixty year period under the auspices of British child-rescue societies and philanthropic individuals. The transplantation of such children ceased by 1930. The children were unaccompanied by parents or relatives and made the trans-atlantic voyage in parties ranging from thirty to three hundred. They were placed-out by agents of the British societies as agricultural laborers or as domestic servants on isolated farms or in rural communities.

To our knowledge at no time were they seen as "good white stock" and if there was a wholesale dumping this cannot be separated from a context of nineteenth century debates taking place in industrialized societies about institutional custody versus boarding-out care of dependent children.

The British Juvenile Emigration Movement is usually dated from the arrival of Maria Rye's first parties of girls in 1869. The movement, losing impetus in the late 1920s, collapsed during the Great Depression. In many ways it provided a catalyst for those child care interest groups in Canada who were opposed to congregate care of dependent children and promoted de-institutionalization and foster care under the auspices of children's aid societies, social welfare professionals, and public welfare departments. The controversy which child immigration provoked within Canada as well as in Britain focused on the arguments over the boarding and binding-out of children, and crystallized much of the changing sentiment and practice related to such child welfare concerns as labor, dependency, schooling, state responsibility, apprenticeship and foster care.²

Given the complexity of the subject we will argue that a useful approach to understanding this collective ordeal is by way of Erving Goffman's theory of social stigma and its culmination which he describes as "spoiled identity." Rather than impose an abstract conceptual framework onto our data we will organize the data contained in the following pages into a case-study demonstrating historically the actual working out of stigma-theory. We will examine what Goffman calls the "moral career" of what can be identified as "tribal stigma."³

THE "PAUPER STAMP"

If we were to describe the etiology of the transplantation from Britain to Canada as a reinforcement of stigma - i.e., the 'moral career' of the stigmatized - it becomes necessary to point to the origins and nature of what Goffman calls the "discredited social identity."⁴ Immediately it becomes apparent that a language which labels children as dependent, abandoned, neglected, or orphaned, establishes differences from the norm. Therefore, before the collective ordeal and individual traumas involved in their trans-Atlantic migration and their initiation into Canadian society, the children had already been made to feel the burdens of their differences as children who had begun their lives in the Old World as part of the destitute, abandoned, or orphaned classes. The categories of "Home Children" that made up the juvenile emigration parties sent from the British institutions included (1) the destitute or neglected child placed by child savers in institutions - those street arabs who were orphaned, homeless, or independent of parental or other adult control and who pursued a variety of occupations, or who were the offspring of negligent parents; (2) orphans - those deprived of parental and familial

care at various stages of their pre-Canadian experience; (3) part-orphans - those whose socio-economic expectations had been radically diminished through the death of either parent, and (4) non-orphans - those who were separated from family guardians, or relatives for a variety of reasons.

Whichever category they fell under they were labelled "charity children" who were seen as bearing "the pauper stamp" in personality, demeanour, hereditary, social class, or habits. Such children were seen as not merely the offspring of the "dangerous and perishing classes," but more to the point, the offspring of the failures of those classes. They were uniformly targeted as a "morally endangered" homogenous group under classifications that conflated dependency with delinquency.⁵ That is, they were children at risk and therefore pre-delinquents. Therefore children surrendered into the custody of poor law guardians, child saving agencies, orphan asylums, or juvenile immigration societies, were disadvantaged from the outset by stereotypes associated with disreputable ranks of the lower orders. Goffman describes this phenomenon as a "tribal stigma" which is "transmitted through lineages and equally contaminate all members of a family."⁶

None but the most desensitized children could have remained unaware of the implications of their condition, hearing as they did opinions such as those of the child saver Mary Carpenter of Bristol in its various forms within and outside the orphan asylum. In What Shall We Do With Our Pauper Children (1861) we read that street children were destined to become "a drag and an incubus on society" who would "carry elsewhere a degraded race."⁷ This typifies similar sentiments bruited around in the most

cavalier manner. Meanwhile an Education commissioner to London's Poor Law schools, Mrs. Nassau Senior, described workhouse girls as "disreputable, slovenly, feeble-minded and criminal," noting that the institutionalized child on leaving the institution bore "the pauper stamp" if not on the forehead like Cain or even sewn into clothing like Hester, but in personality and attitudes.⁸ John Skelton agreed that such demeanours set them aside as "pariahs." Writing in favour of Scottish boarding-out practices Skelton claimed that they had "the hang dog look of pauperism" whereas another observer commented that they were "broken down by misfortune before they entered into life." Moreover a Metropolitan poor law report written by Inspector Tufnell observed that even young children were aware of "prejudice," and by adulthood had consequently learned to conceal the fact of their having been brought up on the poor rates. If the child did not hear explicit references to his or her perceived attributes, which is improbable, then the manner of training itself and the uniformly menial occupations into which the child was propelled were an implicit shorthand effectively transmitting a tribal stigma signifying "a tainted, discounted person facing an unaccepting world." Through such incremental experiences the child learned that he or she possessed a stigma in relation to the "normals," those outside the institution.⁹

It must be noted that in this context stigma has much to do with a sense of one's social identity - "we" and "them" - as with how it is reinforced by social status and therefore is better understood in this context than solely as a matter of psychological well-being.¹⁰ However it is not difficult to imagine the psychic seal stamped upon a group of vulnerable young people who found themselves surrendered into the custody

of institutional managers or immigration agencies. Many of these children had been given up by their own families and not always, as is sometimes argued by historians, in the manner of a "philanthropic abduction."¹¹ Indeed one might describe the pragmatic or desperate decision to surrender one's child into state or institutional custody as evidence of a family strategy or at worst "philanthropic seduction." Custodial arrangements and agreements were as attractive to those in desperate straits as to indifferent guardians. Whole families of siblings were rarely surrendered but often one child was surrendered at a given time into either permanent or temporary custody. Whatever the reasons these remained problematic to the surrendered child. Often surrendered children discovered that other siblings were born into and reared by their families. Thus the measure of self-worth consisted of an insidious combination of social stigma, the realities of one's real or perceived abandonment, and psychological confusion with regard to such capricious ill-fortune.

Before we can trace the reinforcement of a moral career whose roots are found in the original situation in which emigrant "home children" found themselves it would be useful to discuss the rationale behind their emigration as these relate directly to matters of care and custody. Ironically the rationale itself attempted to minimise or neutralize those effects of stigma which were recognized and perpetuated by the custodians in Britain itself. Instead of reducing the effects of stigma these rationales exacerbated them leading to consequences that proved calamitous for its victims.

Arguments for the de-institutionalization of dependent children in favour of boarding-out systems emphasized that the new practices would diminish the pauper

taint. Separating children from lower class environments and inappropriate family models (i.e., what is now described as the "dysfunctional" family) and placing them into "normal" families with or without payment was deemed a salutary means of normalizing the lot of dependent children thereby reducing prejudice and discrimination against them.¹²

For proponents of the new system of boarding-out the argument became increasingly persuasive that the removal of children from their pauper background or from physical and moral contaminations was best realized in "natural" family settings, in other words, that foster family care was more efficacious in both its process and its product than the best institutional setting which remained artificial in environment and regimen. Such psychological appeals were accompanied by the most persuasive argument of all - that of the economy of boarding-out methods when compared with the building, maintenance, and outlay involved in institutional care.

The fact remained, however, that even the most enthusiastic zeal for the advantages of boarding-out could in no way minimize what the system's adversaries recognized early in its history - that the placing of children into normal family life did not de-stigmatize the child at all. Indeed, if they were bandied about from one family home to another; if they were used as household drudges and contributors to a common family task but were rarely included among its beneficiaries; and finally if their presence in a home only served to remind them what they were (i.e., state wards) and magnify what they were not (i.e., biological members of that family unit) there could be no reduction in the pain of a "felt identity" reinforced by their pasts and parentage.

At the same time as the boarding-out debate romanticized family life, rural placements, and desirable role and gender models, its advocates were checkered on two accounts: that there were not enough suitable placements for the populations bursting the seams of British orphan asylums and given the children's tendency to return to their old haunts and homes or their parents' predilection to "reclaim" children when they were old enough to be economically useful, children could not be removed far enough nor could their separation from past associations be thorough enough. Boarding-out was not sufficient to "cut off the entail of habitual and inherited idleness," a typification that dogged the pauper child.¹³

Under such premises the separation of family members was ultimately justified by a view of imperial philanthropy that saw the "utilization of street arabs," and "infant emigration," as giving the children a new start in life - a fair chance. The exchange was supposedly "twice blessed" - it blessed the nation that gave and the nation that received. Mr. Arthur Chilton Thomas, a Liverpool barrister, who, with Canon St. John of Southwark Diocese, founded the Catholic Canadian Emigration Society in 1902, was firm in this.

We are merely transferring them from part of the Empire to another - from our own England where they have no prospects, to our own Canada, where their prospects are as bright as the flame that glows on the maple leaf in the fall.¹⁴

The Birmingham Emigration Homes, which established a reception centre for its children, at the Guthrie Home, in London, Ontario, made the connection between boarding-out and emigration explicit by observing: "we would conclude by calling the

emigration of pauper and criminal children merely an inexpensive system of boarding-out in Canada; it is a system of boarding-out with payment."¹⁵ The cost of an outfit for travel and a subsidized ocean fare, along with the maintenance of the distributing centre, was much cheaper than boarding-out these same children in Britain, even if there were sufficient homes in which to place them. Finally it was, by far, cheaper than keeping them in institutions.

Juvenile emigration was a logical, if alarming, extension of the growing interest in the de-institutionalization of dependent children through foster care. In an extreme way it provided a custodial function for some sections of the indigent and labouring poor of Britain. To be irrevocably and indubitably "rescued," morally endangered or economically disadvantaged children must be completely separated from penurious circumstances and pernicious past associations. The first report of the Birmingham Children's Gutter Homes in 1873 insisted that children were not taken to Canada "because they [were] poor" X

. . . but to save them from their bad companions, to whom, were they to remain . . . they would always be tempted to return. Emigration is the only mode of permanently separating these children from their old associations.¹⁶

The separation, represented by thousands of miles and a vast ocean between Britain and her colonies, to say the least was as striking, imaginative, and "thorough" a removal as could be conceived and practicably realized. But as to whether they could leave behind the stigma of "pauper stamp" was another matter.

"HOME CHILDREN"

If the moral career of the young Britons included a tribal stigma - "the pauper stamp" - Canada was the arena in which those hostile and contemptuous elements first experienced in Britain were manifested in a particularly startling manner. In Canada there could be no identification with an urban lower class - no return to their roots - and being numerically isolated and geographically dispersed, no sense of community. To be a "home boy" or a "home girl" in Canada was to be treated in a manner for which not even the most negative experiences in Britain could have prepared them. Now the child was an "alien" even among foreigners and other immigrants - "a thoroughly discredited individual" - having no visible social group with which to identify or from which to seek protection. Guardianship on the part of the emigration societies based in Britain was unreliable and psychological-matching of child and employers in a placement was impracticable whereas inspection was constrained by climate, distances, underfunding and understaffing. Official custody belonged to the Immigration Societies but in the final analysis responsibility for care was in the hands of individual masters and mistresses who could, at will, ignore the indenture agreement.

Goffman might describe the events that took place after the trans-Atlantic voyage as one of the "primal scenes of sociology."

When normals and stigmatized do in fact enter into one another's immediate presence, especially when they attempt to sustain a joint conversational encounter, then occurs one of the primal scenes of

sociology; for, in many cases, these moments will be the ones when the causes and effects of stigma must be directly confronted by both sides.¹⁷

What then was the nature of this direct confrontation between the "home children" - a term of remarkable perjorative connotation - and the Canadian public and individual employers who used the term so liberally?

At the very point of disembarkation medical officers and immigration inspectors reminded children of their antecedents by accepting or rejecting them as immigrants. Harsh and hasty judgements were made on grounds of accent, skin blemishes, physical condition, and intelligence (measured by crude tests). From port to receiving home and from receiving home to railway station where potential employers impatiently waited to look them over, groups of children were rejected or accepted only after being subjected to dehumanizing scrutiny as to their usefulness, physical appeal, or work potential. Thus continued the moral career of stigma.¹⁸

The facts of overwork and exploitation as household drudges in the case of female children and agricultural laborers in the case of boys need not be elaborated here. They compose a desultory and bleak list of abuses and infractions; items of cynicism and callousness which ranged from violations of indenture agreements, the denying of schooling, physical beatings, and sometimes neglect leading to suicides. In extreme cases, such as that of George Green, a "home boy" who had been placed at Owen Sound, Ontario, by a Barnardo agent, and who subsequently died of maltreatment in 1875 social stigma could not escape him even after his death. A leader of the trade union movement who judged all home boys as part of an undesirable social

group as well as unfair competition in the labor market, concluded that he was "humpbacked and crosseyed, his mouth was crooked and he was short sighted and weak of intellect." Such a statement demonstrates the excesses involved in the ploy of "blaming the victim." The jury that tried George's mistress on a manslaughter charge were influenced by the reputation of home children for it failed to convict Miss E.R. Findley although his "body was very much emaciated and covered with wounds and bruising" and the jurors heard grim testimony from several witnesses confirming his ill-treatment.¹⁹

While all children were not candidates for maltreatment or death and perhaps one third had relatively stable experiences, nevertheless the positive aspects do not ultimately deny the collective ordeal but complement it as a prism which highlights a complex and often contradictory spectrum. The remaining two thirds who either received indifferent treatment or suffered on a continuum of ill-treatment are fairly represented in a description of their isolation contained in a Select Committee Report presented before the House of Commons in the same year that George Green's death had been so widely publicized. In 1875, Andrew Doyle, a poor law inspector and an adversary of the boarding-out system in Britain, reported on the plight of indentured poor law children who had been placed from the Maritimes to the West coast. The conclusions of the study led to the cessation of transporting poor law children although private institutions continued to supply the movement with apprentices. The Doyle Report is replete with poignant illustrations of the "loneliness, homesickness, recollections and attachments" of children isolated from kinfolk and homeland. At the same time it precipitated both a

In one case, at least, an immigrant girl was not even protected from the Governor of the Middlemore Receiving Home in Halifax which distributed approximately 4,000 children in New Brunswick and Nova Scotia between 1872 and 1915. Mr. J. Sterling King, defended his conduct by claiming that the dismal failures in the Home were due to Mr. J.T. Middlemore, the British child saver, dumping undesirable children onto the Maritime provinces.²⁷

As a discredited group before they came to Canada they were discredited during and even after they left their placements. When home-boys fulfilled their indentures they were targeted by individual and community bigotry, aided and abetted by a virulent press as being the major contributors to "city drift," that is, transients, loafers, and petty criminals. It is pertinent to observe that this accusation emerged after the Doyle exposé. Subsequently the London based National Children's Home noted in 1893 the prejudice among large bodies of Canadians who did not judge the home-boy "as a Canadian boy would be."

If unhappily, one of them should be charged with any public offence, the case is reported and commented on in the newspapers much more eagerly and extensively than if the young criminal were native born.

Despite such pessimism the writer of the same report mistakenly believed that if the children were well-trained and tested they would, after a time become "thoroughly Canadianized, and will cease as grown-up emigrants cannot, to be an alien element in the population. Grafted on the new stock, they will be part of the national life."²⁸

In 1893 the assizes at Brandon, Manitoba, commenting on the "apparent increase in crime," concluded:

We may be permitted to add that in our opinion some action should be taken by the authorities having in charge the immigration of foreign population to this country towards preventing the further importation of boys from the slums of the large cities of the Old World. We need not state that they are referred more particularly to the class of youths which have been brought to the 'Barnardo Home' from the Old Country.

The subsequent publicity given the allegation resulted in a full-scale Dominion investigation of the distributing homes and operations of all the Emigration Societies.²⁹

The National Council of Women found the issue on the proposed agenda for its May 1896 national conference when the London Local Council resolved:

That in view of the establishment of Children's Aid Societies in Canada the Women of the NCW be asked to investigate the effects on the social conditions of Canada by the importation of pauper children. There are now several old country agencies shipping children to Canada and it is believed that in many cases they are productive of much evil in the communities where they are placed.³⁰

The appeal to women's groups was well directed because such organizations consistently complained that domestic help in the form of "home girls" was coming from the "biologically inferior strata of British life." As with Mrs. Nassau's preoccupations with

pauper taint her Canadian female counterparts believed home girls were prone to immorality, irresponsibility, sloveliness and improvidence.³¹

Neither was it paranoia which, much later in 1924, induced James Webb to write to George Bogue Smart, the Inspector of British Children, to inform him that he was "an Old Home Boy from 1882." He now owned his own business having been apprenticed to a decorating firm after his agricultural indenture. This contributor to "city drift" had organized an Old Boys Society with one hundred members. They intended to confront head-on the adverse publicity given to their backgrounds and the subsequent slander upon their characters. At the 1924 annual meeting of the neophyte society, he said that the "old boys" recognized that

. . . there seemed to be a dead set on Home Boys by the public press.

We were blamed for all the ills of the country and anything done in a community for which the perpetrator was not identified was landed at the door of the Home Boy.³²

BLOOD AND SEX

After an initially favourable reception the movement was increasingly viewed as a threat to the social and moral purity of the nation. Even those Canadians who benefitted from their labor professed to see dangerous traits in their farm hands and domestics.

Criticism of the movement, its agents, and the immigrants themselves, united a disparate collection of trade unions, women's organizations, sheriffs and country doctors, and exponents of Canadian child-saving in condemnation of the importation of British

children and juveniles as unwise policy and a dire threat to Canadian life. Playing on themes of social and moral degeneracy, unfair labor competition, urban drift, and economic drag, the groups worked to restrict, if not eliminate, the immigration.

Therefore from the 1880s, an enlarged juvenile immigration movement was challenged by Canadians who opposed the importation of children and youths not on grounds of real or potential hardship and exploitation, but because it represented an undesirable addition to the nation's population. Among the Ontario critics in the 1880s and 1890s were country doctors who were members of the Dominion Parliament and county sheriffs and gaolers. Emphasizing the notion of "hereditary taint," these spokesmen of rural and town life identified juvenile immigrants as transmitters of the worst characteristics of Old World life, i.e., urban degeneracy, immorality, criminality, and syphilitic tendencies. In federal and provincial parliaments and in representations to committees and commissions, they helped popularize beliefs regarding the undesirable nature of the child immigrants. "Cockney sneak thieves" who returned to their old habits, were a "potent and pernicious" influence who corrupted others and landing up, as it were, in goals and reformatories, became a burden on the Canadian taxpayer.³³ There was, of course, little empirical evidence that substantiated these claims.

It is interesting to note that it was after the publicity surrounding Andrew Doyle's Report (1875) that the movement was subjected to sustained attacks in Canada and mounting criticism in Britain while its children remained in demand as a source of cheap labor. It cannot be overlooked that to attack the collective nature of the movement was to attack the individual natures of the children themselves. Such attacks can be seen

as a reaction to the criticisms of the treatment received in Canada for as Goffman explicates the customary response of those who are responsible for treating a given group badly is by claiming the group concerned deserves such treatment because of certain characteristics its membership possesses.

Blood and Sex - as we know with the HIV and AIDS epidemics - have potent metaphoric power and it was the imagery of blood and sex in pseudo-scientific theories of eugenics and hereditary - "tribal stigma" - that captured the public's imagination and became the press's stock-in-trade when criticising the importation of parties of Britain's poor. Taint, pollution, contamination: these were carried in the blood of poor stock - "that biologically inferior strata of British life."³⁴ It was an imagery with staying power until at least the 1930s. Indeed it is an imagery with a long, cross-cultural history.

Taint, pollution, and contamination - known in Hellenistic times as "miasma" - were stigmas of a non-moral nature. The polluted person in many cultures was judged by criteria of superstition and hygiene to be dangerous and contaminating of a whole community - spreading taint as a blood stain might. Pollution was transferable; a "complex non-rational phenomenon." Because it is derived from non-moral causes it is not susceptible to rational discourse and to prescribe a cure is not possible. Only removal, containment, expulsion can alleviate fear about the stigmatized and his or her polluting powers. Blood and the sexual intercourse, especially that of the spilling of semen as in the Hebraic taboos against onanism and the early campaigns against venereal disease were among the most powerful pollutants and causes of stigma.

For the present purpose, the full range of situations which entail "pollution" . . . must be believed to possess some characteristic in common; and it is evident that this characteristic lies not in the situations themselves, but in the attitude adopted toward them by society or by the individual.³⁵

We would argue that the characteristic, a combining formula of blood and sex, is found in the tribal stigma of pauper taint.

Blood and sex: the two images merged and erupted, episodically and violently for almost fifty years of the movement's history, in the language of relationships between the stigmatized and the Canada public. Moral degeneracy, genetic criminality, female promiscuity, physical defect, venereal disease, social incompetence, and chronic feeble-mindedness, scrofula, illegitimacy and moral contagion, were representations of bad blood and inferiority. A lethal combination of bad blood and reproductive sex was attached particularly to home girls.³⁶ The vulgar use of hereditarian theories to describe the immigrants as children of a degenerate stock of paupers dumped on the shores of a pristine northern New World stressed they must be separated from pure blooded Canadians. They were "children of the streets who [were] not wanted here." The deportations of boys on grounds of masturbation - the consequence of "bad passions" - or that of enuretic and encopretic children suggests that even their semen, feces and urine, embodied the imagery of sex and inherited blood besmirching the community. The presence of a single polluted individual was seen to have disastrous everyday consequences. As one farmer commented, "they cannot help it, it is in their blood and it will tell . . ." One can scarcely comprehend the shame these deportees

carried with them and the humiliation they faced when they were returned to their institutions of origin for such reasons. *Blood and sex*; this was recipe that constituted the moral careers of immigrant children. So much for young people who had been described by Denis Crane in John Bull's Surplus Children (1915) as having begun life "under the minus category."³⁷

The intellectual climate with its emphasis on new psycho-physiological theories of heredity merely provided a rational basis for self-righteousness in the face of criticism and deep-seated resentment. Nativists, nationalists, and labor groups demonstrated a sustained and predictable opposition from the 1870s, whereas in the 1920s, several other groups emerged to contribute to the eugenic polemic: politicized women's groups, superintendents of dependent children, child protection officers, social workers, as well as organizations such as the Canadian Council on Child Welfare and the Social Service Council of Canada. Each group had its particular raison d'être for participating in the lobby. To conclude that the lobby represented a major shift in child welfare discourse would be to oversimplify the matter.

The insidious nature of the theories meant that they were exploited by exponents of racism, xenophobia and anti-democratic views. It is not remarkable, therefore, that William Quarrier, who emigrated children from the Orphans' Homes of Scotland, commented in 1897 on the surprising "amount of cant one hears about the danger of corrupting Canadian morals, or indeed causing a mental or physical deterioration of the race by the importation of these children." Earlier Dr. Barnardo reported in 1885 that the Canadian press was willing to perpetuate the view that the movement was "a whole-sale

dumping of moral refuse on its shores." Seven years later a Barnardo report was noting that Canadians cited the laws of heredity "to demonstrate the degenerate characters of our young people, and the alarming results that might be expected to follow from the contamination of their presence among Canadian youth." James S. Woodsworth, a progressive social reformer, could observe in a popular 1909 critique of Canadian society that such children "inherited tendencies to evil" which must lead to the "degeneration of our Canadian people."³⁸

The Montreal Gazette, 25 July 1895, published remarks from Ontario farmers who benefitted from the cheap labor the movement provided. These included epithets such as "the scum of Europe," "little better than brutes," a "curse to the country," "good for nothing pauper and criminal classes," and "a contaminating influence on native born Canadians." The Toronto Evening Star demanded that England look after its own "syphilitic paupers" and not continue the practice which lent itself to "physical corruption of a pure blooded people." The Ottawa Citizen in September 1899, said that they were the "physiological off-scourings of the Old World dumped on [Canada's] shores." This latter term is all the more interesting in that other cultures had ritualized means of ridding themselves and the contaminations of the "offscourings" of pollution merely by hand-washing with cold water purifications. No such means of expiation was available here; the stigma, it would seem, was indelible.³⁹ It was "in the blood." It seems that a single drop of it or the stain of spilled semen could pollute a farm, a family, a whole nation.

The Canadian labor press was in perfect agreement with the 1887 comment in the Charity Organization Review which criticized boarding-out of workhouse children in

Britain by saying that the placing of such children in private homes after a residence in some institutions was "to take your bleached linen, hard enough to keep spotless, and throw it in dirty water." The Hamilton Palladium of Labour in 1894 charged that Maria Rye was "dumping the refuse of British jails, slums and workhouses." Such accusations were corroborated by the deportation of girls on the grounds that they were "given to thieving, lying, and were in everyway . . . unsatisfactory."⁴⁰

The Toronto Trades and Labour Congress weekly, The Toiler, releasing a litany of horror stories of the poverty and disease of the young Britons in 1903 stated that they were being imported "regardless of the injury done to the country by the lowest scum of the earth." In 1904, it deplored the undermining of the "present standard of health, physique, and mentality by the importation of waifs."⁴¹

On the evidence, one must agree with one child saver that "we do not claim to have brought angels into the country, nor do we place them among angels," despite the reply of the Premier of Ontario, Arthur S. Hardy, that he intended "to guard against the moral or physical deterioration of our people."⁴² As late as 1929, the Acting Deputy Minister for Immigration in Ottawa was still speaking about "picking out the culls" and asserting that "van boys from Glasgow, butcher boys from Dundee and newsboys from Bristol" were unsatisfactory material for Canadian national life.⁴³

IN WHOSE CARE AND CUSTODY?

It might be supposed that the "moral career of stigma" discussed in the previous pages would have been reduced considerably, if not totally eliminated, had the children been in the care and custody of Canadian child welfare authorities instead of British

philanthropic organizations. The label "home-child" was, after all, a euphemism for a Barnardo Boy, a Salvation Army Girl, a Quarrier Lad, an apprentice of the Waifs and Strays Society, or a street arab from the Gutter Children's Home. However being "in care" - that is a State ward - scarcely places a child in a stigma-free situation today and much less so in the past. Indeed, the history of stigma in this paper draws our attention to this dilemma because the debate between British guardians and Canadian Child Welfare interests demonstrates that had the children been under the aegis of provincial or federal child welfare authorities the moral career of stigma would have been reinforced rather than ended when apprenticeships concluded. Nonetheless British guardians did not wish their children to be further stigmatized as we shall see in the following pages.

If the principles of boarding-out of children were abused in British North America, that is, in lax supervision of indentures and conditions of guardianship, the blame must be shared equally between British callousness and Canadian crassness. That Canadian householders blatantly sought older children, i.e., 10 to 13 year olds, and that British emigration agencies eagerly provided them, maximized the potential for abuse of the system. When Canadian legislation prohibited very young children, the likelihood of adoption and real fostering lessened in proportion to the numbers of older children entering Canada. These were then identified as helpers - urban children for domestic or rural service - and ironically, their exploitation was assured by the very means whose purpose was to provide them protection.⁴⁴

The Ontario Juvenile Immigration Act in 1897 insisted that the supervision of children include a medical and general examination in Britain and again at the point of

debarkation in Canada, as well as the extension of the government inspections in practice since 1875 from an annual to a quarterly basis with adequate record-keeping. Most of the agitation during this time concentrated on selection processes rather than aftercare superintendence. Selection continued to be a point of controversy for the next thirty years. Most emphasis was placed on medical inspection of the children than any other kind.

Even with the appointment of a Dominion Inspector, G. Bogue Smart, in 1899, at no time there was adequate supervision or placement of apprentices. Moreover in cases of deportation or illness nobody wanted to claim responsibility; not the Immigration Department, the Emigration Society, the Board of Guardians in England, nor the provincial departments of child welfare. Nobody, for instance, wanted either Margaret Gaskin or Dora Rooker who were found to have tuberculosis after placement.⁴⁵ T.B. was early this century not only a pathology but a metaphor for spreading contamination and the contagious degeneration of an otherwise healthy nation.

The combining of the Ontario Department of Neglected and Dependent Children with a system of semi-voluntary children's aid societies after 1883 created a paper system for the supervision of Canadian children which further laid the basis for the provincial Immigrant Children Act of 1897. J.J. Kelso, superintendent of Ontario's dependent children, also functioned as the Inspector of Juvenile Immigration Agencies. Kelso saw the 1897 Act as espousing "three great principles: First, that only respectable children of sound physical condition be brought to Ontario; second, that each agency should have a thorough system of supervision during the minority of their wards; and

third, that the work should be conducted under government inspection." The Ontario legislation was quickly copied by Quebec, Manitoba and Nova Scotia, but the legislation did not ensure the necessary child protection agencies to provide even minimal supervision of their own neglected and dependent children.⁴⁸

Through blatant acts of domain-expansion the new social welfare advocates demanded that the movement should cease altogether because of its anachronistic placement methods and its potential for exploitation and neglect. Canadian child welfare authorities were to act as moral watchdogs. While we have already alluded to reasons other than humanitarian ones, it is not within the scope of this paper to elaborate these apart from making one comment which is pertinent to the present discussion. The CAS's boarding-out system did not operate on the basis of "paid homes" but rather of "free or work homes" whereas several British societies paid boarding fees for their youngest children in Canada. Not surprisingly British children were in more in demand than their Canadian counterparts. If the placement money was used somewhat as a futile attempt to reduce stigma and minimize abuse the Canadian policy of free homes would only have added to social stigma.

Provincial child welfare authorities, particularly the network of Children's Aid Societies which evolved after 1893 in the various provinces, objected strenuously to the fact that the children were not their wards and they were, therefore, unable to claim per capita state funding for their supervision. A more curious objection was that the young Britons were unfair competition with Canadian wards for scarce homes: curious

inasmuch as the most vociferous of critics of the immigration movement were asserting that the Britons were subject to exploitation and mistreatment in these Canadian homes!

Legitimizing their objections by the newly emerging child welfare criteria of professionalism, social welfare workers and policy makers continued to appropriate the eugenic rationale. Thus we see how Charlotte Whitton, Canada's foremost figure in scientific child welfare in the 1920s, organized surveys of immigrant children. These sought to unearth as many examples of "taint" as possible through records of charitable agencies, asylums, reformatories, penal institutions, the Toronto General Hospital, psychiatric departments, and female rescue homes. Although the CCCW survey of 1928, Several Years After, bore all the outward signs of a humanitarian document condemning the exploitation of unprotected British child life, its spurious data base was generated from a profound belief that such children also represented undesirable immigrants. Several Years After, it continued that "this must be constantly born in mind lest the reborn Canadian of the future be a weakling race, and a menace in its [eugenic] constitution."⁴⁷

In her own correspondence, Whitton herself freely used the expression "the backwash of juvenile immigration" quoting from a 1925 Social Science Council of Canada report which deplored "the eugenic effects of bringing in thousands of boys and girls, a considerable proportion of whom have sprung from stock, which, whatever else may be said of it, was not able to hold its own in the stern competition of the motherland." Whitton vigorously defended psychiatric examinations as a qualification for juvenile emigrants when such examinations were still primitive and frequently punitive,

if for no other reason than to prevent children who might be, or might become, "sex morons" from entering Canada.⁴⁸ The metaphoric power of blood and sex remains close to the surface in Whitton's consciousness during the 1920s.

Nevertheless there is evidence of a sharp rebuttal to the claims that federal or provincial authorities should automatically assume guardianship. For example, The Hamilton Spectator, 3 May 1924, in a succinct summary of the issue, stated:

Does one think they will become better Canadians by retaining the tag of 'State Ward' until manhood than they would if placed in the care of responsible employers and left to their own resources? Why ought they be constantly reminded of the handicap of an orphanage instead of a system being provided to forget their misfortune?

This summary of the matter was in keeping with Quarrier's observations twenty-seven years previously that "those who are not criminals ought not to be dealt with in any other way than as full-born subjects of Canada and Britain. . . We will not have our children bearing the additional stigma of being government children."⁴⁹

Almost thirty years later, in 1927, John Hobday, Manager of the Barnardo Training Homes in Canada rejected claims by a national organization that it be given the records of children's placements for follow-up studies.

They are the records of the children rather than the records of the Home and they are certainly not intended for the public. The view taken by Dr. Barnardo's homes has always been that these, usually humble members of society are entitled to demand the history of their childhood should be

as much shielded from public curiosity as the history of more fortunate children who have been brought up in the privacy of their own homes.

Finally it is noteworthy that neither was the federal inspector, J. Bogue Smart, convinced by the critics. Instead he sympathized with Hobday's sentiments adding that if a child was allowed to enter into Canada in the first place he had "the right to settle where he wishes without being enrolled as a ward of that province."⁵⁰

CONCLUSION: THE MANAGEMENT OF SPOILED IDENTITY

Neither did the moral career of social stigma end with the children's apprenticeships if we are to discern and decode the meanings found in the mini-biographies so eloquently recorded in collection of interviews in Phyllis Harrison's The Home Children (1979). This collection points to the incremental effects of what Goffman describes as "the spoiled identity."

One man, brought over at nine years between 1911-12, observed that Canada has been promised as "one big apple tree" where all one's worries would cease for life, but wryly concluded that "it wasn't my fault that I picked a wrong apple I damn near died of loneliness. I was sure I would die, but little boys don't die easily." Another bitterly said, "The whole family ridiculed my accent and jeered at my clothes" and another observed that what hurt most was "the fact that the people would not believe me or trust me." Born in a Union Workhouse in 1897, William Wood, who came to Canada at eight years of age, was exploited, beaten and, as his wife enigmatically remarked, had been "owned by a beast."⁵¹

As *isolates* with little or no sense of group identity they coped with the residual effects of their experiences in a variety of ways, all well known strategies for members of a stigmatized category. Some, for instance, coped by "passing," a realistic option due to the invisibility of their particular stigma once they moved into the broader society. As adults they passed as ordinary immigrants. Still others remained "closeted," reluctant to make public their origins. Fearing the possibility of "outing" they adapted subtle codes of revealing and concealing. The fact of this "historical hiding" has been demonstrated by other historians as a phenomenon which continued until at least the early 1970's when the interest in finding one's roots and the good press given minorities and the disadvantaged allowed these forgotten immigrants to surface in Canadian history and the popular imagination. Some examples of group-identity can be seen intermittently before this time as with the Barnardo boy, James Webb, whose 1924 complaint has been cited. The purpose behind this and later solidarity was more therapeutic and social than in the militancy of "identity-politics." As a personal aside, even during the teaching of this subject during university courses an instructor is regularly informed by a student that only at that point did he or she make "sense" of the silence surrounding the background of a grandparent or a relative, either deceased or living.

Running away from one's placement was another strategy in managing the effects of spoiled identity. Joy Parr's Labouring Children (1980) refers to runaway Barnardo boys who abandoned agricultural pursuits in favour of urban employments while seeking the anonymity as well as the familiarity of city life. However unlike the runaway orphans

from the Canadian asylums whom we have documented elsewhere there were no familiar locales, relatives or families waiting.⁵² Home girls ran away less frequently than boys. This is partly explained by their vulnerability to prostitution and sexual predation but in a New World with a short supply of women there was less scrutiny of a female's past or family origins. Therefore another strategy for home-girls was to "marry-up." Many became the wives of farmers who included the next generation of home-girls among their household help.

Yet again many in later life searched for separated siblings or returned to Britain to find and reunite with families. Subsequently many discovered other children had been born since they had been surrendered. There were boys who joining the army as young men solely to get back to Britain. As with adoptees and foster children this exploration was fraught with compulsion, anxiety, ambivalence, and disappointment.

Labouring Children also records that a disproportionate number of Barnardo boys remained unmarried, either unable to emotionally commit themselves or assume the burdens of family life.

As for family life it is heartening to observe that to the best of our knowledge the so-called abuse syndrome was not perpetuated by the majority of those who had families of their own. Indeed, Phyllis Harrison records many of them being hypersensitive to child neglect and abuse and therefore solicitous of their own children. Because this is perhaps the most comforting aspect of this particular case-study it seems an appropriate point to conclude except to add that nowhere in the annals of British emigration history is there a more calloused expulsion of children and nowhere in

Canadian history is there a more shameful response to and treatment of the young and vulnerable.

Notes

1. "Scandal of the Exiled Children Britain Forgot," International Express (July 1993): 17.
2. For recent studies, see Neil Sutherland, Children in English Canadian Society (Toronto: University of Toronto Press, 1976); Joy Parr, Labouring Children (London: Croom Helm, 1980); Kenneth Bagnell, The Little Immigrants (Toronto: Macmillan of Canada, 1980); Gillian Wagner, Barnardo (London: Weidenfeld and Nicolson, 1979); Phyllis Harrison, The Home Children (Winnipeg: Watson & Dwyer, 1979); and Wesley B. Turner, "Miss Rye's Children and the Ontario Press, 1875," Ontario History 68 (September 1976): 169-203. Also, by the authors, "Imperial Philanthropy and Colonial Response: British Juvenile Emigration to Canada 1869-1930," The Historian 46 (November 1983): 56-77; "The King's Children in English-Canada: A Psychohistorical Study of Abandonment, Rejection and Canadian Response to British Juvenile Immigrants 1869-1930," Journal of Psychohistory 8 (Spring 1981): 387-420; and Discarding the Asylum: From Child Rescue to the Welfare State in English-Canada 1830-1950 (University Press of America, 1983), Chapters 6 & 7.
For the parallel American experience see Marilyn Irvin Holt, The Orphan Trains: Placing Out in America (Lincoln: University of Nebraska Press, 1992).
3. Ervin Goffman, Stigma: Notes on the Management of Spoiled Identity (New York: Touchstone, 1986; Prentice Hall, 1963).
4. Goffman, pp. 2-5, 23, 32-38, 41-42.
5. Liverpool Catholic Reformatory Association, 27th Annual Report (1889). Liverpool City Library; and Gutter Children's Home, First Annual Report (1972-73) pp. 3-4, Birmingham City Library [BCL].
6. Goffman, p. 3-4.
7. Carpenter, p. 4.
8. In Edward Carleton Tufnell, Observations on a Report by Mrs. Senior to the Local Government Board ... London: 1875, p. 11 ...
9. Skelton, The Boarding Out of Pauper Children in Scotland (London: 1876), pp. 82-83; Carpenter quoting Senior, p. 5; Carpenter, A Letter on the Charges of the Bristol Guardians to the Editors of the Bristol Daily Post (Bristol, 1861), p. 14; F.C. Clayton, "On the Education of Pauper Children in Cottage Home," p. 16, read before the Midland Poor Law Conference, 1883, BCL; Tufnell to Poor Law Commissioners, 21 May 1838 and 10 May 1945 in Inspectors' Report (1939-1840, 1841-1846) MH 32/70-71. Public Records Office [PRO]; and Goffman, p. 3.

10. For a psychohistorical interpretation see Rooke and Schnell, (1981): 387-420.
11. Joy Parr, "Family Strategy and Philanthropic Abduction," in Labouring Children, pp. 62-81.
For further discussion of family strategies see Rooke and Schnell, "Childhood and Charity in British North America," Histoire Sociale/Social History 15 (May 1982): 157-179; and Michael Anderson, Family Structure in Nineteenth Century Lancashire. Cambridge Studies in Sociology, 5. Cambridge: Cambridge University Press, 1971.
12. A detailed analysis of the boarding-out debate is found in Rooke and Schnell, "From Binding to Boarding Out in Britain and English-Canada: A Transformation in Childhood Sentiment and Practice," Paedogica Historica, 24 (Dec. 1984): 461-491.
13. Mr. J. Pendlebury of the National Children's Home, London, states this in "Children's Home and Training School for Christian Workers," Annual Report, 1885-1886, (London: 1886), p. 14.
14. Joseph Forester, Stay and Starve (London, 1884), pp. 7 and 16; "A Canadian Sheaf: An Outline of the Boys' and Girls' Refuge at Strangeways (1906)," p. 18, (Immigration Branch Records), RG 76, vol. 30, file 674, pt. 3, National Archives of Canada [NAC]; George Bogue Smart, "A Visit to G.B. and Ireland (1906)," National Library of Canada [NLC]; and "Out of the Depths: Life and Hope for the Slum Child in Canada," The Fold 4 (July 1904): 70-75, BCL.
15. Children's Emigration Homes, 10th Annual Report (1883), pp. 9-10, BCL, Emphasis added.
16. Gutter Children's Home, 1st Annual Report (1872-73), pp. 3-4, BCL.
17. Goffman, p. 13. For a more extreme case, see Deborah Dwork, Children with a Star: Jewish Children in Nazi Europe (New Haven: Yale University Press, 1991).
18. For example in 1920 a boy was subject to "indignities" when it was later discovered he was probably only nervous, timid, not talkative, and had a broad Scots brogue which characteristics were sufficient for him to be rejected as a "mental defective." W. Douglas to Smart, 16 April 1920, and Smart to Little, 17 April 1920, RG 76, vol. 46, file 1381, pt. 2, and RG 76, vol. 32, file 724, pt. 3, NAC.
19. O'Donaghue to R.W. Scott, 25 July 1896; and Toronto Trades and Labour Council, "Extract from the Report of Legislative Committee," 6 December 1895; A.B. Owen, Barnardo Agent, Toronto, to Pereira, 19 January 1896; and O'Donaghue to Minister of the Interior, 3 March 1896, RG 76, vol. 121, file 23624, NAC. To demonstrate the continuity of this curious reversal of justice whereby the victim bore the burden of blame, many years later Mr. Reynolds, Superintendent of Neglected Children in Saskatchewan, noted that a boy who had been found dead after extended neglect "must

have been very docile or he would not have stood for the things he did." "Extract from Conference Proceedings of the Canadian Council on Child Welfare" (September 1923), p. 4, CCSD/6, NAC.

20. Select Committee on Immigration and Colonization, "First Report," Journal of the House of Commons, (1875); and also the "Fifth Report," RG 76, vol. 121, file 23624, PAC; Report to President of Local Government Board by Andrew Doyle (1875), NLC. Evidence that few in proportion to the total movement of British children originally came out under the poor laws is found in Journal of the House of Commons, "Final Report," Standing Committee on Agriculture and Colonization, 1895; D.J. O'Donaghue to Clifford Sifton, 21 March 1897 and reply, RG 76, vol. 121, file 23624, NAC.

Whatever their treatment, Home Children did not ordinarily fall victim to the contemporary cases of exploitation and danger reported by Roger Sawyer, Children Enslaved (London: Routledge, 1988) and Roger Rosenblatt, Children at War (New York: Doubleday Anchor, 1992).

21. "Further Letters Furnished to the Department of Agriculture in Rebuttal of Mr. Doyle's Report, by Maria Rye" (1875), pp. 24-25, NAC.

22. Charlotte Alexander Papers (1885-1893) MG 29, C58, vol. 1, NAC.

23. MG 29, C58, vol. 1, file Z, NAC.

24. In 1902 Mrs. Despard of the Catholic Workhouse Association deplored the fact that these girls were seen as a "helot" class. "Conference . . . of Lambeth Guardians: Emigration of Poor Law Children, 29 June 1902," NLC.

25. Emily Bayley, Lady Superintendent of Western Home to Smart, 9 October 1902, RG 76, vol. 78, file 6648, pt. 1., NAC.

26. J. Obed Smith to Scott, 3 December 1904, RG 76, vol. 100, file 13204, pt. 2; RG 76, vol. 62, file 2869, NAC; and Harrison, p. 188.

27. RG 76, vol. 62, file 2869, pt. 1 and vol. 63, NAC.

28. National Children's Home Annual Reports (1893-95) pp. 37-38, BCL.

29. Manitoba Free Press, 22 November 1893. The Russell Farm Investigation is found in RG 76, vol. 94, file 10216.

30. National Council of Women, MG 28, I 25, vol. 105, file NCW, June 1895 - March 1896; and file NCW, April 1896 - May 1896, NAC.

31. This preoccupation is documented in Rosa Shaw, Proud Heritage: A History of the NCW of Canada (Toronto: Ryerson Press, 1957), pp. 11-36; and Veronica Strong-

Boag, The Parliament of Women: The National Council of Women of Canada, 1893-1929 (Ottawa: National Museum of Canada, 1976).

Examples include the London LCW Resolutions (1917) in MG 28 I 25, Public Archives of Manitoba; Ottawa LCW, Minute Books 1894-1920, MG 28 I 32 and Montreal LCW, MG 28, I 164, vol. 7, NAC; Regina LCW Minutes, RG 136, Saskatchewan Archives Board, Regina; Marion R. Earl, "A History of the LCW of Kingston 1894-1974," in Coll. 31, Queen's University Archives.

32. James Webb to G. Bogue Smart, 6 February 1924, RG 76, vol. 67, file 3115, pt. 11, NAC.

33. Report of the Commissioners Appointed to Enquire into the Prison and Reformatory System of Ontario (Toronto, 1891); City of Toronto Archives; and Parr, pp. 53-54.

34. P.H. Shelton to Charlotte Whitton, 4/07/1928, MG 28.110. Vol. 5, File 33, NAC.

35. One of the most cogent historical studies of pollution and stigma is Arthur W.H. Adkins, Merit and Responsibility: A Study in Greek Values (Oxford: Clarendon Press, 1960), pp. 92-93.

36. Correspondence around the Elizabeth Rye Home is preoccupied with the mental and moral propensities of the girls, RG 76, vol. 253, file 193596, (1925-30). Other examples include the records of the NCW, MG 28, I 25, vols. 66-68 and 107-108, PAC; Winnipeg Local Council, MG 10, C 45, Public Archives of Manitoba [PAM]; Montreal Local Council of Women, MG 28, I 164, vols. 4 and 7 (see especially Carrie Derick, "Is the Mentally Defective a Problem in Preventative Medicine?" AR (1915-16), pp. 10-14; "Report of Committee on Mental Defect, 1918-20," AR (1918-19), pp. 25-29. For references to "immoral habits," "wicked and evil tendencies," and "bad passion," see RG 76, vol. 63, file 2869, pt. 4; and vol. 58, file 3115, pt. 15, NAC.

For general discussions of the fears of sexually transmitted diseases, see Jay Cassel, The Secret Plague: Venereal Disease in Canada, 1838-1939 (Toronto: University of Toronto Press, 1987), and Allan M. Brandt, No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880, expanded ed. (New York: Oxford University Press, 1987).

37. John Walters to the Colonial Office, 12 July 1875, RG 76, vol. 65, file 3115, pt. 1, Ontario Department of Agriculture, Bulletin L111, (June 1895) RG 76, Vol. 119, file 22877, NAC; and Denis Crane, John Bull's Surplus Children: A Plea for Giving Them a Fairer Chance (London: Horace Marshall & Son, 1915), p. 13. Also see Thomas E. Sedgwick, Lads for Empire, (London: P.S. King & Son, 1914). Adkins develops the argument about the "offsprings" being removed. pp. 92-93.

38. The Orphans' Homes of Scotland, AR (1897), p. 48, Mitchell Library Glasgow (MLG); Barnardo's, AR (1885), p. 14, and AR (1907), pp. 27-32; and James S.

Woodsworth, Strangers Within Our Gates (Toronto: Methodist Mission, 1909), pp. 51-58, and 59-72.

39. The paper used material from the Ontario Department of Agriculture, and the House of Commons, Standing Committee on Agriculture and Colonization, Final Report, 1897, RG 76, vol. 121, file 23624, NAC. Adkins develops the argument about the "offscourings" being removed. pp. 92-93.

40. Charity Organization Review/Reporter (April, 1887): 139-145; Palladium of Labour, 1 November 1884 and 16 August 1884; Pereira to Rye, 24 April 1894; Rye to Pereira, 26 April 1894, RG 76, file 10216, NAC; and The Toiler, 10 July 1903, and 28 October 1904.

41. Superintendent of Dependent and Neglected Children, Ontario, 5th AR, Appendix, "Special Report on Immigration of British Children" (1897). For Canada's role in preventing the admission of European Jews (including children) see Irving Abella and Harold Troper, None is Too Many (Toronto: Lester & Orpen Dennys, 1982).

42. Gutter Children's Homes (Middlemore) 6th Annual Report, p. 5, BCL

43. Great Britain, Parliamentary Papers, vol. 39 (1911) (Reports, vol. 32), "First Report of Standing Committee on Boy Labour in Post Office," Cd. 5504, p. 293; vol. 33 (1913) (Reports, vol. 19), "Report of the Departmental Committee on the Hours and Conditions of Employment of Van Boys and Warehouse Boys," Cd. 6886, p. 463; vol. 33 (1912-13) (Reports, vol. 19), 'Evidence Taken before the Departmental Committee on the . . . Employment of Van Boys and Warehouse Boys," Cd. 6887, p. 495. Also see vol. 44 (1914) (Reports, vol. 34), "Fourth Report of Standing Committee on Boy Labour in Post Office," Cd. 7556, p. 871.

44. The Empire Settlement Act (1922) put the age of unaccompanied juvenile emigration from fourteen years to seventeen years for girls and nineteen years for boys although some under twelve could proceed under "A special scheme arranged by the Child Emigration Society." RG 78, vol. 68, file 3115, pt. 19, NAC. See G.F. Plant, Overseas Settlement: Migration from the United Kingdom to the Dominions (London: Oxford University Press, 1951), for juvenile emigration schemes placed in a broader context.

45. RG 76, vol. 68, file 3115, pt. 15; vol. 67, file 3115, pt. 11; and vol. 62, file 2869, NAC.

46. Superintendent of Neglected and Dependent Children of Ontario, 2nd AR (1895), Appendix, pp. 30-35; 5th AR (1897), Appendix, p. 4; and Manitoba, 60 Victoria 1897, ch. 1; Quebec, 62 Victoria 1899, ch. 47; and Nova Scotia, Revised Statues, 1900, ch. 118.

47. Juvenile Immigration Report No. 2 (Ottawa: CCCW, 1925), p. 6; Whitton to James W. Woodsworth, M.P., House of Commons, 24 April 1924; Miss J.M. Kniseley, Head

Worker, Toronto General Hospital to Whitton, 27 February 1934; Claude Winters to J.J. Kelso, 7 November 1925; Winters to Jane Wisdom, 7 November 1935; Wisdom to Whitton, 31 November 1925, CCSD/26, file 137. Whitton and the CCCW are discussed by the authors in "Child Welfare in English Canada 1920-48," Social Service Review 55 (September 1981); 484-506 and No Bleeding Heart: Charlotte Whitton a Feminist on the Right (Vancouver: University of British Columbia Press, 1987).

48. Canada's Child Immigrants (Toronto: SSCC: 1925), pp. 16, 33, and 38, PAO; and Whitton to G. Pott, 16 August 1938, CCSD/6, file 33.

49. The Orphans' Homes of Scotland, AR (1897), p. 93, MLG. Emphasis added.

50. Hobday to McGregor, 21 November 1927, CCSD/6, file 33, and Blair to Egan, 11 July 1926, RG 76, vol. 65, file 3115, pt. 14, NAC. Similar statements are in Claude Winters (Superintendent of Fairknowe home) to Whitton, 29 January 1926, and Smart to Egan, 15 November 1924, commenting on the 1924-26 Children's Acts in Manitoba, Alberta, and Nova Scotia, which included sections on immigrant children.

51. Harrison, pp. 135-137, 196, 175, and 86.

52. Discarding the Asylum, pp. 101-139.

The Scientific Study of Children
in Orphanages in the United States, 1900-1945

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The Scientific Study of Children in Orphanages in the United States: 1900-1945

Around 1900 physicians and social scientists began to enter orphanages in the United States. Their intention was to use the children who lived there as subjects in research. This activity became a vast field experiment in which newly-developed techniques of middle-class social science were inadvertently applied in the study of children of disadvantage.

In the nineteenth century, to philanthropists, volunteers, charity workers, and citizens of the community the orphanage seemed like a good idea. However, during 45 years of medical, psychological and psychiatric research that began around 1900 scientists studying children in these institutions gradually came to believe that children could not thrive in orphanages. This discovery came slowly, for scientists had not entered orphanages to study the children who lived there. Instead they came to use children in orphanages as proxies for family-reared children in their study of the normal child. Upon study, these scientists realized that children in orphanages were often not normal in many of the attributes under investigation.

Researchers discovered that children who lived in orphanages were shorter, weighed less, had lower intelligence test scores, were more likely to have been exposed to the serious childhood illnesses, were less likely to recover from illness, and were retarded in school. Infants in orphanages were listless, needed more food to make the same weight gains as other children and were slow to reach developmental milestones. Some one-year olds lay in cribs unable to turn over or to pull themselves

up at all. Infant mortality rates were several times higher than for the population at large.

These findings came from research in which children in orphanages were used because they were available, because they were available without parental consent, or, occasionally, because medical procedures carried out on them would not have been approved by parents to have been carried out on their own children.

In these studies scientists were confronted with the effects of disadvantage, but few had come to orphanages to study disadvantage. Findings about the differences between children in orphanages and those in families were explained as hereditary differences. For decades researchers resorted to these timeworn, nineteenth-century explanations about the poor to interpret their twentieth-century scientific observations.

This evidence becomes apparent when one shifts attention from the science of the normal child to the subjects used in the establishment of this science. Three perspectives of scientists will be considered: their knowledge of the orphanage, their attitudes toward children of the poor, and their conception of their own science. As was intended, the study of children who lived in orphanages helped lay the foundations for a science of the normal child. It also revealed, to those who took notice, the devastating effects of disadvantage on children.

The Orphanage

The orphanage was a contradictory institution and difficult to define. The Newton Home for Orphans and Destitute Girls in Newton, Massachusetts was located in a home in 1872. Although proud of operating as a family, the matron, "Aunt Pomroy" forbade the adoption of girls from the orphanage by couples wanting to make them members of their family. Instead she trained her charges for work as cooks, seamstresses, or servants.¹

Some orphanages housed a dozen children or fewer, in a family home. Others housed over a thousand children in institutional buildings. Still others were way stations for placing out programs, housing children for a short time until they had been placed out into families.

The exteriors of many large orphanages were grand and imposing in architectural style, reminiscent of prisons, armories, or castles. Sometimes constructed on a promontory or at the edge of a town, orphanages were buildings that reflected civic pride. The orphanage was tangible evidence of a civic response to Indian massacres, epidemics, shipwrecks, an influx of destitute immigrants, or the effects of westward migration.²

In contrast to lavish exteriors, the interiors of orphanages were Spartan, befitting their task to train laborers. Sleeping rooms were so filled with cots that sometimes there was no space between beds. In some orphanages two or three children slept in a single cot or crib. Though considerable sums might be spent to build an orphanage, people expected that the institutions use measures of extreme

fiscal economy in daily management. The Superintendent of the State Industrial School in Lancaster, Massachusetts suggested in 1891 that children could be fed for as little as sixteen cents per day. One superintendent who was proud of his management of funds, noted that no cloth had been purchased because second-hand clothing had been altered to fit inmates. Annual reports from orphanages often proudly listed donations of soup bones, of fish, of clothing and shoes, testimony to the pride in community participation combined with careful, economical management.³

Orphanages were founded with the highest motives to "save" children from lives as paupers, but most institutions trained children for jobs in the lowest levels of society. The orphanage curriculum consisted of reading, writing, arithmetic, and moral and religious education, but teachers in the orphanage were often poorly trained and poorly paid. Vocational education, training in shoemaking, for example, was introduced to larger orphanages, and farming education at orphanages in the country. However, vocational education as often served the financial needs of the institution by providing the orphanage with cash or inexpensive shoes and vegetables, as it did train youngsters for future jobs. A historian of one institution noted that no apprentice shoemaker went on to work making shoes after leaving the orphanage and that adept shoemakers were coerced (by having wages withheld) into staying in the orphanage shop beyond the age of "graduation."⁴

Educational programs in orphanages often had more to do with John Locke's eighteenth century suggestion for working schools and Johann Heinrich Pestalozzi's experiments with orphanage-workhouses than they did with twentieth-century

educational programs for children in public schools. Sometimes academics seemed secondary to intentions to train children for work, though children in orphanages often benefitted from considerably more educational instruction than their brothers and sisters outside the orphanage were able to obtain. Fortunately, children in orphanages were enrolled in public schools in increasing numbers across the twentieth century, although health quarantines of the institution often prevented children from attending public school for months at a time.⁵

Most contradictory of all, typically orphanages opened to serve orphans, the most deserving of children, those having no living parent. Within a short time after opening, however, orphanages were besieged with requests to take children who had living parents. Some destitute parents permanently relinquished children to orphanages; others housed their children in an orphanage while the parent or parents got back on their feet.

Consumption of alcohol was a principal reason orphanages filled with children. In 1890 social reformer Jacob Riis noted that for 111 Protestant churches below Fourteenth Street in New York City, there were 4,065 saloons. Destitute parents who spent scant resources on alcohol often found their ragged, hungry, and sometimes abused children placed in orphanages by charity workers, police, or poor-law officers.⁶

Finally, though it was believed that orphanages were founded and managed by citizens with the highest motives, it was acknowledged that the lack of standards in orphanages permitted a low level of care. In some cases people unfitted or untrained

for work with children, poorly-paid older women, or young adults, some of them barely older than their charges, took care of children in orphanages. It was not uncommon for a large orphanage to have a single matron for 100 children. Work was delegated to older girls in the orphanage, or to monitors. Monitors often were orphanage graduates who worked as disciplinarians for younger children, perpetuating a Draconian system of harsh treatment and abusive punishment. Some well-run smaller orphanages operated as families, but in larger orphanages, supervision was often lax, as one incoming superintendent discovered. When he took over management of the orphanage he found the Babies' Department was run by a woman he was forced to discharge. He found her "entertaining a policeman in her 'shed' in the evening" leaving around 70 babies unsupervised for the night.⁷

Children moved in and out of orphanages with frequency. In 1915, in New York State, around one-third of children left the institution, returning home to relatives, leaving to work, or both. Scientists who entered the orphanage carried with them the idea that the orphanage was a benevolent institution that housed full orphans from infancy until they were old enough to work. Researchers were not aware of the use of orphanages by families in poverty as a way-station, a temporary shelter for children.⁸

The Children

In 1920 in Delaware, an eight year-old boy and his companion were left alone to guard the house, not to let anyone in, and "and to shoot anyone who tried to steal

tomatoes from the garden." When a man entered the garden and began stealing tomatoes, "The youngsters...rushed into the house and upstairs, one getting a revolver and the other a shotgun. The gun went off and fell out of the second-story window, the boy who was holding it falling out with it. The other boy then made a grab for his friend's heels and fell out after him." As reported by a Children's Bureau investigator, "The result of all this confusion was that both boys were taken into custody and shortly afterwards were placed in an institution for dependent children."⁹ Most children who fell into orphanages were not orphans, but had living parents as these boys did, and lived lives of poverty, neglect or inadequate supervision. The popular label for children such as these who lived in orphanages, was "orphan."

Orphan is an umbrella term for any child bereft of protection or advantage of parents. The full or true orphan was a child bereaved by the death of both parents. A half-orphan was a child bereaved by the death of one parent. From Jewish and Christian sources, the orphan was traditionally considered to be the most deserving among poor children.

This was a Protestant Christian system of classification. The deserving poor were those who, through no fault of their own (as in the case of orphans) had fallen on hard times. For example, widows of soldiers were considered deserving poor. The undeserving poor were those whose shiftlessness, immorality, or intemperance had lowered them to the debased category of paupers. In Protestant thinking, they were the pernicious poor. Historian Charles Rosenberg noted the "unquestioned distinction between the worthy and unworthy poor, between the prudent and

industrious objects of a benign stewardship and those less deserving Americans whose own failings justified their almshouse incarceration."¹⁰

It is important to recognize that this was not a system for classifying children; it was a system for classifying adults. The labels for children came from the behaviors of their parents. In this way blame was extended to children.

A two-tier system reflecting these beliefs operated in the nineteenth century. Orphanages served children of the deserving poor, and the poorhouse or almshouse was a repository for whole families of the undeserving poor. Toward the end of the nineteenth century, as laws were passed to remove children from the poorhouse and place them in orphanages, this two-tier system collapsed into a single institution for children, the orphanage. By 1900 orphanages were filled with children of the undeserving poor.

By the end of the nineteenth century there was a non-correspondence between orphanages and orphans. Since children with at least one living parent were the majority of inmates, and since the number of orphans was decreasing, it was usually the case that only ten to 30 per cent of children in orphanages were true orphans. Furthermore, orphanages were designed to house orphans, although few true orphans them entered such institutions. In 1930 there were estimated to be 450,000 true orphans in the United States. According to the census of children living in institutions in the year 1933, there were 140,352 children living in orphanages in the United States. If one-third of children in institutions were true orphans, that meant

that under ten per cent of orphans in the United States lived the orphanages. The other 90 per cent were cared for by relatives, friends, or neighbors.¹¹

Around the turn of the century there was a movement to remove children from orphanages altogether by finding foster homes where they could live, yet it was another five decades before more children were placed with foster families than were placed into institutions. Though some charity writers noted that children needed the "fathering and mothering" of family life, they also wanted children placed in families because they believed that orphanage life was too easy on children. One writer noted that girls did not learn to wash and iron in orphanages, and boys did not learn to farm. She questioned,

Will not children used to the comfort of steam-heated halls and to being waited on, find it a hardship to break ice for water to drink or wash in, to bring water from a well, to chop wood, bring coals from a cellar, make fires at dawn...?¹²

People believed orphans should be accustomed to a life as laborers from an early age. Life in the orphanage, she continued, "Does it not rather weaken him?" Scientists who entered orphanages to carry out research shared with citizens the ambivalent attitudes that these children engendered.

The Science

The earliest scientists to study children in orphanages were the physicians who volunteered on a regular basis to care for the health needs of children in institutions.¹³ Around 1900 they were joined by other scientists who used children in orphanages as subjects to study height, weight and other physical attributes of

infants and children. Using the statistical idea of norms or averages, it became possible to describe typical or average growth for a child from babyhood into childhood, and to compare an individual child's growth to curves for the average child. Thousands of measurements of height, weight, skeletal growth, dentition, onset of puberty, blood pressure, and other measurable attributes were collected by physicians, anthropologists and other social scientists working in private practice, in schools and in children's institutions.

In these studies of the normal child, as they were called, researchers frequently referred to deviant and defective individuals, but these researchers were not focusing on deviance itself. Instead, they often employed the term deviant in its statistical sense, to suggest a distance from the average, the norm, or the "golden mean" they were establishing by measuring as many children as possible.

This unintended racism was contrasted by the overt racism that characterized many of the comparisons among ethnic groups, in which differences were ascribed to inferior heredity among members of a given ethnic group. In this research there were frequent references to norms for ethnic and racial groups, for a notion of culture as layered and decidedly hierarchical held in the early twentieth century. Starting around 1880, enormous numbers of immigrants entered the United States, most of them from desperately poor sections of Europe. Not yet integrated into the dominant Protestant culture, or worse still in the public view, not intending to become integrated into Protestant culture, these immigrants were a source of despair and concern by citizens. Social science research reflected these attitudes. Thus, among the more than 2000

studies of physical growth and development indexed in a Children's Bureau publication in 1927 were references to the inferiority of growth among Italian children, to "physical differences between white and colored children," influences of diet on a "racial growth curve," to nutrition of Chinese children, along with observations on the health and growth of children in an orphanage in which it was noted, tellingly, that children were short and thin, but "a considerable deviation from the ideal diet" was still "consistent with good health."¹⁴

Physicians helping map out the characteristics of the normal child conducted a great number of studies of disease, of malnutrition and of basic physiological processes in research using children in orphanages as subjects. Some scientists studied children or babies in orphanages while others borrowed infants from orphanages to place on their study wards in hospitals.

One of the few projects to arouse criticism within a few years after it took place was physician A.F. Hess' study of rickets and scurvy.¹⁵ Hess and his assistant Mildred Fish, researchers at the New York City Department of Health, allowed infants at the Hebrew Infant Asylum in New York City to develop rickets and to develop scurvy repeatedly by withholding cod liver oil or orange juice from their diets. A former social worker named Konrad Berkovici wrote in indignation to The Nation that "A child is placed in an infant asylum because it is left 'without proper guardianship' because the parents 'are too destitute to care for it properly.' It is never intended" he continued, "to take the place of a guinea pig in a...laboratory."¹⁶

Berkovici asserted that physicians were aware that children who appeared to recover from scurvy often did not. They failed to gain weight, sometimes developed heart problems, and were more likely to die of infection. According to Berkovici the study by Hess and Fish confirmed others' observations of these conditions. Berkovici called on the medical profession to prohibit such research in the future.

Studies of immunity to diphtheria illustrate a far more common use of children in orphanages to understand and control the infectious diseases of childhood. Diphtheria was among the most feared and most deadly of the childhood diseases early in this century. When a test was developed to assess immunity, it was used on over 100,000 children in schools and orphanages in New York State. When it was discovered that antitoxin could boost immunity (a discovery made by using children in orphanages as subjects) and when safe and reliable methods for antitoxin production were achieved, physicians from the New York City Health Department were ready to demonstrate to reluctant and frightened parents that immunity to diphtheria was possible.

In 1921 they tested and immunized susceptible children in the Auburn Orphan's Home in Auburn, New York. They did this because parents in the community had refused to have their own children tested and immunized. Children whose parents refused their treatment formed the control group. Among children in this control group there were 78 cases of diphtheria and 13 deaths. Among children in the orphanage there was only a single case of diphtheria, one that occurred too soon after immunization to protect the child. The following year parents in Auburn

agreed to have their own children tested and immunized. By 1926 Auburn, New York was widely cited as a model city for the eradication of diphtheria in the United States.¹⁷

This use of children in orphanages as an intermediate stage between animal trials and trials on children illustrates an enduring use of these youngsters as subjects in studies of infectious diseases. Since parents refused to have their own children participate, this trial also illustrated the fact that children who lived in orphanages were in some way looked at differently from children in families.

With the translation into English and publication in 1906 of the intelligence test developed in France by Binet and Simon, and with revisions in 1908 and 1911, and educational psychologist Lewis Terman's standardization of the Binet tests in 1916, the intelligence of children began to be investigated.

The Binet-Simon test and the Terman revision of the test were not designed to provide a valid measure of the intelligence of children of preschool age, but to undergird the measures of children of school age. The Kuhlmann revision of the Binet tests was designed for use with children under four years of age, but it suffered from the same problem in assessing the youngest children. In spite of these technical problems, tests of intelligence began to be used to study preschool children. Though Binet argued for a large number of tests and for test scores as only a part of an extensive study of a child, a numerical score from a single administration of the intelligence test soon became the norm.

Mental testers entered orphanages to characterize the intelligence of the children who lived there. Or they entered to study the test itself, to use the test in a psychological investigation, or to study the relative influences of heredity and environmental experiences.

Tests were also used for practical reasons, to sort children to send to different institutions or to place them in families. From around 1920, test scores rather than opinions of supervisors began to be used to decide which children should be adopted out, placed out, kept in the orphanage or transferred to institutions for the feeble-minded. Scores were also used as objective evidence to certify as much as one could that a child available for adoption was normal.

In February, 1934 the Board of Control of the State of Iowa hired a psychologist to use mental tests to sort children living in orphanages and to screen children waiting for admission. Orphanages were overcrowded, and with the psychologist's help, it was discovered that a number of children, some very young, could be transferred to institutions for the feeble-minded. The state psychologist reported that in four institutions housing 3434 children total, 1026 individual tests of intelligence had been administered, and 580 group tests of intelligence were administered in the year ending June 30, 1934.¹⁸

These data indicate that in one year, in the four institutions for children in Iowa, 47 per cent of inmates received a test of intelligence. Mental testing was big business, not just in the numbers of tests given, but in the importance placed on a numerical score for a child. Indeed, the mental testing movement can be likened to

a tsunami, a tidal wave that swept over the American social sciences. According to one social scientist, for decades "the momentum of the tests overrode all criticism."¹⁹

While the mental testing movement gathered speed in society, mental testing in orphanages followed a curious course. When J. L. Stenquist, E. L. Thorndike and M. R. Trabue entered an orphanage in New York State in 1915 to study the mechanical ability, school achievement and intelligence of the children who lived there they discovered that neither the children nor the record-keepers in the orphanage knew how old the children were. They found that records in the orphanage often consisted of the child's self-reported age noted down in the past. When there was a small difference between the child's reported age and the age listed in orphanage records, the researchers split the difference. However, some discrepancies between the ledger book and the child's self-report differed by as much as seven years.

Researchers suspected that sometimes parents listed a child's age as younger than it was in order to gain admission to an orphanage, and older than it was to gain the child's admission to a reformatory. This provided evidence for the popular belief that children in orphanages differed from those in reformatories only by age.

The problem with chronological age arose when Stenquist, Thorndike and Trabue attempted to calculate intelligence quotients, for the intelligence quotient is the ratio of the mental age to the chronological age. Researchers decided to assign the child's mental age from the IQ test as chronological age, a move similar to assigning the average score, or mean, to missing values in a data set.

In 1918 Terman and his graduate student Dorothy Wagner studied the intelligence quotients of children in an orphanage in California. Wagner collected the data, and Terman analyzed it and wrote the report. Terman decided to use IQ scores and length of stay in the orphanage to address the question whether environmental influences affected intelligence test scores or whether, as Terman believed, the IQ test was a relatively pure measure of inherited mental capacity. Terman found that children who lived for a considerable time in the orphanage had slightly lower intelligence test scores, indicating to him that environmental influences made no impact on the intelligence test score.²⁰

This interpretation came about because of a scaffolding of assumptions Terman made about the orphanage and about the children who lived there. His first assumption was about the institution. "Probably the well conducted orphanage offers a cultural environment as good as that of the middle grade home, if not better," he imagined.²¹ Building on this unexamined assumption Terman reasoned that "the child who enters it from a poor home at the age of five or six years ought, on the environmental theory to show a considerable increase of intelligence quotient within a few years." By this he meant an increase over and above that expected with normal growth.

Although Terman recognized he was reasoning from a very small number of cases, he concluded that the inability of the orphanage to raise the intelligence quotients of inmates was an indication that the intelligence quotient was a measure of inherited ability, relatively uninfluenced by experience.

Terman reasoned incorrectly because he was not aware that most children left the orphanage to work around age 12. Children over age 12 in orphanages were those incapable of working because they were mentally or physically handicapped. This error in interpretation of data came about because Terman and other researchers did not understand how the orphanage functioned. It also came about because Terman reasoned longitudinally, that is about the life course of individual children, while the data available to him, were cross-sectional, that is, data points on many children measured at only one point in time.

In another part of the same investigation Terman and Wagner looked at the issue of school retardation. Another investigator, physician Grace Fernald, published data on the same issue in 1918 as well.²² Both research groups found children in orphanages placed in grade levels for children much younger than they were. School retardation, common at the beginning of the twentieth century was typically characterized by a large boy seated at a desk built for a considerably smaller, younger child.

Terman hypothesized and concluded that school retardation was caused by feeble-mindedness, though the data he presented in the Terman and Wagner study contradict this idea. In fact, the Terman and Wagner data indicate exactly the reverse, that many children were capable, based on mental age, of much higher (grade) level work than they were given.

Fernald, on the other hand, noted that the children in the orphanage she studied "are very defective from the standpoint of education," that through poverty

and neglect most children in the orphanage she studied had been deprived of opportunities to attend school.

The Terman and Wagner study is an example of a research edifice constructed on a foundation of misinformation about orphanages. This combined with prevalent attitudes toward children in orphanages resulted in studies that were not impartial responses to the facts the researchers uncovered. Instead, there was evidence of investigator bias, the propensity of researchers to make adverse conclusions about youngsters in orphanages before they had collected sufficient evidence, or to make negative judgments in the absence of compelling grounds for doing so.

Not just the incorrect interpretation of data, but the language used in the Terman and Wagner research report lend support to the idea of bias. Observations were interpreted in a way that condemned children in orphanages and their families as members of the undeserving poor. Terman 1) expressed hostility toward employees in orphanages because it was assumed they hid negative facts about the children, 2) offered statements that orphanages were repositories of mental inferiority and feeble-mindedness, 3) stated a belief that mental inferiority and feeble-mindedness led to criminality, 4) made assertions that children in orphanages were unworthy because their parents exhibited criminal or immoral behavior. In 1918, the tenets of eugenics were at least in part the engines that drove Terman's science of mental measurement. Terman's science was, by extension, that of all mental testers, for he was the designer and publisher of the most frequently used American IQ test, the Stanford-Binet.

The test of intelligence began to be used as a measure of the outcome of educational interventions in the 1920s and 1930s. Two studies conducted by Iowa psychologist Harold Skeels and his colleagues illustrate most vividly the poor fit of this middle-class tool to the study of children in orphanages. In 1934 researchers from the Iowa Child Welfare Research Station opened a nursery school on the grounds of the Soldier's Orphans Home in Davenport, Iowa. During a three year study they used the Kuhlmann and the Stanford-Binet tests of intelligence to investigate whether preschool experience made a difference for children in the orphanage. To their dismay, intelligence test scores remained rather stable for children who attended nursery school, possibly indicating stability or constancy of intelligence, as predicted by Terman and other mental testers. To their utter surprise, however, children who did not have nursery school experience had intelligence test scores that fell steadily, leveling off around IQ 70, a level considered mentally retarded.

Skeels and his group had discovered evidence that no one wanted to hear: the IQ was not constant over time for children of disadvantage. IQ test scores for the same child over time did not indicate a constantly low, inferior inherited level of ability but suggested that normal abilities were progressively lost in an environment that provided too little stimulation and too few opportunities to learn. Only with the enrichment of the preschool experience were the IQ scores for children in the orphanage kept constant.

The Iowa studies, as these investigations were called, provoked great controversy in the late 1930s when they were published. Terman assigned his statistician, Quinn McNemar to investigate the statistical methods used by the Iowa researchers. McNemar exposed and listed a number of errors in method and analysis. However, in spite of statistical errors, and through reanalyses and counter-reanalyses of the data, the effects persisted. To mental testers these were troubling findings. To their relief, McNemar's smokescreen of statistical reworking effectively buried this potentially damaging challenge to the notion that intelligence was fixed and constant across the life span.

While the statistical controversy over these studies raged, Harold Skeels published an astounding research report that, had it been taken seriously, would have challenged both IQ constancy and the practices of using the test of intelligence to sort children into institutions. Skeels and the physician Harold Dye graphed a 45 months' series of intelligence test scores for two young children, C.D. and B.D., who by mental test scores and by family history were judged at 13 and at 16 months of age, respectively, to be feeble-minded. C.D. obtained a Kuhlmann-Binet IQ score of 46 and B.C. a score of 35 at initial testing.

These were babies who lived in the hospital nursery at the Iowa Soldiers' Orphans' Home. After initial testing they were transferred to the Iowa Institution for Feeble-minded Children, where Harold Dye served as Superintendent.

Each of the babies was placed on a different ward in the institution for the feeble-minded. Mentally retarded young women on the wards played with the infants

all day, took them on car trips, bought them presents, and showed the infant off to other patients. As soon as they could walk, the youngsters were sent to the institution kindergarten. The environment turned out to be a highly stimulating one. The intelligence test score for C.D. was 46 upon admittance to the institution for the feeble-minded. Within three months it rose to 75. Then, at 30 months, to 98. The IQ leveled off above 90 (within the normal range) when the child was returned to the orphanage and placed into an adoptive home at three years of age. The intelligence test score for B.D. was 35 at initial measurement, and within three months rose to 85, also leveling off above IQ 90 upon return to the orphanage and placement into an adoptive home. If IQ was constant, as Terman maintained, what could explain these findings?

Two other seemingly unrelated lines of research helped uncover other pieces needed for the explanation. These were the work by physicians to decrease infant mortality rates in institutions and the work by psychiatrists to help adopted and foster children with behavior problems. In 1940 physician Harry Bakwin published a research report entitled "Loneliness in Babies."²³ Bakwin attributed the improved survival rates for infants to their being taken off pediatric wards or out of foundling homes and returned to their mothers at home. Bakwin studied a problem called hospitalism, the failure of an infant to thrive in an institution. For forty years physicians peeled away one after another of the causes of hospitalism and of infant mortality. Through improved sanitation infants were less likely to contract gastrointestinal diseases. Through improved knowledge of infant nutrition it was

learned how to feed infants who were not breast-fed. Through increased quarantine contagious infants were separated one from another. By 1940 there were incubator-like devices to separate infants from one another, and still they did not thrive.

Bakwin noticed that infants taken home recuperated and ones kept in the hospital were much less likely to recuperate. He reasoned from reports in Europe and from the work of an American psychiatrist, Lawson Lowrey, that infants in hospitals and institutions suffered from sensory deprivation and maternal deprivation.

By describing what a mother did for her infant, Bakwin pointed to all the ways in which an infant in a hospital was deprived. He noted the unresponsiveness of infants on wards, compared to infants at home. He noted that an infant in an institution failed to thrive on a diet which at home had been adequate. Infants slept less in institutions than at home. In institutions infants showed less interest and enthusiasm for food and were less socially responsive than children who lived at home. Finally, respiratory infections which lasted a few days at home persisted for months in infants on hospital wards. It was Bakwin's belief that hospitalism was a psychological, rather than primarily a physical disease. He presented case studies of infants who made dramatic improvements in health and growth upon returning home. By 1940 the accomplishments of sanitation and the control of contagion had brought about in institutions an exceptionally sterile environment in terms of the social needs of children. Bakwin noted that physical contact, handling, suckling, snuggling, cuddling, warmth, and security were missing in institutional care.

He called the mother and baby "a biological unit." It was Bakwin's belief that infants in hospitals failed to thrive because they missed all the affection and stimulation that are a part of natural mothering. 'Loneliness may be fatal," he observed, for an infant had neither "nutritional...[nor] social reserves...to tide over" periods of loneliness in an institution.²⁴

The evidence that Bakwin assembled to make his case was not particularly convincing to adherents of the medical model of disease for the temperature charts of infants suggested they were ill. What mattered, however, was the rapid recovery of the infants once they were returned to their mothers. In fact, Bakwin's ideas were supported by the findings of several psychoanalytically-trained psychiatrists who studied infants in institutions and children whose infancy had been spent in institutions.

From 1940, psychoanalytically-trained psychiatrists reported that children who had spent their infancy in institutions seemed to display a certain set of behavior problems. They were unable to feel emotion, showed from babyhood a lack of interest in affection. Older children performed poorly in school, had few friends, told lies. Some began to steal.²⁵ Another psychiatrist reported children exhibiting "socially disturbing behavior" including an inability give and receive affection. These children were hostile, aggressive, had difficulties about food, were overaffectionate or rejecting, and some displayed a "cold disregard for the feelings of others."²⁶ One psychiatrist studied children in foster care, separating into different groups those whose infancy had been spent in an institution and those whose infancy had been

spent with their own parents. He found children with institutional backgrounds were more often hyperactive and insecure even after having spent several years in a foster home.²⁷ These psychiatrists recommended that children be adopted as early as possible to avoid spending their infancy in institutions. They cited the affective hunger," the "isolation factor," and "fixation at the most primitive levels of development," that arose when infants were deprived of the care and attention of a mother.

The most well-known of these studies were those of psychiatrist Rene Spitz and psychologist Katherine Wolff, published starting in 1945.²⁸ In 1936 Spitz and Wolff began to observe infants in two institutions, a study that replicated a much more extensive investigation Wolff and others conducted in 1932 in Vienna, Austria. Spitz and Wolff followed a group of infants through their first two years of life in a foundling home and in a jail nursery. Two groups from communities surrounding the institutions were used as controls, for comparison.

In the foundling home Spitz and Wolff found developmental quotients (measures similar to tests of intelligence) dropped nearly by half during the first year. These were infants whose mothers stayed with them until three months of age, then mothers departed leaving infants in the foundling home. Infants at one year of age were unable to lift themselves out of a hollowed mattress or to roll over. There was greatly increased infant mortality compared to that in the community. During a measles epidemic 26 percent of the infants in the institution died of measles while only one-half of one per cent of babies in the community died. By the age two, the

average developmental quotient for foundling home infants was at the mental age of an imbecile.

In contrast, infants in the jail nursery continued to remain within the normal range on tests of development. The researchers likened infants in the jail nursery, spurred on by their proud mothers, to South Sea islanders climbing palm trees in the ways they clambered up, about, and out of their cribs by the end of the first year of life. Spitz and Wolff believed their work illustrated the irreparable damage done to children deprived of the mother-infant relationship during the first year of life.

Two characteristics of these investigators predisposed them to view their science differently: they were of the Jewish faith and they subscribed to psychoanalytic theory. Because they did not come from a Protestant, Christian tradition that in the past assigned blame to children of the poor or believed in original sin, they were predisposed to consider that the environment, rather than a child's hereditary character, accounted for these findings. Because they adhered to the tenets of psychoanalytic theory they looked at children not as individuals, but as members of the all-important mother-infant dyad. They asked different questions and they made different interpretations than scientists had in the past.

This was a research program carried out on a moving train. From 1934 when the Iowa researchers opened their nursery school on the grounds of an orphanage, social science findings began to be applied to modify and improve the care of children in orphanages and on hospital wards. As soon as the beneficial results of nursery school experience were seen by orphanage staff in Iowa, they made it

possible for all children to attend. More workers were added to children's cottages as it became apparent that children needed more attention. The Spitz and Wolff findings were equally powerful incentives for orphanages to change the ways they handled children; this line of research helped accelerate the emptying of orphanages. Thus, by 1940, when psychiatrists began to study children in orphanages, and to report on the emotional problems of children in orphanages, they were reporting on a different sample of children than those typically studied in orphanages early in the twentieth century. By 1940 most normal children had been placed in homes with foster or adoptive families.

Summary

Between 1900 and 1945 a vast field experiment was carried out in which children in orphanages were used to map out the characteristics of the normal child and to learn how to control some of the infectious diseases of childhood. As one would find in any field experiment, there were variables that were beyond the control of scientists. One of these turned out to be the effects of disadvantage, an issue that was not on the research agenda of American scientists in the first decades of the twentieth century. Scientists unwittingly carried out the first studies of children of poverty when they brought tools and techniques developed for middle-class youngsters and applied them to children in orphanages.

Researchers found they could not measure IQ without knowing chronological age. IQ testers could not decide whether nursery school helped children, though

everyone involved agreed it did, because of a model about IQ constancy that characterized middle-class children. Scientists had anomalous findings to explain. Initially, their explanations bore little relation to the facts of the lives of children in orphanages because scientists had not bothered to find out about orphanage life or about the comings and goings of children in institutions.

There was much to be learned from the ways these technologies failed to fit the children in orphanages. Their findings called into question the middle-class assumption that a bed, clothing and the rudiments of education (with prayer and hard work) were adequate requisites of the normal child. Scientists came to recognize that a child's social and emotional needs could not be met in the kinds of institutions provided for children in the United States.

In order to focus on the use of subjects in this research I examined three different viewpoints of scientists: their views of the orphanage, of the children and of their own science. Lack of information and sentiment clouded scientists' view of the orphanage. Rather than examining children's lives more closely, scientists used nineteenth-century ideas about children in poverty to interpret twentieth-century observations. In effect this reified a very old and stigmatizing set of ideas about the poor, providing a twentieth-century scientific underpinning for them. Researchers made use of children in orphanages at times when parents would not allow their own children to be used. Thus, study of social scientists' responses to orphans in the past illuminates something about our moral system; we seem to have different categories of children. Children in orphanages were available to be used.

As this research took place, findings caused scientists to modify their views of children in orphanages and caused orphanage workers to modify their treatment of children. By the 1940s many more normal children were placed in families.

Epilogue

It may seem surprising that very little in today's codes of ethics for experimentation on children has come about as a result of scientific work carried out in orphanages. Medical research in children's institutions that has been deemed unethical today were studies (such as those of hepatitis and radiation) in which severely mentally retarded children were used as subjects.

Today's codes of ethics for experimentation using children as subjects were written following public outrage with fetal research and with research on hepatitis using retarded children as subjects. In the past these would be called deserving children. That is, they were vulnerable through no fault of their own. They merited our protection and charity. In contrast, children who lived in orphanages during the years 1900 to 1945 were considered to be members of the undeserving poor. It was noted that research using them as subjects was generally approved of by people. This suggests the possibility that people have thought in a different way about children in orphanages.

In the study of children in orphanages there are several issues that suggest topics for discussion of orphans of the AIDS epidemic today. They include:

1. The possibility of exploitation or use by social scientists and physicians.

There may be keen interest in studying children of the AIDS epidemic because there are relatively few of these children. There may be few people interested in raising objections to potentially unethical uses of them.

2. The evidence of stigma. Children of the AIDS epidemic may come from backgrounds of poverty, they may be minority children. they may be children in the child welfare system. That is, they may belong to groups traditionally called undeserving.

3. The persistence of a culture of blame. There is a long tradition of separating a child from a family rather than helping the family keep the child.

4. The existence of sentimental attitudes toward orphans. It has always been more interesting to Americans to build orphanages, which are monuments to orphans, than to consider helping the families, for example, black grandmothers, who care for most orphans in our society.

5. The use of a test as a gatekeeper. Today a medical test for AIDS can prevent or facilitate the placement of children into families or can be used to warehouse children in institutions, in a similar way the test of intelligence was used earlier in this century.

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**In Whose Care and Custody Orphans of the HIV Epidemic
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**In Whose Care and Custody? Orphans of the HIV Epidemic
in Historical and Global Perspective**

March 3-5, 1994

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IN WHOSE CARE AND CUSTODY? ORPHANS OF THE HIV EPIDEMIC IN
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The AIDS Mother's Dilemma

Should she tell her children she has HIV — and how can she arrange for their care when she's gone?

BY MARY TALBOT

Daily News Staff Writer

Two years ago, when Glenda Ramos learned she was HIV-positive, the weight of the world fell on her shoulders. "For days, I didn't get out of bed," recalls the single mother of three, who immigrated to New York from the Dominican Republic 21 years

ago. "Not because I didn't want to, but because I physically couldn't. I cried constantly. Thinking about what would happen to the kids just tore me apart." ("The names of clients in this story have been changed.")

But over the last year, with the encouragement of two caseworkers — one from the city's Department of AIDS

Services (DAS) and one from the social service agency Selfhelp — Glenda has done what many HIV-infected parents never manage to do: She has told her children she has HIV and she has selected a legal guardian, her sister, to care for them when she dies. Glenda's sister, then, will take custody of the three children, including 10-year-old Raoul, whom Glenda has recently learned is also HIV-positive.

The U.S. Centers for Disease Control estimate that by the end of this decade, 125,000 children and adolescents across the U.S. will be left motherless by AIDS. About 30,000 of those kids will be in New York. In a comprehensive new publication from the United Hospital Fund, "A Death in the Family: Orphans of the HIV Epidemic," Carol Levine, a director of the Orphan Project, and David Michaels, an epidemiologist at the City University Medical School, estimate that between now and the year 2000, HIV-infected mothers will give birth to between 32,000 and 38,000 HIV-infected children,

and to twice as many HIV-negative babies.

For many New York families, a parent's illness from AIDS is just one piece of a chaotic puzzle of divorce and separation, drug addiction, incarceration, mental illness, domestic violence and poverty. In addition to deciding whether to tell their children about their HIV status, parents with AIDS must make excruciatingly tough decisions about the future care and custody of their children. Many never take that step.

Children, on the other hand, not only face losing a parent — usually a single mother — but also bear the enduring and embarrassing stigma of that parent's dying of AIDS.

Today, an expanding handful of agencies — usually those that already work with AIDS patients, like hospitals, or those that provide home-care to poor families, like Selfhelp — are creating special programs to help families with the tangle of problems they face. Most of the programs

have grown from the realization that no safety net existed for the children of people with AIDS. Harriet Friedlander, a director of Selfhelp Community Services, a 57-year-old UJA-sponsored agency that provides home-care workers for the poor and elderly, explains: "It came to our attention that when a parent was looking at death, unless there was another family member right there, there were often no plans for the children. The parent would die and the children would get lost in the system the next day. They might not even know their mother had AIDS."

So Selfhelp came up with the New Guardian Program, which serves about 50 families with AIDS and focuses partly on helping parents begin guardianship proceedings and transferring entitlement benefits to those guardians. Many hospitals, too, have started programs for AIDS families, like Beth Israel's Well Children in AIDS Families Projects, which provides counseling for kids whose parents have AIDS.

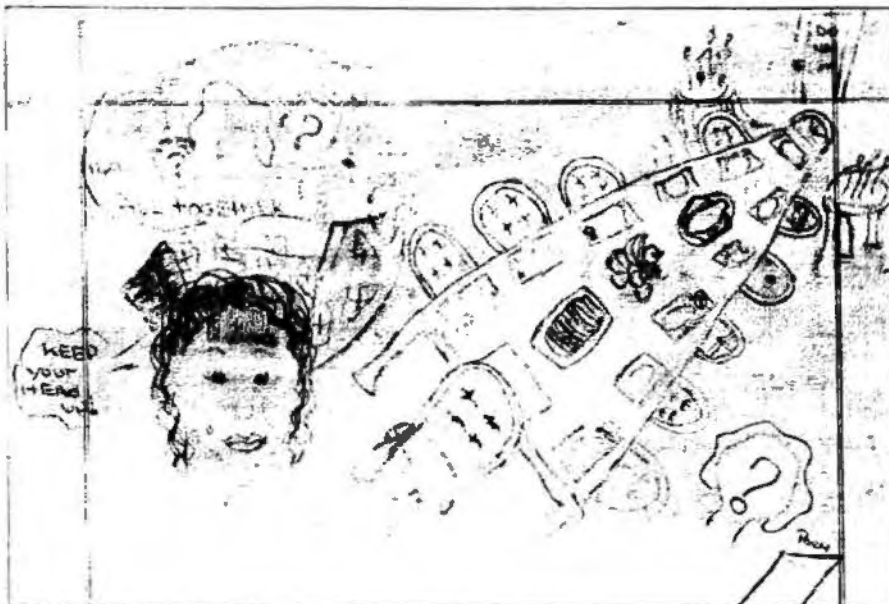
Other groups, like the Jewish Board of Family and Children's Services, offer housing programs along with case management and bereavement counseling for AIDS families and their children. The DAS recently reported that a full 35% of its caseload needed housing.

For Andre Campos, the dynamo behind Selfhelp's New Guardian program, the task of working with AIDS families has two inseparable prongs — one emotional, the other logistical. "Basically, I try to become like an extended part of the family, so the children have someone they can trust," explains Campos, a soft-spoken man who sometimes seems overcome by the painful weight of the work he does. "I may be the only familiar face they have after the parent passes away." Campos also tracks the family's entitlements: given the morass of agencies involved in the families' lives, services — and checks — easily fall through the cracks.

While Campos never forces a discussion, he's at the ready when a parent or child wants information or just to talk. "It's very hard for mothers to think about preparing for this — how does a parent think about handing over her children to another person?" says



ILLUSTRATION BY DIANA CRAFT



EMPTY PLACES: This dinner table drawing was made by Angelina, a 14-year-old Brooklynite who attends a support group at Beth Israel's Well Children program. Angelina has lost both parents to AIDS.

Campos. "When I see a lot of tears, I leave off." (In fact, Campos often has had the task of telling children their parent has died of AIDS, because the parent just couldn't face up to the task.)

In turn, when a child asks about a parent's illness, he says, "I answer the question. I don't give them any more or any less than what they asked for. I start by telling them that everybody has to die sometime or other, and that they won't be left alone. But they have to be able to lead the discussion." He visits new families armed with coloring books describing how HIV enters the bloodstream, and gently steers children toward counseling "if it seems like they're having a lot of trouble."

When a mother has selected a guardian for her children, Campos helps arrange a meeting with the prospective guardian, and "we do an assessment of what their needs will be, both material and medical, if the kids are HIV-positive. The guardian is going to need help during the transition, and when those kids begin to deteriorate."

Two years ago, to ease this sort of transition, New York State passed a flexible "stand-by guardianship law" that allows a seriously ill parent to designate a guardian who will take over when the parent dies or becomes physically or mentally incapacitated. That way, if a mother with AIDS suffers from dementia, or must be hospitalized, the guardian can take over. Under an earlier guardianship law, a parent could lose custody of her children just by going through the court proceedings to designate the guardian.

After the death of a parent, Campos continues visiting the children for six months and offers support to the new guardian. But after six months, the case is closed, and he moves on to another family. Campos describes his caseload as a brutal triage:

"We have a list — usually referrals from hospitals and clinics. Sometimes, by the time I call a name on the list, I find out the client died weeks or even months ago."

For Lockhart McKelvy, a social worker who heads Beth Israel's Well Children program, a child's fear and grief over a parent's illness and death from AIDS is more complex than grieving over a death from, say, lung cancer. For one, children may be ashamed and confused about AIDS, especially if the parent also abused drugs. "Kids are very unlikely to tell even their best friend that Mommy has AIDS — they call it the 'skunky disease' — because of the stigma," says McKelvy. "Just saying, 'Your mother has AIDS,' is enough to start a fight in most school yards."

Moreover, there is the erroneous belief that the children of AIDS mothers must be HIV-positive as well. "It's classic guilt by association," McKelvy notes. "But statistically, that's not even relevant," because most teenagers were born before HIV was circulating, and only about a third of the children born to HIV-positive mothers become infected. "These kids basically just want to be anonymous," McKelvy concludes.

The quest for secrecy and anonymity has shaped Glenda's life over the last two years, and that of her 16-year-old daughter, Ana. Ana admits she has never told a single friend about her mother's HIV. "It's like I always carry this big secret with me," says Ana, an articulate fashion design student who also talks about becoming a surgeon. "But when people find out, they treat you differently."

While she's still healthy, Glenda is looking to move the family from their apartment in the Morrisania section of the Bronx, where "everybody knows me. If I gain weight, they notice. If I lose weight, they think I'm sick." She longs

for a new neighborhood full of unquestioning strangers. "The fewer friends I have," says Glenda, "the better."

While teenagers often clam up about their grief and anger, younger children tend to act out at home and at school, says McKelvy. "If mommy's in bed all day, and crying doesn't help get her up, maybe starting a fire in the kitchen will."

A child's violent reaction, in turn, may spur a parent to batter the child. "AIDS really hits this population, families from a culture of poverty, in an extreme way," McKelvy concludes. "They have fewer resources, the parent is strapped from the beginning, and being faced with this illness is a huge additional burden. All that soothing stuff, drawing and talking, that middle-class parents might manage to do in a crisis, some of these families just don't. When they get mad, they may hit and scream."

McKelvy points out, however, that the families who enter

his program are some of the best-case scenarios. "A mother who brings her child to me is not the sort who's going to be against planning for the future, or getting counseling. These are mothers who are taking care of business."

One such forward-thinking woman is Debbie Bryant, the mother of three children, aged 2 to 8, who lives with her boyfriend, Charlie (the father of her youngest son) in a tidy, two-bedroom apartment in Boerum Hill, part of the Jewish Board's scatter-site housing program. Less than two years ago, Debbie was homeless, an IV drug user, and her children were in foster care. When a fourth child died of AIDS, says Debbie, "I was still drugging. I found out I was HIV-positive, and I kept running. Then I got mixed up with a drug dealer who kept me captive for three months in his apartment in Brownsville, and when I finally got out, I knew I had to turn my life around."

She did, checking herself into a DAS-run drug rehab program and applying for housing. With the help of her Jewish Board social worker, Ellen Celnik, she has arranged for her mother to take custody of the children once she becomes too ill to care for them. But Debbie, who suffers

from a series of opportunistic gynecological infections, has decided not to tell her children, or most of her family, that she has AIDS. "I don't want them to take it out on the children," she says.

Talking with Glenda Ramos on one of her good days, it's hard to believe that this robust, witty woman who has just orchestrated an elaborate "sweet 16" party for Ana has also begun making funeral arrangements for herself. Or that just last summer, she learned that 10-year-old Raoul, a bright, rambunctious boy who wears thick glasses, is also HIV-positive. Glenda doesn't want to tell him: "If people know, they'll treat him badly," she insists. But Raoul seems to know he shares his mother's illness. "Every morning, he gets out of bed and tells me, 'Mommy, it's time to take our medicine.'"

Despite the incessant stress and sadness that shrouds his work, Andre Campos takes inspiration from clients like Glenda: "She helps me, too, by making me laugh. We talk about everything. Nothing's too embarrassing. Now," he adds carefully, "we're at the stage where we sit and wait."

To obtain a copy of "A Death in the Family: Orphans of the AIDS Epidemic," which contains a comprehensive resource guide, send a check for \$13.50 to the Publications Program, United Hospital Fund, 55 Fifth Ave., N.Y., N.Y. 10003. Telephone: (212) 643-2500.

'Kids are very unlikely to tell even their best friend that Mommy has AIDS because of the stigma.'



HELPING HAND: Andre Campos of Selfhelp's New Guardian program gives AIDS families emotional and practical support.

MICHAEL SCHWARTZ

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MAR 21 1994

March 17, 1994

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Dear Ms Gebbie:

Allan and I want to thank you for the superb way in which you participated in the panel at our recent history symposium. We truly feel exhilarated, albeit exhausted, by the discussions. Over the next few weeks we will be working on a book proposal. At this point we do not anticipate asking you for anything in writing, but we would like to keep that option open.

Once again, thank you for your skillful handling of the session.

With all best regards.

Sincerely,

A handwritten signature in blue ink that reads "Carol Levine". The signature is written in a cursive, flowing style.

Carol Levine

ORPHANAGES AND THE SPECTER OF SOCIAL CONTROL

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DRAFT

Prepared for the symposium:
In Whose Care and Custody: Orphans of the HIV Epidemic
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ORPHANAGES AND THE SPECTER OF SOCIAL CONTROL

In this paper I explore how the concept of "social control" -- meaning the regulation, repression, and socialization of the poor in accordance with middle class standards, and the labeling of deviance by dominant professional norms -- helped to delegitimize the use of institutions of all kinds, including those that cared for "dependent" or "neglected" children. One consequence of this discrediting is that we are left with a distorted understanding of the history of "orphanages", which are now misleadingly lumped together with other asylums, but isolated from the history of public education. And, as evident forerunners of foster care and "welfare," orphanages are tangled in a thicket of anachronism, euphemism, and theoretical jargon. More important, a lingering prejudice against institutions may get in the way of adequate policy responses to the crisis in foster care, now exacerbated by the growing number of AIDS deaths among mothers of young children.

I am going to proceed this way. First I examine David Rothman's writing on "asylums." Then I eavesdrop on the great in-gathering of Progressive child-savers at the White House Conference in 1909, which has frequently been caricatured and misunderstood.¹ In fact, that Conference anticipated many of our present concerns. Then I turn to a little intellectual history of the notion of "social control" and to its use in recent years.

* * *

Out-of-home, government-sponsored care for *anybody* has a bad odor these days -- not just the old orphanages, but mental hospitals, reform schools, nursing homes, and special schools for children with special needs. Institutions are bad, mainstreaming is good, community-based care is good. The aforementioned "institutions", diverse as they are, share these defining characteristics: they divide and isolate people in part through the use of arbitrary labels given out by legal and/or therapeutic experts, their standardized routines are needlessly coercive and repressive, they are more likely to admit those who should be elsewhere than to miss those who can benefit from admission, and they keep people too long. The only institution that has been largely spared is the medical/surgical hospital -- perhaps because health promotion is the quintessential liberal social objective.

This presumption against institutions as such is in one sense of quite recent vintage. In popular culture it is marked by *West Side Story*, *The Loneliness of the Long Distance Runner*, *A Thousand Clowns*, and *One Flew Over the Cuckoo's Nest*. But it has, as we all know, deeper roots and a longer history. Institutions stand in the way of human liberation, some say, they violate rights. Originating in European Romanticism, these claims have usually been those of the Left. But the Right also has complaints against institutions: for bias, for political correctness, for a secular humanistic agenda, others say: in short, for failing to maintain standards of various kinds.

That "institutions" should be at the center of our disputes and anxieties about standards, order, and discipline is fitting. "The household and hence patriarchy may even have been stronger in America than in England precisely because of the weakness in the colonies of other institutions, such as guilds . . . [T]he family [household] remained the primary institution for teaching the young, disciplining the wayward, and caring for the poor and insane."²

When in the early decades of the 19th century the seaboard states grew rapidly and the family no longer seemed sufficient, the outpouring of associations and new institutions -- social, religious, economic, and political -- must have been staggering. With respect to the ominous but also heartening trends that Tocqueville identified in these years, we might say that American individualism has always exhibited an ambivalence about institutions: the thin institutional landscape is liberating but also disquieting, it provides myriad opportunities for institutional innovation and a thickening of the landscape for collective goals, and therefore new targets against which to vindicate individual rights. This American ambivalence is the native version of a modern social identity that defines itself, Peter Berger tells us,

apart from and often against the institutional roles through which the individual expresses himself in society. The reciprocity between individual and society, between subjective identity and objective identification through roles, now comes to be experienced as a sort of struggle. Institutions cease to be the 'home' of the self; instead they become oppressive realities that distort and estrange the self.³

In the history of American child-saving or child-rescue, opposition to institutions was there from the beginning. The earliest alternatives to the orphanage were indenture and apprenticeship (especially since this traditional pattern was consistent with parents' themselves placing their children for training and discipline). Children's Aid Societies -- especially New York's under Charles Loring Brace, which began before the Civil War -- organized massive placing-out efforts involving tens of thousands of children. In effect Brace espoused an updated but traditional approach to meeting the needs to dependents. He enlarged the community far beyond the localism of a society of households, and added modern transportation, making children into migrant wards in a migratory society.

David Rothman's Asylums

Many of us discovered the asylum with David Rothman. Along with Anthony Platt, Rothman linked the old concept of "social control" to child-saving in particular, to several distinct strategies of child saving. None of us who have learned to be critical of Rothman's interpretations should forget to be grateful that he broke the ground.

Asylums as model societies -

First, the orphanages were one example of a broader phenomenon that interested Rothman: institutions, benevolence and social control. But his examples did not include schools, despite the fact that the early orphanages were part and parcel

of the effort to found common and parish schools and to help widowed and abandoned women more than to rescue their children from the degradation of poverty.

The process of "institutionalization" was his subject. The new republic, its states and locales, confronted social circumstances of disorder and dependency that they could not understand in the old static and hierarchical categories. Disorienting change, in all dimensions of life, "prompted a critical reappraisal and revision of the ideas and techniques of social control."⁴ "Family controls" in a society of households were no longer sufficient. Deviancy and dependence began with the family, its troubles or misfortunes.⁵ But how to shore up families or prevent some of them from passing along their deficiencies? A democratic culture seemed naturally drawn to optimism about what an improved, nurturing environment could accomplish. Strengthening the moral environment meant new institutions, each in its way founded on the (to Rothman) fateful assumption that "an orderly society had to be a fixed one."⁶

Rothman's examples -- penitentiaries, insane asylums, almshouses, houses of refuge, and orphanages -- all were founded as new-modeled societies, controlled environments. They promised to fix what the new, rapidly changing society and its families under intense new pressures had failed to maintain. These institutions described themselves in old-fashioned ways: sometimes artificial households, sometimes more elaborate and new-fangled designs.

Endurance -

Second, he was concerned with the "enduring" institution or the enduring asylum, the institution as a gravitational field. This was the underlying concern: that institutions that began as agents of reform inevitably became custodial operations as the 19th century wore on.⁷ When Rothman turned to what he expected was the later era when the institutions were put on a course toward closing, he was surprised to find that the Progressives were, like himself, anti-institutional but only "in a special way." They wanted to individualize treatment; they (mistakenly) embraced the discretion of the juvenile court, the mental health worker or the case worker. As for institutions, they could be improved, and used for special cases as they were mostly phased out. For Rothman, the subject in the early 20th century became control by professional and therapeutic discretion, the sequel to control by incarceration pure and simple. Orphanages figured hardly at all in the second volume, *Conscience and Convenience* (1980).

The Progressive assumption that institutions could continue for a while, for want of something better -- like still-habitable sod houses standing in the chill wind until progress could deliver wood and brick -- was a mistake, according to Rothman. And this was not just a historical mistake, but a mistake characteristic of a certain brand of reform itself. It was mistaken because leaving institutions standing, Rothman seems to say, is like ignoring Machiavelli's advice about naive, self-

defeating accommodations and half-measures.⁸ Some antagonists are mortal enemies: so it is with institutions and reform, and the advantage, Rothman asserts, inevitably lies with the institutions. They will tend to drive out non-institutional reforms; the established dominance of institutions apparently makes other options "almost impossible to realize." At best, reforms as add-ons increase the overall reach of "the system" into the target population; they do not replace what is to be reformed.⁹

In sum, institutions that are left standing tend to undermine or forever postpone options that were to supplant them. Or institutions win by doing even greater damage: they coexist with supposed alternatives, thereby contriving to expand the client or dependent population and making things worse.

The White House Conference of 1909

With new legislation in 1875, New York State further developed its distinctive system of child welfare: a reliance primarily on private charitable and church-sponsored institutions supported largely by per capita charges levied on the counties. This legislation provided that children should be placed in institutions "governed or controlled by officers or persons of the same religious faith as the parents of the child, as far as practicable."¹⁰ Soon there were Negro and Jewish institutions as well.¹¹ In this conception of child care, the state continued to be composed of families, including the substitute

families of orphanages and hospitals, private associations that nevertheless served public purposes such as education.

At the center of this post-1875 "New York system" was an accommodation between Catholics and Protestants: sectarian institutions (including allegedly non-denominational ones) would, in contrast to the parochial schools, be publicly financed. In 1894 this accommodation was seriously challenged at the New York constitutional convention by various nativist and anti-Catholic groups.

The long-scheduled Convention was unexpectedly controlled by a newly resurgent Republican Party that was keen to consolidate its recent electoral gains in both the City and upstate. Lay Catholics, by the leave of Church leaders, and the blue chip State Charities Aid Association (SCAA) beat back attempts by nativists to deny public funds to sectarian charities, including orphanages. The eminent Republicans who found themselves in charge of the convention saw the advantage in breaking away from anti-Catholic nativists on this issue. The Catholic Church stopped plugging for support of parochial schools, in return for continued funding of its orphanages and other charities. Accordingly, the existing pattern of state support of private institutions -- the "New York system" -- survived. Everyone was able publicly to claim some credit, even the nativists who bragged that at least they put existing practice -- treating schools one way and orphanages another -- into the constitution.¹²

Homer Folks, the new secretary of the State Charities Aid Association (SCAA), along with influential lay Catholics, took the lead in brokering the key compromises while at the same time accomplishing what the SCAA wanted above all: increasing the state Board of Charity's regulatory powers and encouraging the development of a placing out system acceptable to New York Catholics and Jews.¹³ The SCAA had itself proposed the "Charity Article" that survived this challenge and that wrote into the new constitution a more resolute distinction between public support for religious schools and public support for sectarian charities. By joining in the fight against the nativists, Folks increased the SCAA's credibility in the eyes of New York City's leading Catholics and Jews.

As Theda Skocpol and others have pointed out, the first steps toward a new American state -- with implied capital letters, still an alien-sounding term, despite all the scholarly interest -- were taken by men and women who knew the Civil War first hand, and who continued in new ways "to care for him who shall have borne the battle, and for his widow, and his orphan." Founded in 1872 by veterans of the U.S. Sanitary Commission, the SCAA was from the start well positioned for an ambitious role in both state and nation. By the early 1890's, the SCAA had found in young Homer Folks an energetic executive with his own network of professional and political contacts. Modern state-building began in the states in the latter part of the nineteenth century, but those efforts rested upon personal associations and ethical

impulses first called out or instilled by national crisis and war.¹⁴

The late nineteenth and early twentieth century orphanage served a complex variety of functions. Orphanages not only provided the basic needs of children whose families for whatever reasons couldn't provide them, they also sought to instill self-discipline and Tocqueville's "habits of the heart." If orphanages functioned as expected, dependent children would in due course take their places along side other citizens, having learned to earn their way and possessing qualities of character that would give them both self-respect and the respect of others. Reformers on both sides of the debate between institutional care and "placing out" shared similar goals. When Charles Loring Brace criticized institutional life, it was to say the "homes" weren't capable of equipping citizens with the moral self-sufficiency of free laborers.¹⁵

Factory work, industrial conflict, immigration, and internal migration had an enormous impact in the nineteenth century on both families and child-caring institutions. Sometimes orphanages helped transient families over the hump, when working class families, especially those new in town, turned to local agencies to provide advantages to their children.¹⁶ In deploring the overuse of the orphanages following the 1875 law, the SCAA laid part of the blame with parents themselves. By the early part of the twentieth century, some people were prepared to say that institutions were, for "dependent and neglected"

children, better than foster homes insofar as orphanages provided schooling to those who would otherwise do without.¹⁷ Of course, the proper response was, make the public schools more suitable, as you reduce child labor, and as you find suitable family homes!

The next stage of reform was epitomized by the 1909 White House Conference on the Care of Dependent Children, convened by President Theodore Roosevelt who served as nominal chairman. Its ostensible purpose was "to get the problem of the dependent child before the American people."¹⁸ But in a larger sense, the principal organizers sought to use the occasion to extend reform begun in New York in the years since the 1894 state constitutional convention to the other states of the Union. In this they had the advantage of a highly visible home placement campaign undertaken by *The Delineator*, a successful, high-toned women's magazine of the time edited by Theodore Dreiser.

The White House conference marked the transition between sectarian accommodation in the care of children (preserved yet transformed in 1894), and a more professional and secular, state-sponsored and regulatory future as envisioned by the SCAA.¹⁹ Yet satisfying the historic concerns of Catholic and Jewish child-placing agencies was integral to that future. Placement would continue to be effectively controlled by these agencies working along side the "non-denominational" ones like Children's Aid and the Society for the Prevention of Cruelty to Children.

The meeting resolved:

As to the children who for sufficient reasons must be removed from their own homes, or who have no homes, it is desirable that, if normal in mind and body and not requiring any special training, they should be cared for in families whenever practicable. . . Such homes should be selected by a most careful process of investigation, carried on by skilled agents through personal investigation and with due regard to the religious faith of the child.²⁰

The immediate inspiration for the conference came from James E. West, a lawyer with Washington experience who had played a big part in the *Delineator* campaign and who eventually became famous for being the long-time head of the Boy Scouts. Roosevelt wanted the endorsement of Homer Folks, the ubiquitous secretary of New York's SCAA, and wanted Folks to get the blessing of other key figures in "child-saving" circles.²¹ The man in the "bully pulpit" was prepared to advance an agenda originating among professionals acquainted with each other and conversant in the field.

[The President] warned us, I think, at the time that he wouldn't be able to get any legislation passed at that late hour. . . But he said it was a good megaphone and if there were some real things that needed to be said and advocated, he would be perfectly glad to use the White House and the machinery of its meetings, publicity and so on, to get it on record. . .²²

This "White House Conference," which started out as a plan for an "unofficial affair" (as Folks remembered in later years), led to many others just because the device proved so useful.

It was Folks who assembled the group that "requested" that Roosevelt call the conference.²³ Folks served as toastmaster when the President addressed the conference, and Folks arranged

the complicated agenda and kept the clock to a tight schedule. He was circumspect, however, serving officially as only one of three vice-chairmen on a balanced ticket that included his prominent Catholic and Jewish counterparts: Thomas Mulry, president of the St. Vincent de Paul Society, and Judge Julian Mack of Chicago, former president of the National Conference of Jewish Charities. In Folks' New York, Mulry was the key figure. While Folks and the SCAA played the broker among charitable groups, Mulry and the St. Vincent's Society played a comparable role within a Catholic church divided on whether to continue a reliance on the orphanages.¹⁴

The object of the conference, its organizers told Roosevelt, was to distinguish "dependent" children from delinquent children, and to do for the former what had already been done for the latter. The dependent population was broadly defined.

The State [sic] has dealt generously with her troublesome children [*the letter to the President mentions juvenile courts, probation officers, and detention homes instead of jail*]; but what is she doing for those who make no trouble but are simply unfortunate? . . . [T]here is need of special activity and interest. Some are orphans or half-orphans; some are abandoned by heartless parents; some are victims of cruelty or neglect. They are not delinquents; they are accused of no fault; they are simply destitute or neglected. . . . [O]nly a few states have defined responsibility for this class of children.¹⁵

This Conference, says Folks' biographer, "gave to social work a dignity and a place in the national life that it never before had." In particular, "the strong recommendation in favor of family, instead of institutional, care solidified nationally the movement for placing-out of children."¹⁶ "Home life " the

Conference concluded, "is the highest and finest product of civilization. . . . [H]ome should not be broken up for reasons of poverty alone."¹⁷

These are the key contemporary principles (though, significantly, concerns about religious match-ups have been replaced by concerns about racial match-ups). Poverty is a social problem, not a family problem. The family, natural and evidently pre-political, is to be distinguished from any "institution." Foster care of whatever kind is temporary. Foster homes are better than institutional homes (which, faute de mieux, should be made as home-like as possible).¹⁸ Children lacking parents should be adopted. Professional social work, case work, should aim at rescuing children by strengthening families and ameliorating the conditions that put children at risk. And local welfare agencies should review cases and move children back to their families if possible, or to foster homes. Pushed forward by the White House conference, deinstitutionalization (to use a later term) became a national goal. Roosevelt helped invent the idea of national goals.

Homer Folks and other Progressive reformers saw institutional care as no better than a default option, and emphasized the limitations of institutions as a substitute for a real family. They criticized institutions for their regimentation, their rules, their rigidity, for their promotion of conformity. They criticized institutions, in other words, for their effect on the character of the children raised within them.

In addition to the effect of the routines imposed upon them by their institutions, those living in orphanages suffered from their treatment by the community at large. When they were out in the wider community -- as students in public school, for example, they were conscious of being regarded as kids from the "home." Some teachers signalled that less was expected of them; some middle-class classmates were cruel. Community groups might give parties, or churches might play host on Children's Day: such outings were mixed blessings. Prominent women in the community -- the remnant of the old Visitors of bygone days -- might take it upon themselves to offer the girls lessons in gracious living, occasionally in remarkably crass or even exploitative ways.

While most reformers wanted dependent children placed with families rather than in institutions, by the first decade of the twentieth century they also wanted government to take responsibility for protecting and maintaining families. It was families, after all, that nurtured the qualities conducive to good citizenship. Such Progressives thought that government should take an active role in maintaining "a state of families."²⁹

Moved by such concerns, and in alliance with leaders of Catholic and Jewish charities, Homer Folks and the SCAA took the lead in New York State, where child welfare policy had long been thoroughly wedded to the institution. There was no case work function in the counties, so the SCAA set about to build a such a network with private funding (a network that in 1929, as a result

of a statute written by the SCAA, in effect became the county welfare departments).

In 1925, the State Board of Charities declared that established charitable institutions in general -- and especially the orphanages -- should ready themselves for a new day. The clear implication was that many "homes" should and would close. The future was being revealed by the SCAA:

Surveys made by inspectors of [this] Board have indicated that the needs of dependent children are better met in those counties where special agents are employed and the Board has repeatedly recommended that appropriations by boards of supervisors be made for the salaries and expenses of women workers to assist children's courts, poor law officers and boards of child welfare.³⁰

Progressive reformers left us with two sets of questions or problems, both related to an ambiguity about "the family" that Progressives set out to nourish and protect.

The rejection of "institutions" - In the first place, is the preference for foster families over institutions (for "normal" children for whom adoption was not an immediate option) as firmly grounded as most observers probably assume? Might not orphanages produce some of the good qualities that Progressives attributed to family life? For example, while orphanages only approximate "real homes," they do imitate some features of family and neighborhood life. One finds in the reform literature constant references to the role of orphanages in rearing good citizens. A cynic takes good citizenship in this context to mean compliant behavior. But there may be something more to the declared objective, and to the lived experience."

It is not true that children in orphanages received no individual attention. There were companions, others in the same boat sharing complicated feelings of rejection, loyalty to family no-matter-what, and self-doubt. "Home kids" as adults seem to form a community of mutual recognition, even as they frequently conceal the circumstances of their upbringing from others. Institutional children were also immediately visible to many adults, few of whom were in anything close to a therapeutic role. This may have encouraged a kind of resourcefulness in shopping for mentors; if a child did not get along with one adult, there were others, in contrast to a foster home.³²

Some adults do testify to having been "saved," and compare their own experiences favorably with the uncertain prospects of contemporary children in some sense like themselves.³³ "There are tens of thousands of such children as I was in the streets of American cities right now," says Richard Rhodes. The stability of institutional "placement" meant children finished at least high school. Chores may have taught them useful skills, or challenged them to surpass their own expectations.³⁴ Some "alums" confirm the criticisms of orphanages by their complaints that too much was done for them, that the environment was too forgiving compared with the real world. But even such complaints belie the picture of the cruel, rigid, environment attributed to orphanages by their critics.

Left after 1900 with only a grudging official defense (these institutions have their place when all else fails), they were

easily assumed by many people to be a Dickensian anachronism -- to be swept aside by progress and enlightenment. But there is fine print, so to speak, in what Folks and the Conference resolved. In light of the present state of things, the caveats are of interest:

. . .[F]or children requiring temporary care only [,] the free home is not available. . . .Contact with family life is preferable [to institutions] for these children, as well as for other normal children. *It is necessary, however, that a large number of carefully selected boarding homes be found if these children are to be cared for in families. The extent to which such families can be found should be ascertained by careful inquiry and experiment in each locality. Unless and until such homes are found, the use of institutions is necessary.*⁴⁵

In fact, orphanages, by whatever euphemism called, survived in New York and in many other states (Massachusetts had for many years been the exception) longer than anyone could have expected in 1909. Their administrators proved more enterprising than reformers wanted. County welfare departments proved less willing to hire case workers, less energetic in recruiting foster parents, and less successful in finding boarding homes than reformers expected. Depression and World War mocked the assumptions about American society, and mocked expectations about state administrative capacity, on which the new SCAA-endorsed placing-out system rested. When the foster care system was finally transformed in the 1960s, it was for reasons quite remote from the discussion at Homer Folks' White House Conference.

How to fix families - Progressives made families an object of public policy for the first time. But they lacked a fully

articulated defense of government's taking on some degree of responsibility for families and children.

To be sure, the greatest importance attached to assuring good citizenship and economic self-sufficiency. Government had a role, after all, in attending to the perpetuation of basic institutions: children were the country's future, as reformers never tired of repeating. Under contemporary conditions, child-rearing surely required governmental scrutiny; so likewise did the proper conservation of the nation's natural resources. But when to intervene in the family (or in the marketplace)?

Poverty was no reason to break up a home. This confident declaration (one of the bywords of the White House Conference) implied that there were other, sufficient reasons, made benevolent by the intent to remedy problems arising in families. But the Progressives did not provide clear answers as to how intervention could "fix" families, who was to have the authority to do so, or what standards that authority had to meet. The heirs of Progressive reform eventually failed, for example, to anchor norms defining "suitable homes" (in Aid for Dependent Children) firmly in what was once quaintly called "scientific philanthropy"; instead, the standard was easily discredited, used as it was as a license to discriminate against blacks. Medical science could refer to specific germs as the causes of disease, and attack the causes by scientifically-proven methods. In contrast, the causes and even the constituent elements of the psychic health of a child are amorphous, in spite of the claims

sometimes voiced on behalf of developmental psychology.

Without the equivalent of a "germ theory," the Progressive preference for families at all costs over institutions runs the risk of being a merely arbitrary, unjustifiable prejudice. The threshold of intervention into the private family circle rose as standards of propriety became less monolithic. Stronger reasons and more regular procedures became necessary to justify interference. Accordingly, child abuse and special needs replaced "dependency" and "neglect" as reasons for public responsibility for children. The former seem more concrete, less open to debate than the latter.

The Progressives thus left us with a legacy of both public responsibility for child welfare and important unanswered questions. On the positive side, Progressives connected government regulation and action on behalf of children with concerns of good character and citizenship. Families, Progressives thought, by the individual attention they gave to children, better promote the habits of initiative, self-esteem, responsibility, and autonomy that are necessary not only for economic success but for democratic self-rule. They recognized that families, the primary institution of civil society, perform a civic function. Together with the schools, they nurture children's competencies, inclinations and habits, qualities of character that are rewarded in the economy but also needed for democratic self-rule.

Progressive reform in child welfare was a state-building

enterprise, and thus the state was thought justified in and even duty bound to get involved. But the Progressive claim to expert authority in this realm of policy relied upon barely articulated (and of course inherited) social norms regarding family life that were challenged from many directions in the 1960s and 1970s. On matters of social policy, Homer Folks and his colleagues were dependent upon the mundane bequests of their own forebears.²⁴

The Discovery of Social Control

Referring to the existence of community and to mutual restraints in the common interest, the Progressives had affirmed a benevolent "social control." Use of this concept was part of the nationalism of the professionals, especially the more academic among the philanthropists. What family and religion had once done largely on their own, expertise could and must continue. "State-sponsored normalizing intervention," says Andrew Polsky, "appeared to sociologists to provide the necessary artificial social control." "Social control" was a rallying cry of reformers, as indeed (Rothman might say) "asylum" had once been.²⁵

Conceptually, "social control" was part of the rejection of social darwinism and other economic self-interest theories on behalf of a more organic conception of society. Liberal thought keeps rediscovering community; this is one episode. Owing something to Auguste Comte, the term helped sociology take its first steps as a distinct discipline, yet one with close links to

"scientific philanthropy." In its classic American formulations, Morris Janowitz says, social control meant something like "the capacity of a society to regulate itself according to desired principles and values." The opposite of social control is punitive control. Social control is voluntary; as such, it is authority working in our minds instead of on our bodies. Though the Americans' early formulations seem to have remained remarkably parochial, their basic idea seems to have referred to the forms of control characteristic of modernity, and the fraying of the ethical fabric of modern life, issues that preoccupied their French and German counterparts. Certainly that broader topic has been Janowitz's own.¹⁹

The concept of social control in this old and comprehensive sense proved contagious in American academic sociology. The American Sociological Association made the idea the theme of its national convention in 1917. An early textbook of 1921 asserted that "all social problems turn out to be problems of social control."²⁰

But in the 1920s an important change evidently occurred in the conventional wisdom among writers and academics concerned with contemporary urban problems. The key institution was the University of Chicago; the key figure was Robert Park, who in a widely read and reprinted essay found that the city was "the natural environment of the free man." This was a big departure from the entrenched anti-urban moralism. "After a century of urbanization, despite all its attendant strains, people at last

began to recognize," Paul Boyer has observed, "that the rise of the city was not necessarily a signal for the inevitable collapse of morality and the social order."⁴⁰

This recognition might at first be mistaken for weary acceptance in the decade of normalcy, Boyer argues, but it was really a sign of something different that could spark a new spirit of reform: a willingness to embrace heterogeneity, a capacity to differentiate between diversity and disorder, a celebration of the "cultural pluralism" (a new term in the 1920s) of the city. Robert Park expressed a developmental ideal in American thought, one that brings to mind the Olmsteds, father and son. In city life, Park said, every person finds "the moral climate in which his peculiar nature obtains the stimulations that bring his innate qualities to full and free expression. . . . The small community often tolerates eccentricity. The city, on the contrary, rewards it."⁴¹

In this climate of intellectual observation and speculation, what of the notion of social control? The danger of urbanization now lay not only in moral deviance or social disintegration but also in sterile conformity and the loss of individuality. Frederick E. Lumley in *Means of Social Control* (1925) stressed the subtle "engine of control." Advertising, for example, was a component part. "In a thousand ways the advertisers invade our private lives and issue never-ending ultimatums. . . . There are many of us who like to be ordered about." The sociologist Luther Lee Bernard, who twenty-five years earlier had tried to find an

"objective standard of social control", was by 1939 ready to throw in the towel: the various means of social control turned out to be used just for "the subordination of the weak or the underprivileged to the service of the powerful and the overprivileged."⁴²

There were other relevant signs of cultural and moral change between the wars. Boyer notes:

The progression of Charlie Chaplin from the cop who subdues the brawling toughs of *Easy Street* (1917) to the urban worker who is the hapless victim of his boss's insane infatuation with efficiency and standardization in *Modern Times* (1933) sums up a crucially important transition in American social thought. . . . The pressing urban danger was now seen not in disorder and degeneracy, but in a sterile conformity. . . . With this shift, the effort to re-create in the city the moral homogeneity of the village -- an effort that for a century had been so powerful and protean a social force in America -- was effectively abandoned.

In the period following World War II, it is probably no longer possible to distinguish American currents from the European background. The influence especially of German thought is still to be sorted out.⁴⁴ Anatole Broyard has left behind an amusing memoir of the New School right after the war where people went "the way you go to a party, almost like going abroad." I quote from it to indicate in a lighthearted way the

end of what Louis Hartz called the parochial "irrational Lockeanism" of American intellectual life.

Because they were displaced themselves, or angry with us for failing to understand history, the professors did their best to make us feel like exiles in our own country. . .

All the courses I took were about *what's wrong*: what's wrong with the government, with the family, with interpersonal relations and intrapersonal relations. . .

We admired the German professors. We had won the fight against fascism and now, with their help, we would defeat all the dark forces in the culture and the psyche. As a reaction to our victory, sensitive Americans had entered an apologetic phase in our national life and there was nothing the professors could say that was too much. We came out of class with dueling scars.⁴⁵

The general trend in sociological writing, tracked by Morris Janowitz, was away from the social self-regulation sense of social control and toward socialization, social repression, and conformity. Particularly important was a 1946 paper and later work by Everett C. Hughes on skilled groups and their socialization, regulation, and professional social control within organizations. The interactions between experts and clients are different from what they seem, and far richer, as we can see when we "demystify" the organizations in which they take place. Displaced goals, underlying functions, and legitimating devices get center stage. Among many examples, Eliot Friedson applied this strain of analysis to doctors and their work; Charles Perrow and Michael Lipsky, to human service organizations.⁴⁶

What was doing the mystifying, what needed legitimizing? Sometimes the answer came from neo-Marxist conceptions of state and ideology, even though "social control" is not a Marxian idea. For example, in a standard professional handbook, Gil says that "child welfare policies and services are. . . supplementary tools of the State employed in reproducing and preserving the social

status quo and its ideology." The point of the system of foster care is to regulate the poor, through fear and other means of "disempowerment." The main role of the welfare system overall has been to regulate the labor market, say Piven and Cloward; relief and its progeny thus serve the larger political and economic order.⁴⁷

By the 1970's a revisionist, didactic or "useable history" of benevolence, altruism, and reform had been joined to a critique of the welfare system which was their historical product.⁴⁸ Along the way, these new, radical intellectual trends find the twentieth century reformers and professional social workers little better than their nineteenth century predecessors. Progressive social work, a public-private partnership led by reformers and exhibiting the professionally trained "social intelligence" in which Homer Folks and his colleagues had such confidence, came in our time to be seen as very much part of the problem.

The academics discovered that the impulse toward charity, altruism, and reform, as well as later features of the welfare state like AFDC, served and serve latent functions, not to say nefarious motives.⁴⁹ Charity and welfare were ways by which dominant elites forced the working classes to conform to hegemonic standards: ways, in effect, to keep the working classes from becoming "dangerous."

Social control might be neutrally defined, in the brave words of Lewis Coser, as the "variety of mechanisms by which collective behavior is organized, contained and channelled." It operates "to harness individuals to the necessary requirements of

the social order." There can never be any permanent equilibrium amid perennial social conflict, to be sure, but "antagonisms are driven into socially acceptable channels."⁵⁰ But the term remained contagious, and it did not prove especially informative when employed in a "neutral" fashion: "To attach a label of social control.... and to let the matter rest there hardly represents an advance," Rothman rightly pointed out. "Social control by whom? For what purposes? And why in this form rather than in another?"⁵¹

A closely allied conception of "deviance" was likewise brought into play: deviant behavior as socially constructed. "Rules" define deviance and they are among the principal instruments of social control. Deviance is "not a quality of the act the person commits," Becker wrote, "but rather a consequence of the application by others of rules and sanctions to an 'offender.' The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label."⁵²

These intellectual trends reinforced the deinstitutionalization movement as a whole, especially in regard to youth detention facilities and mental hospitals. In addition, they gave a new justification to the long-coming shift away from institutions for dependent and neglected children, a shift authoritatively announced a half-century earlier!⁵³

Conclusion

NOTES

1. I am aware that the term Progressive is out of favor among historians, but I can't think of better shorthand for my purpose.
2. Gordon S. Wood, *The Radicalism of the American Revolution* (New York: Alfred A. Knopf, 1992), p. 44.
3. Peter Berger, "On the Obsolescence of the Concept of Honour," in Michael Sandel, ed., *Liberalism and Its Critics* (New York: New York University Press, 1984), p. 156. Originally published in *European Journal of Sociology*, Vol XI (1970), 339-347.
4. David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971), p. 57.
5. *Discovery*, pp. 66-70.
6. *Discovery*, pp. 69.
7. *Discovery*, pp. 265, 270, 285
8. N. Machiavelli, *The Prince*, Chap. VIII; *Discourses*, II.23.
9. *Discovery*, p. 295; David Rothman, *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America* (New York: HarperCollins, 1980), pp. 11-12
10. David M. Schneider and Albert Deutsch, *The History of Public Welfare in New York State 1867-1940* (Chicago: University of Chicago Press, 1941), pp. 159ff; Katz, *In the Shadow of the Poorhouse*, p. 104. There were Negro institutions around the country, including in New York. The Board of Charities (later the Board of Social Welfare) listed in its reports that some institutions in the state took both white and Negro children. Local records confirm this.
11. By 1875, there were about 130 child-caring institutions in New York State. "The 1890 census listed 788 institutions housing children, 140 in New York State alone. New York State provided institutional care for one of every 100 children, New York City for one in 35." Peter C. English, "Pediatrics and the Unwanted Child in History: Foundling Homes, Disease, and the Origins of Foster Care in New York City, 1860 to 1920." *Pediatrics*, Vol 73 (May 1984), 707.
12. John Webb Pratt, *Religion, Politics, and Diversity: The Church-State Theme in New York History* (Ithaca: Cornell University Press, 1967), pp. 225-256; Richard L. McCormick, *From Realignment to Reform: Political Change in New York State* (Ithaca: Cornell University Press, 1981). For the earlier chapter of this saga, see Vincent P. Lannie, *Public Money and*

Parochial Education: Bishop Hughes, Governor Seward, and the New York School Controversy (Cleveland: The Press of Case Western Reserve University, 1968).

The same issue was contested in Illinois. Mason P. Thomas, Jr., "Child Abuse and Neglect, Part I: Historical Overview, Legal Matrix, and Social Perspectives," *North Carolina Law Review*, Vol 50 (1972), 325-26.

13. Samuel T. McSeveney, *The Politics of Depression: Political Behavior in the Northeast 1893-1896* (New York: Oxford University Press, 1972); Charles Z. Lincoln, *The Constitutional History of New York* (Rochester: Lawyers Cooperative Publishing Co., 1906), III, 459-474; Catholic Club of the City of New York, *Catholic Charities and the Constitutional Convention of 1894 of the State of New York*, printed by J.J. O'Brien & Son, n.d.; State Charities Aid Association, *Twenty-Second Annual Report to the New York State Board of Charities*, December 1, 1894; William R. Brock, *Investigation and Responsibility: Public Responsibility in the United States, 1865-1900* (Cambridge: Cambridge University Press, 1984).
14. Lori Ginzberg, *Women and the Work of Benevolence: Morality, Politics, and Class in the 19th Century United States* (New Haven: Yale University Press, 1990), pp. 190-208; Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992); the key insight came from George M. Fredrickson, *The Inner Civil War: Northern Intellectuals and the Crisis of the Union* (New York: Harper Torchbooks, 1968).
15. For American citizenship as "standing" (status, democratized) in which self-directed earning has enormous political significance, see Judith N. Shklar, *American Citizenship: The Quest for Inclusion* (Cambridge: Harvard University Press, 1991).
16. Susan Dennis and Michael Sherraden, "The Orphan Asylum in the 19th Century," *Social Service Review*, Vol 57 (June 1983), 272-90; Marshall B. Jones, "Crisis of the American Orphanage," *Social Service Review*, Vol 63 (December 1989), 613-29; Judith Ann Dulberger, "Refuge or Repressor: The Role of the Orphan Asylum in the Lives of Poor Children and Their Families in Late-Nineteenth-Century America," doctoral dissertation, Carnegie-Mellon University, 1988.
17. *Proceedings of the Conference on the Care of Dependent Children*, Held at Washington, D.C., January 25, 26, 1909 (Washington: GPO, 1909), pp. 46 (Mornay Williams), 118f (A.T. Jamison), hereafter *Proceedings*.
18. Letter to Roosevelt, December 22, 1908, *Proceedings*, p. 18.
19. This is a point stressed to me by Matthew Crenson in a discussion of some of these ideas.

20. *Proceedings*, p. 10.
21. Harold A. Jambor, "Theodore Dreiser, the *Delineator* Magazine, and Dependent Children: A Background Note on the Calling of the 1909 White House Conference," *Social Service Review*, Vol 32 (March 1958).
22. Homer Folks (1949) in the Oral History Collection of Columbia University, pp. 52-54, quoted by Janet Marie Wedel, "The Origins of State Patriarchy During the Progressive Era: A Sociological Study of the Mothers' Aid Movement," PhD dissertation, Washington University, 1975, p. 278.
23. The others who signed the letter to the President were: Hastings H. Hart (superintendent, Illinois Children's Home and Aid Society; and Chairman, Study of Child Placing, Russell Sage Foundation), John M. Glenn (secretary and director, Russell Sage Foundation), Thomas M. Mulry (president, St. Vincent de Paul Society of the United States), Edward T. Devine (editor, *Charities and The Commons*; general secretary, Charity Organizing Society; professor of political economy, Columbia University), Julian W. Mack (juvenile court judge, Chicago; ex-president, National Conference of Jewish Charities), Charles W. Birtwell (general secretary, Boston Children's Aid Society), Theodore Dreiser (co-editor, *The Delineator*), and James E. West (secretary, National Child-Rescue League; co-editor, *The Delineator*).
24. Thomas F. Meehan, *Thomas Maurice Mulry* (New York: The Encyclopedia Press, 1917); J. W. Helmes, *Thomas M. Mulry: A Volunteer's Contribution to Social Work* (Washington: The Catholic University of America, 1938). For example, Mulry was a leader in the establishment of the Catholic Home Bureau in 1898. See John O'Grady, *Catholic Charities in the United States: History and Problems* (Washington: National Conference of Catholic Charities, 1930), p. 251f.
25. Letter to Roosevelt, December 22, 1908. The ground was all well prepared. On January 10, 1909, Roosevelt "appointed" Folks, West, and Mulry to make all the arrangements for the conference including agenda and speakers. The conference began two weeks later.
26. Walter I. Trattner, *Homer Folks: Pioneer in Social Welfare* (New York: Columbia University Press, 1968)pp. 106, 107. See also Clarke A. Chambers, *Seedtime of Reform: American Social Service and Social Action* (Minneapolis: University of Minnesota Press, 1963); Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career* (Cambridge: Harvard University Press, 1965).
27. *Proceedings of the Conference on the Care of Dependent Children*, Held at Washington, D.C., January 25, 26, 1909 (Washington: GPO, 1909). Folks' central part in the controversy about the best setting for the care of dependent

children is summarized in Martin Wolins and Irving Piliavin, *Institution or Foster Family. A Century of Debate* (New York: Child Welfare League of America, 1964).

28. An architectural struggle began between "congregate" and "cottage" plans. Gone was any fantasy about the old household. In its place are notions of family, neighborhood, and community. One superintendent, describing his cottages in Westchester County wrote: "Following the family pattern, we have no age grouping in these ten homes. . . In addition to the cottages, we have a school, a greenhouse, a poultry yard, an orchard, and a garden.
. . . [W]e pay our respects to normal family life by copying them as closely as we can. Moreover, as far as types of children are concerned, including intelligence levels, behavior norms, and cultural backgrounds, we approximate a cross section of the average neighborhood." Franklin Thomas, "Some Sociological Principles Underlying Child Development," *Social Forces*, Vol XII (May 1934), 508.
29. I am indebted for this phrase to Amy Gutmann, *Democratic Education* (Princeton: Princeton University Press, 1987), pp. 28ff. The limitations of the underlying conception of citizenship that at least the more academic reformers held are stressed in Andrew J. Polsky, *The Rise of the Therapeutic State* (Princeton: Princeton University Press, 1991).
30. *State Board of Charities - Annual Report*: year ending June 30, 1925.
31. These are some intuitions, based upon interviews with people who lived in institutions for a substantial portion of their childhoods in the 1940s, 50s and 60s, and upon some first-person published accounts.
32. A point suggested by David Fanshel and Eugene B. Shinn in *Children in Foster Care: A Longitudinal Investigation* (New York: Columbia University Press, 1978).
33. For example, Charles D. Aring, "In Defense of Orphanages," *American Scholar*, vol 60 (Autumn 1991), 575-579.
34. This theme, together with the reassurance that comes from plain good order, are prominent in Richard Rhodes's memoir: *A Hole in the World: An American Boyhood* (New York: Simon & Schuster, 1990).
35. *Proceedings*, p. 10 (emphasis added).
36. One Folks protege, now in his eighties, remembers Folks this way from the 1930s: "His manner was always courtly. He, his wife, and their house all belonged in the middle of the Victorian era -- a tall skinny house with a formal porch no one would think of sitting on; gingerbread cut-outs under the porch eaves and wisteria vines climbing everywhere; a pull-knob doorbell that tolled sepulchrally somewhere in the deep

and mysterious recesses of the old house. Tall, narrow bevelled glass panes with graceful grape vines etched thereon gave a forelook of the tall, slender, stately couple who lived beyond those doors. I had the eerie feeling that anyone who might inadvertently break wind in the front hall while being greeted by the Folks would immediately turn into a pillar of salt like Lot's wife." (Personal correspondence with the author.)

37. Polsky, *Rise of the Therapeutic State*, p. 126.
38. A. B. Hollingshead, "The Concept of Social Control," *American Sociological Review*, Vol 6 (April 1941), p. 217; Morris Janowitz, "Sociological Theory and Social Control," *American Journal of Sociology*, Vol 81 (July 1975), 82; [a fuller treatment is in Janowitz, *The Last Half Century: Societal Change and Politics in America* (Chicago: University of Chicago Press, 1978)]; see Michael Walzer, "The Revolutionary Uses of Repression," in Melvin Richter, ed., *Essays in Theory and History: An Approach to the Social Sciences* (Cambridge, Harvard University Press, 1970), pp. 122-136; Wedel, "Origins of State Patriarchy," Chapter I.
39. Robert E. Park and Ernest W. Burgess, *Introduction to the Science of Sociology* (1921), quoted in Janowitz, "Sociological Theory and Social Control," p. 92.
40. Paul Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge: Harvard University Press, 1978), p. 287. Park's essay "The City" is quoted on p. 286.
41. Geoffrey Blodgett, "Frederick Law Olmsted: Landscape Architecture as Conservative Reform," *Journal of American History*, Vol 62 (March 1976), 869-889; Thomas Bender, *Toward an Urban Vision: Ideas and Institutions in Nineteenth Century America* (Lexington: University of Kentucky Press, 1975); Boyer, *Urban Masses and Moral Order*, pp. 220-251, 288.
42. Boyer, *Urban Masses and Moral Order*, pp. 291, 289. Bernard: "The Transition to an Objective Standard of Social Control," *American Journal of Sociology*, vol 16 (1910-11), *Social Control in Its Sociological Aspects* (New York: Macmillan, 1939).
43. Boyer, *Urban Masses and Moral order*, pp. 291, 292.
44. Anthony Heilbut, *Exiled in Paradise: German Refugee Artists and Intellectuals in America from the 1930s to the Present* (Boston: Beacon Press, 1983); Allan Bloom, *The Closing of the American Mind* (Simon & Schuster, 1987), esp. pp. 185-226, 243-312; Martin Jay --
45. Anatole Broyard, *Kafka Was the Rage: A Greenwich Village Memoir* (New York: Crown Publishers, 1993), pp. 15, 16.

46. Hughes, "Institutions," in Alfred McChung Lee, ed., *New Outline of the Principles of Sociology* (New York: Barnes & Noble, 1946), pp. 225-267; Friedson, *Doctoring Together: A Study of Professional Social Control* (Chicago: University of Chicago Press, 1975); Charles Perrow, "Demystifying Organizations," in R. Sarri and Y. Hasenfeld, eds., *The Management of Human Services* (New York: Columbia University Press, 1978), pp. 105-120; Michael Lipsky, *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services* (New York: Russell Sage Foundation, 1980).
47. Gil, "The Ideological Context of Child Welfare," in Laird and Hartman, eds., *Handbook of Child Welfare* (New York: The Free Press, 1985), p. 31; J. Galper, *The Politics of Social Services* (Englewood-Cliffs: Prentice-Hall, 1975); David Michael Tobis, "The New York City Foster Care System, 1979-1988: The Rise and Fall of Reform," PhD dissertation, Yale University, 1989; Piven and Cloward, *Regulating the Poor: The Functions of Public Welfare* (New York: Pantheon Books, 1971).
48. The Durkheimian sources of the idea were muted early in its American usage. See "Social Control" (Jesse R. Pitts and Amitai Etzioni), *International Encyclopedia of the Social Sciences* (New York: Crowell Collier and Macmillan, 1968), Vol 14, pp. 381ff; also James Leiby, "Social Control and Historical Explanation," in Walter I. Trattner, ed., *Social Welfare or Social Control? Some Historical Reflections on "Regulating the Poor"* (Knoxville: The University of Tennessee Press, 1983); David Rothman, "Social Control: The Uses and Abuses of the Concept in the History of Incarceration," *Rice University Studies*, Vol 67 (Winter 1981).
49. Confusion between functions and motives shows up repeatedly in the symposium papers assembled in Trattner, ed., *Social Welfare or Social Control?*
50. Lewis Coser, *Masters of Sociological Thought* (New York: Harcourt Brace & Jovanovich, 1971), p. 358, describing the theory of Robert Park.
51. Quoted by Frances Fox Piven and Richard Cloward, "Humanitarianism in History: A Response to the Critics," in Trattner, ed., *Social Welfare or Social Control?* p. 134. The term proved contagious. On applications in public health. Paul Starr writes: "The recent anti-Progressive historians, including both Marxists and liberals, tend to reclassify as social control events like the conquest of disease that were once properly regarded as historic achievements of human freedom. They remember the public health nurse who instructed mothers in infant hygiene as a kind of surreptitious agent of the police, insinuating bourgeois ideals into the authentic culture of the working class. That the nurse may have taught mothers how to prevent their babies from dying, we are now supposed to pass over as secondary and irrelevant." *The Social Transformation of American Medicine* (New York: Basic Books, 1982), p.192n.

52. Becker, *Outsiders*, p. 9; Anthony M. Platt, *The Child Savers: The Invention of Delinquency*, second edition (Chicago: The University of Chicago Press, 1977). See also Edwin Lemert on labeling and "secondary deviation" in his *Human Deviance, Social Problems, and Social Control* (Englewood Cliffs: Prentice-Hall, 1967), pp. 40-64; Coser, *Masters of Sociological Thought*, second edition (New York: Harcourt Brace Jovanovich, 1977), pp. 577-79.
53. See Paul Lerman, *Deinstitutionalization and the Welfare State* (New Brunswick: Rutgers University Press, 1982).

REVISED

1

The Scientific Study of Children
in Orphanages in the United States, 1900-1945

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The Scientific Study of Children
in Orphanages in the United States: 1900-1945

The institutions of today where the work is done for charitable reasons...are indeed laboratories in which many of the great problems of our civilization may be worked out....¹

In 1905 E. R. Johnstone recognized the opportunities that work in orphanages and other charitable institutions offered scientists. Johnstone was Superintendent of the New Jersey Training School for Feeble-Minded Girls and Boys and was one among many scientists who used children in institutions as subjects in research. Although Johnstone's work took place in an institution for the feeble-minded, a number of scientists who intended to study the normal child carried out research in orphanages. Between 1900 and 1945 the orphanage became a laboratory where newly-developed techniques of middle-class social science were applied in the study of children of disadvantage.

In the nineteenth century, to philanthropists, volunteers, charity workers, and citizens of the community the orphanage seemed like a good idea. However, during 45 years of medical, psychological and psychiatric research that began around 1900 scientists studying children in these institutions gradually came to believe that children could not thrive in orphanages. This discovery came slowly, for scientists had not entered orphanages to study the children who lived there. Instead they came to use children in orphanages as proxies for family-reared children in their study of the normal child. Upon study, these scientists realized that children in orphanages

differed considerably from children in families in many of the attributes under investigation.

Researchers discovered that children who lived in orphanages were shorter, weighed less, had lower intelligence test scores, were more likely to have been exposed to the serious childhood illnesses, were less likely to recover from illness, and were retarded in school. Infants in orphanages were listless, needed more food to make the same weight gains as other children and were slow to reach developmental milestones. Some one-year olds lay in cribs unable to turn over or to pull themselves up at all. Infant mortality rates were several times higher than for the population at large.

These findings came from research in which children in orphanages were used because they were available, because they were available without parental consent, or, occasionally, because medical procedures carried out on them would not have been approved by parents to have been carried out on their own children.

In these studies scientists were confronted with the effects of disadvantage, but few had come to orphanages to study disadvantage. It was customary to explain findings about the differences between children in orphanages and those in families by citing hereditary differences among social levels or among immigrant groups.

These issues become apparent when one shifts attention from the science of the normal child to the subjects used in the establishment of this science. Three perspectives of scientists will be used: their knowledge of the orphanage, their attitudes toward children of the poor, and their conception of their own science. As

was intended, the study of children who lived in orphanages helped lay the foundations for a science of the normal child. It also revealed, to those who took notice, the devastating effects of disadvantage on children.

The Orphanage

The orphanage was a contradictory institution and difficult to define. The Newton Home for Orphans and Destitute Girls in Newton, Massachusetts was located in a home in 1872. Although proud of operating as a family, the matron, "Aunty Pomroy" forbade the adoption of girls from the orphanage by couples wanting to make them members of their family. Instead she trained her charges for work as cooks, seamstresses, or servants.²

Some orphanages housed a dozen children or fewer, in a family home. Others housed over a thousand children in institutional buildings. Still others were way stations for placing out programs, housing children for a short time until they had been placed out into families.

The exteriors of many large orphanages were grand and imposing. Some resembled prisons, armories, or castles. Sometimes constructed on a promontory or at the edge of a town, orphanages were buildings that reflected civic pride. Orphanages were founded as civic responses to Indian massacres, epidemics, shipwrecks, an influx of destitute immigrants, or the effects of westward migration.³

In contrast to imposing exteriors, the interiors of orphanages were Spartan, for their task was to train laborers. Sleeping rooms were so filled with cots that

sometimes there was no space between beds. In some orphanages two or three children slept in a single cot or crib. Though considerable sums might be spent to build an orphanage, people expected that the institutions operate as cheaply as possible. The Superintendent of the State Industrial School in Lancaster, Massachusetts suggested in 1891 that children could be fed for as little as sixteen cents per day. One superintendent who was proud of his management of funds, noted that no cloth had been purchased because second-hand clothing had been altered to fit inmates. Annual reports from orphanages often proudly listed donations of soup bones, of fish, of clothing and shoes, testimony to the pride in community participation combined with careful, economical management.⁴

Orphanages were founded with high motives to "save" children from lives as paupers, but, in fact, trained children for jobs in the lowest levels of society. The orphanage curriculum consisted of reading, writing, arithmetic, and moral and religious education, but teachers in the orphanage were often poorly trained and poorly paid. Vocational education, training in shoemaking, for example, was introduced to larger orphanages, and farming education at orphanages in the country. However, vocational education as often served the financial needs of the institution by providing the orphanage with cash or inexpensive shoes and vegetables, as it did train youngsters for future jobs. A historian of one institution noted that no apprentice shoemaker went on to work making shoes after leaving the orphanage and that adept shoemakers were coerced (by having wages withheld) into staying in the orphanage shop beyond the age of "graduation."⁵

Educational programs in orphanages often had more to do with John Locke's eighteenth century suggestion for working schools and Johann Heinrich Pestalozzi's experiments with orphanage-workhouses than they did with twentieth-century educational programs for children in public schools. Sometimes academics seemed secondary to intentions to train children for work, though children in orphanages often benefitted from considerably more educational instruction than their brothers and sisters outside the orphanage were able to obtain. Fortunately, children in orphanages were enrolled in public schools in increasing numbers across the twentieth century, although health quarantines of the institution often prevented children from attending public school for months at a time.⁶

In another contradiction, typically orphanages opened to serve orphans, those having no living parent. These were considered the most deserving of children. Once an orphanage opened, however, managers or superintendents were besieged with requests to take children who had living parents. Some destitute parents permanently relinquished children to orphanages; others housed their children in an orphanage while the parent or parents got back on their feet.

Consumption of alcohol by parents was one of the reasons institutions filled so rapidly. In 1890 social reformer Jacob Riis noted that for 111 Protestant churches below Fourteenth Street in New York City, there were 4,065 saloons. Destitute parents who spent scant resources on alcohol often found their ragged, hungry, and sometimes abused children placed in orphanages by charity workers, police, or poor-law officers.⁷

A well-managed orphanage was a source of civic pride, but there existed cases of poor management as well. The lack of standards allowed a low level of care in the absence of adequate supervision. In some cases people unfitted or untrained for work with children, poorly-paid older women, or young adults, some of them barely older than their charges, took care of children in orphanages. It was not uncommon for a large orphanage to have a single matron for 100 children. Work was delegated to older girls in the orphanage, or to monitors. Monitors often were orphanage graduates who worked as disciplinarians for younger children, perpetuating a Draconian system of harsh treatment and abusive punishment. Some well-run smaller orphanages operated as families, but in larger orphanages, supervision was often lax, as one incoming superintendent discovered. When he took over management of the orphanage he found the Babies' Department was run by a woman he was forced to discharge. He found her "entertaining a policeman in her 'shed' in the evening" leaving around 70 babies unsupervised for the night.⁸

Children moved in and out of orphanages with frequency. In 1915, in New York State, around one-third of children left the institution, returning home to relatives, leaving to work, or both. Scientists who entered the orphanage carried with them the idea that the orphanage was a benevolent institution that housed full orphans from infancy until they were old enough to work. Researchers were not aware of the use of orphanages by families in poverty as a way-station, a temporary shelter for children.⁹

The Children

In 1920 in Delaware, an eight year-old boy and his companion were left alone to guard the house, not to let anyone in, and "and to shoot anyone who tried to steal tomatoes from the garden." When a man entered the garden and began stealing tomatoes, "The youngsters...rushed into the house and upstairs, one getting a revolver and the other a shotgun. The gun went off and fell out of the second-story window, the boy who was holding it falling out with it. The other boy then made a grab for his friend's heels and fell out after him." As reported by a Children's Bureau investigator, "The result of all this confusion was that both boys were taken into custody and shortly afterwards were placed in an institution for dependent children."¹⁰ Most children who fell into orphanages were not orphans, but had living parents as these boys did, and lived lives of poverty, neglect or inadequate supervision. The popular label for children such as these who lived in orphanages, was "orphan."

Orphan is a term for any child bereft of protection or advantage of parents. The full or true orphan was a child bereaved by the death of both parents. A half-orphan was a child bereaved by the death of one parent. From Jewish and Christian sources, the orphan was traditionally considered to be the most deserving among poor children.

This was a Protestant Christian system to classify the poor. The deserving poor were those who, through no fault of their own (as in the case of orphans) had fallen on hard times. Widows of soldiers were considered deserving poor. In

contrast, the undeserving poor were those whose laziness, shiftlessness, immorality, or intemperance had lowered them to the category of paupers. These were the pernicious poor, in Protestant thinking. Historian Charles Rosenberg noted the "unquestioned distinction between the worthy and unworthy poor, between the prudent and industrious objects of a benign stewardship and those less deserving Americans whose own failings justified their almshouse incarceration."¹¹ This was not a system for classifying children; it was a system for classifying adults. The labels for children came from the behaviors of their parents. In this way blame was extended to children.

A two-tier system reflecting these beliefs operated in the nineteenth century. Orphanages were opened to serve children of the deserving poor, and the poorhouse or almshouse was a repository for whole families, including children, of the undeserving poor. Toward the end of the nineteenth century, as laws were passed to remove children from the poorhouse and place them in orphanages, this two-tier system gradually collapsed into a single institution for children, the orphanage. By 1900 orphanages were filled with children traditionally labeled as undeserving poor.

By the end of the nineteenth century there was a non-correspondence between orphanages and orphans. Since children with at least one living parent were the majority of inmates, and since the number of orphans was decreasing, it was usually the case that only ten to 30 per cent of children in orphanages were true orphans. Furthermore, orphanages intended to house orphans, although few true orphans entered such institutions. In 1930 there were estimated to be 450,000 true orphans in

the United States. According to the census of children living in institutions in the year 1933, there were 140,352 children living in orphanages in the United States. If one-third of children in institutions were true orphans, that meant that under ten per cent of orphans in the United States lived the orphanages. The other 90 per cent were cared for by relatives, friends, or neighbors.¹²

Around the turn of the century there was a movement to remove children from orphanages altogether by finding foster homes where they could live, yet it was another five decades before more children were placed with foster families than were placed into institutions. Though some charity writers noted that children needed the "fathering and mothering" of family life, they also wanted children placed in families because they believed that orphanage life was too easy on children. One writer noted that girls did not learn to wash and iron in orphanages, and boys did not learn to farm. She questioned,

Will not children used to the comfort of steam-heated halls and to being waited on, find it a hardship to break ice for water to drink or wash in, to bring water from a well, to chop wood, bring coals from a cellar, make fires at dawn...?¹³

People believed orphans should be accustomed to a life as laborers from an early age. Life in the orphanage, she continued, "Does it not rather weaken him?" Scientists who entered orphanages to carry out research shared with citizens the ambivalent attitudes that these children engendered.

The Science

The earliest scientists to study children in orphanages were the physicians who volunteered on a regular basis to care for the health needs of children in institutions.¹⁴ Around 1900 they were joined by other scientists who used children in orphanages as subjects to study height, weight and other physical attributes of infants and children. Using the statistical idea of norms or averages, it became possible to describe typical or average growth for a child from babyhood into childhood, and to compare an individual child's growth to curves for the average child. Thousands of measurements of height, weight, skeletal growth, dentition, onset of puberty, blood pressure, and other measurable attributes were collected by physicians, anthropologists and other social scientists working in private practice, in schools and in children's institutions.

In these studies of the normal child, as they were called, researchers frequently referred to deviant and defective individuals, but these researchers were not focusing on deviance itself. Instead, they often employed the term deviant in its statistical sense, to suggest a distance from the average, the norm, or the "golden mean" they were establishing by measuring as many children as possible.

This unintended racism was contrasted by the overt racism that characterized many of the comparisons among ethnic groups, in which differences were ascribed to inferior heredity among members of a given ethnic group. In this research there were frequent references to norms for ethnic and racial groups, for a notion of culture as layered and decidedly hierarchical held in the early twentieth century. Starting around

1880, enormous numbers of immigrants entered the United States, most of them from desperately poor sections of Europe. Not yet integrated into the dominant Protestant culture, or worse still in the public view, not intending to become integrated into Protestant culture, these immigrants were a source of despair and concern by citizens. Social science research reflected these attitudes. Thus, among the more than 2000 studies of physical growth and development indexed in a Children's Bureau publication in 1927 were references to the inferiority of growth among Italian children, to "physical differences between white and colored children," influences of diet on a "racial growth curve," to nutrition of Chinese children, along with observations on the health and growth of children in an orphanage in which it was noted, tellingly, that children were short and thin, but "a considerable deviation from the ideal diet" was still "consistent with good health."¹⁵

Physicians helping map out the characteristics of the normal child conducted a great number of studies of disease, of malnutrition and of basic physiological processes in research using children in orphanages as subjects. Some scientists studied children or babies in orphanages while others borrowed infants from orphanages to place on their study wards in hospitals.

One of the few projects to arouse criticism within a few years after it took place was physician A.F. Hess' study of rickets and scurvy.¹⁶ Hess and his assistant Mildred Fish, researchers at the New York City Department of Health, allowed infants at the Hebrew Infant Asylum in New York City to develop rickets and to develop scurvy repeatedly by withholding cod liver oil or orange juice from their

diets. A former social worker named Konrad Berkovici wrote in indignation to The Nation that "A child is placed in an infant asylum because it is left 'without proper guardianship' because the parents 'are too destitute to care for it properly.' It is never intended" he continued, "to take the place of a guinea pig in a...laboratory."¹⁷

Berkovici asserted that physicians were aware that children who appeared to recover from scurvy often did not. They failed to gain weight, sometimes developed heart problems, and were more likely to die of infection. According to Berkovici the study by Hess and Fish confirmed others' observations of these conditions. Berkovici called on the medical profession to prohibit such research in the future.

Studies of immunity to diphtheria illustrate a far more common use of children in orphanages to understand and control the infectious diseases of childhood. Diphtheria was among the most feared and most deadly of the childhood diseases early in this century. When a test was developed to assess immunity, it was used on over 100,000 children in schools and orphanages in New York State. When it was discovered that antitoxin could boost immunity (a discovery made by using children in orphanages as subjects) and when safe and reliable methods for antitoxin production were achieved, physicians from the New York City Health Department were ready to demonstrate to reluctant and frightened parents that immunity to diphtheria was possible.

In 1921 they tested and immunized susceptible children in the Auburn Orphan's Home in Auburn, New York. They did this because parents in the community had refused to have their own children tested and immunized. Children

whose parents refused their treatment formed the control group. Among children in this control group there were 78 cases of diphtheria and 13 deaths. Among children in the orphanage there was only a single case of diphtheria, one that occurred too soon after immunization to protect the child. The following year parents in Auburn agreed to have their own children tested and immunized. By 1926 Auburn, New York was widely cited as a model city for the eradication of diphtheria in the United States.¹⁸

This use of children in orphanages as an intermediate stage between animal trials and trials on children illustrates an enduring use of these youngsters as subjects in studies of infectious diseases. Since parents refused to have their own children participate, this trial also illustrated the fact that children who lived in orphanages were in some way looked at differently from children in families.

With the translation into English and publication in 1906 of the intelligence test developed in France by Binet and Simon, and with revisions in 1908 and 1911, and educational psychologist Lewis Terman's standardization of the Binet tests in 1916, the intelligence of children began to be investigated.

The Binet-Simon test and the Terman revision of the test were not designed to provide a valid measure of the intelligence of children of preschool age, but to undergird the measures of children of school age. The Kuhlmann revision of the Binet tests was designed for use with children under four years of age, but it suffered from the same problem in assessing the youngest children. In spite of these technical problems, tests of intelligence began to be used to study preschool children. Though

Binet argued for a large number of tests and for test scores as only a part of an extensive study of a child, a numerical score from a single administration of the intelligence test soon became the norm.

Mental testers entered orphanages to characterize the intelligence of the children who lived there. Or they entered to study the test itself, to use the test in a psychological investigation, or to study the relative influences of heredity and environmental experiences. Tests were also used for practical reasons, to sort children to send to different institutions or to place them in families. From around 1920, test scores rather than opinions of supervisors began to be used to decide which children should be adopted out, placed out, kept in the orphanage or transferred to institutions for the feeble-minded. Scores were also used as objective evidence to certify as much as one could that a child available for adoption was normal.

In February, 1934 the Board of Control of the State of Iowa hired a psychologist to use mental tests to sort children living in orphanages and to screen children waiting for admission. Orphanages were overcrowded, and with the psychologist's help, it was discovered that a number of children, some very young, could be transferred to institutions for the feeble-minded. The state psychologist reported that in four institutions housing 3434 children total, 1026 individual tests of intelligence had been administered, and 580 group tests of intelligence were administered in the year ending June 30, 1934.¹⁹

These data indicate that in one year, in the four institutions for children in Iowa, 47 per cent of inmates received a test of intelligence. Mental testing was big

business, not just in the numbers of tests given, but in the importance placed on a numerical score for a child. Indeed, the mental testing movement can be likened to a tsunami, a tidal wave that swept over the American social sciences. According to one social scientist, for decades "the momentum of the tests overrode all criticism."²⁰

While the mental testing movement gathered speed in society, mental testing in orphanages followed a curious course. When J. L. Stenquist, E. L. Thorndike and M. R. Trabue entered an orphanage in New York State in 1915 to study the mechanical ability, school achievement and intelligence of the children who lived there they discovered that neither the children nor the record-keepers in the orphanage knew how old the children were. They found that records in the orphanage often consisted of the child's self-reported age noted down in the past. When there was a small difference between the child's reported age and the age listed in orphanage records, the researchers split the difference. However, some discrepancies between the ledger book and the child's self-report differed by as much as seven years.

Researchers suspected that sometimes parents listed a child's age as younger than it was in order to gain admission to an orphanage, or older than it was to gain the child's admission to a reformatory. This provided evidence for the popular belief that children in orphanages differed from those in reformatories only by age.

The problem with chronological age arose when Stenquist, Thorndike and Trabue attempted to calculate intelligence quotients, for the intelligence quotient is the ratio of the mental age to the chronological age. Researchers decided to assign

the child's mental age from the IQ test as chronological age, a move similar to assigning the average score, or mean, to missing values in a data set.

In 1918 Lewis Terman and his graduate student Dorothy Wagner studied the intelligence quotients of children in an orphanage in California. Wagner collected the data, and Terman analyzed it and wrote the report. Terman decided to use IQ scores and length of stay in the orphanage to address the question whether environmental influences affected intelligence test scores or whether, as Terman believed, the IQ test was a relatively pure measure of inherited mental capacity. Terman found that children who lived for a considerable time in the orphanage had slightly lower intelligence test scores, indicating to him that environmental influences made no impact on the intelligence test score.²¹

This interpretation came about because of a scaffolding of assumptions Terman made about the orphanage and about the children who lived there. His first assumption was about the institution. "Probably the well conducted orphanage offers a cultural environment as good as that of the middle grade home, if not better," he imagined.²² Building on this unexamined assumption Terman reasoned that "the child who enters it from a poor home at the age of five or six years ought, on the environmental theory to show a considerable increase of intelligence quotient within a few years." By this he meant an increase over and above that expected with normal growth.

Although Terman recognized he was reasoning from a very small number of cases, he concluded that the inability of the orphanage to raise the intelligence

quotients of inmates was an indication that the intelligence quotient was a measure of inherited ability, relatively uninfluenced by experience.

Terman's conclusion came about because he was not aware that most children left the orphanage to work around age 12. Children over age 12 in orphanages were those incapable of working because they were mentally or physically handicapped. This error in interpretation of data came about because Terman and other researchers did not understand how the orphanage functioned. It also came about because Terman reasoned longitudinally, that is about the life course of individual children, while the data available to him, were cross-sectional, that is, data points on many children measured at only one point in time.

In another part of the same investigation Terman and Wagner looked at the issue of school retardation. Another investigator, physician Grace Fernald, published data on the same issue in 1918 as well.²³ Both research groups found children in orphanages placed in grade levels for children much younger than they were. School retardation, common at the beginning of the twentieth century was typically characterized by a large boy seated at a desk built for a considerably smaller, younger child.

Terman hypothesized and concluded that school retardation was caused by feeble-mindedness, though the data he presented in the Terman and Wagner study contradict this idea. In fact, the Terman and Wagner data indicate exactly the reverse, that many children were capable, based on mental age, of much higher (grade) level work than they were given.

Fernald, studying the same issue, noted that the children in the orphanage she studied "are very defective from the standpoint of education," that through poverty and neglect most children in the orphanage she studied had been deprived of opportunities to attend school.

The Terman and Wagner study is an example of a research edifice constructed on a foundation of misinformation about orphanages. This combined with prevalent attitudes toward children in orphanages resulted in studies that were not impartial responses to the facts the researchers uncovered. Instead, there was evidence of investigator bias, the propensity of researchers to make adverse conclusions about youngsters in orphanages before they had collected sufficient evidence, or to make negative judgments in the absence of compelling grounds for doing so.

Not just the incorrect interpretation of data, but the language used in the Terman and Wagner research report lend support to the idea of bias. Observations were interpreted in a way that condemned children in orphanages and their families as members of the undeserving poor. Terman 1) expressed hostility toward employees in orphanages because it was assumed they hid negative facts about the children, 2) offered statements that orphanages were repositories of mental inferiority and feeble-mindedness, 3) stated a belief that mental inferiority and feeble-mindedness led to criminality, 4) made assertions that children in orphanages were unworthy because their parents exhibited criminal or immoral behavior. In 1918, the tenets of eugenics were at least in part the engines that drove Terman's science of mental measurement.

Terman's science was, by extension, that of all mental testers, for he was the designer and publisher of the most frequently used American IQ test, the Stanford-Binet.

The test of intelligence began to be used as a measure of the outcome of educational interventions in the 1920s and 1930s. Two studies conducted by Iowa psychologist Harold Skeels and his colleagues illustrate most vividly the poor fit of this middle-class tool to the study of children in orphanages.²⁴ In 1934 researchers from the Iowa Child Welfare Research Station opened a nursery school on the grounds of the Soldiers' Orphans' Home in Davenport, Iowa. During a three year study they used the Kuhlmann and the Stanford-Binet tests of intelligence to investigate whether preschool experience made a difference for children in the orphanage. To their dismay, intelligence test scores remained rather stable for children who attended nursery school, possibly indicating stability or constancy of intelligence, as predicted by Terman and other mental testers. To their utter surprise, however, children who did not have nursery school experience had intelligence test scores that fell steadily, leveling off around IQ 70, a level considered mentally retarded.

Skeels and his group had discovered evidence that no one wanted to hear: the IQ was not constant over time for children of disadvantage. IQ test scores for the same child over time did not indicate a constantly low, inferior inherited level of ability but suggested that normal abilities were progressively lost in an environment that provided too little stimulation and too few opportunities to learn. Only with the

enrichment of the preschool experience were the IQ scores for children in the orphanage kept constant.

The Iowa studies, as these investigations were called, provoked great controversy in the late 1930s when they were published. Terman assigned his statistician, Quinn McNemar to investigate the statistical methods used by the Iowa researchers. McNemar exposed and listed a number of errors in method and analysis. However, in spite of statistical errors, and through reanalyses and counter-reanalyses of the data, the effects persisted. To mental testers these were troubling findings. To their relief, McNemar's smokescreen of statistical reworking effectively buried this potentially damaging challenge to the notion that intelligence was fixed and constant across the life span.

While the statistical controversy over these studies raged, Harold Skeels and physician Harold Dye published an astounding research report that, had it been taken seriously, would have challenged both IQ constancy and the practices of using the test of intelligence to sort children into institutions.²⁵ Skeels and Dye graphed a 45 months' series of intelligence test scores for two young children, C.D. and B.D., who by mental test scores and by family history were judged at 13 and at 16 months of age, respectively, to be feeble-minded. C.D. obtained a Kuhlmann-Binet IQ score of 46 and B.C. a score of 35 at initial testing.

These were babies who lived in the hospital nursery at the Iowa Soldiers' Orphans' Home. After initial testing they were transferred to the Iowa Institution for Feeble-minded Children, where Harold Dye served as Superintendent.

Each of the babies was placed on a different ward in the institution for the feeble-minded. Mentally retarded young women on the wards played with the infants all day, took them on car trips, bought them presents, and showed the infant off to other patients. As soon as they could walk, the youngsters were sent to the institution kindergarten. The environment turned out to be a highly stimulating one. The intelligence test score for C.D. was 46 upon admittance to the institution for the feeble-minded. Within three months it rose to 75. Then, at 30 months, to 98. The IQ leveled off above 90 (within the normal range) when the child was returned to the orphanage and placed into an adoptive home at three years of age. The intelligence test score for B.D. was 35 at initial measurement, and within three months rose to 85, also leveling off above IQ 90 upon return to the orphanage and placement into an adoptive home. If IQ was constant, as Terman maintained, what could explain these findings?

Two other seemingly unrelated lines of research helped answer this question. These were the work by physicians to decrease infant mortality rates in institutions and the work by psychiatrists to help adopted and foster children with behavior problems. In 1940 physician Harry Bakwin published a research report entitled "Loneliness in Babies."²⁶ Bakwin attributed the improved survival rates for infants to their being taken off pediatric wards or out of foundling homes and returned to their mothers at home. Bakwin studied a problem called hospitalism, the failure of an infant to thrive in an institution. For forty years physicians peeled away one after another of the causes of hospitalism and of infant mortality. Through improved

sanitation infants were less likely to contract gastrointestinal diseases. Through improved knowledge of infant nutrition it was learned how to feed infants who were not breast-fed. Through increased quarantine contagious infants were separated one from another. By 1940 there were incubator-like devices to separate infants from one another, and still they did not thrive.

Bakwin noticed that infants taken home recuperated and ones kept in the hospital were much less likely to recuperate. He reasoned from reports in Europe and from the work of an American psychiatrist, Lawson Lowrey, that infants in hospitals and institutions suffered from sensory deprivation and maternal deprivation.

By describing what a mother did for her infant, Bakwin pointed to all the ways in which an infant in a hospital was deprived. He noted the unresponsiveness of infants on wards, compared to infants at home. He noted that an infant in an institution failed to thrive on a diet which at home had been adequate. Infants slept less in institutions than at home. In institutions infants showed less interest and enthusiasm for food and were less socially responsive than children who lived at home. Finally, respiratory infections which lasted a few days at home persisted for months in infants on hospital wards. It was Bakwin's belief that hospitalism was a psychological, rather than primarily a physical disease. He presented case studies of infants who made dramatic improvements in health and growth upon returning home. By 1940 the accomplishments of sanitation and the control of contagion had brought about in institutions an exceptionally sterile environment in terms of the social needs

of children. Bakwin noted that physical contact, handling, suckling, snuggling, cuddling, warmth, and security were missing in institutional care.

He called the mother and baby "a biological unit." It was Bakwin's belief that infants in hospitals failed to thrive because they missed all the affection and stimulation that are a part of natural mothering. "Loneliness may be fatal," he observed, for an infant had neither "nutritional...[nor] social reserves...to tide over" periods of loneliness in an institution.²⁷

The evidence that Bakwin assembled to make his case was not particularly convincing to adherents of the medical model of disease, for the temperature charts of infants suggested they were ill. What mattered, however, was the rapid recovery of the infants once they were returned to their mothers. In fact, Bakwin's ideas were supported by the findings of several psychoanalytically-trained psychiatrists who studied infants in institutions and children whose infancy had been spent in institutions.

From 1940, psychoanalytically-trained psychiatrists reported that children who had spent their infancy in institutions seemed to display a certain set of behavior problems. They were unable to feel emotion, showed from babyhood a lack of interest in affection. Older children performed poorly in school, had few friends, told lies. Some began to steal.²⁸ Another psychiatrist reported children exhibiting "socially disturbing behavior" including an inability give and receive affection. These children were hostile, aggressive, had difficulties about food, were overaffectionate or rejecting, and some displayed a "cold disregard for the feelings of others."²⁹ One

psychiatrist studied children in foster care, separating into different groups those whose infancy had been spent in an institution and those whose infancy had been spent with their own parents. He found children with institutional backgrounds were more often hyperactive and insecure even after having spent several years in a foster home.³⁰ These psychiatrists recommended that children be adopted as early as possible to avoid spending their infancy in institutions. They cited the affective hunger," the "isolation factor," and "fixation at the most primitive levels of development," that arose when infants were deprived of the care and attention of a mother.

The most well-known of these studies were those of psychiatrist Rene Spitz and psychologist Katherine Wolff, published starting in 1945.³¹ In 1936 Spitz and Wolff began to observe infants in two institutions, a study that replicated a much more extensive investigation Wolff and others conducted in 1932 in Vienna, Austria. Spitz and Wolff followed a group of infants through their first two years of life in a foundling home and in a jail nursery. Two groups from communities surrounding the institutions were used as controls, for comparison.

In the foundling home Spitz and Wolff found developmental quotients (measures similar to tests of intelligence) dropped nearly by half during the first year. These were infants whose mothers stayed with them until three months of age, then mothers departed leaving infants in the foundling home. Infants at one year of age were unable to lift themselves out of a hollowed mattress or to roll over. There was greatly increased infant mortality compared to that in the community. During a

measles epidemic 26 percent of the infants in the institution died of measles while only one-half of one per cent of babies in the community died. By the age two, the average developmental quotient for foundling home infants was at the mental age of an imbecile.

In contrast, infants in the jail nursery continued to remain within the normal range on tests of development. The researchers likened infants in the jail nursery, spurred on by their proud mothers, to South Sea islanders climbing palm trees in the ways they clambered up, about, and out of their cribs by the end of the first year of life. Spitz and Wolff believed their work illustrated the irreparable damage done to children deprived of the mother-infant relationship during the first year of life.

Two characteristics of these investigators predisposed them to view their science differently: they were of the Jewish faith and they subscribed to psychoanalytic theory. Because they did not come from a Protestant, Christian tradition that in the past assigned blame to children of the poor or believed in original sin, they were predisposed to consider that the environment, rather than a child's hereditary character, accounted for these findings. Because they adhered to the tenets of psychoanalytic theory they looked at children not as individuals, but as members of the all-important mother-infant dyad. They asked different questions and they made different interpretations than scientists had in the past.

This was a research program carried out on a moving train. From 1934 when the Iowa researchers opened their nursery school on the grounds of an orphanage, social science findings began to be applied to modify and improve the care of

children in orphanages and on hospital wards. As soon as the beneficial results of nursery school experience were seen by orphanage staff in Iowa, they made it possible for all children to attend. More workers were added to children's cottages as it became apparent that children needed more attention. The Spitz and Wolff findings were equally powerful incentives for orphanages to change the ways they handled children; this line of research helped accelerate the emptying of orphanages. Thus, by 1940, when psychiatrists began to study children in orphanages, and to report on the emotional problems of children in orphanages, they were reporting on a different sample of children than those typically studied in orphanages early in the twentieth century. By 1940 most normal children had been placed in homes with foster or adoptive families.

Summary

Between 1900 and 1945 the orphanage became a laboratory. Children living in orphanages were used by physicians and social scientists to map out the characteristics of the normal child and to learn how to control some of the infectious diseases of childhood. As one would find in laboratory work, there were variables that were beyond the control of scientists. One of these turned out to be the effects of disadvantage, an issue that was not on the research agenda of American scientists in the first decades of the twentieth century. Scientists unwittingly carried out the first studies of children of poverty when they brought tools and techniques developed for middle-class youngsters and applied them to children in orphanages.

Researchers found they could not measure IQ without knowing chronological age. IQ testers could not decide whether nursery school helped children, though everyone involved agreed it did, because of a model about IQ constancy that characterized middle-class children. Scientists had anomalous findings to explain. Initially, their explanations bore little relation to the facts of the lives of children in orphanages because scientists had not bothered to find out about orphanage life or about the comings and goings of children in institutions.

There was much to be learned from the ways these technologies failed to fit the children in orphanages. Their findings called into question the middle-class assumption that a bed, clothing and the rudiments of education (with prayer and hard work) were adequate requisites of the normal child. Scientists came to recognize that a child's social and emotional needs could not be met in the kinds of institutions provided for children in the United States.

In order to focus on the use of subjects in this research I examined three different viewpoints of scientists: their views of the orphanage, of the children and of their own science. Lack of information and sentiment clouded scientists' view of the orphanage. Rather than examining children's lives more closely, scientists used nineteenth-century ideas about children in poverty to interpret twentieth-century observations. In effect this reified a very old and stigmatizing set of ideas about the poor, providing a twentieth-century scientific underpinning for them. Researchers made use of children in orphanages at times when parents would not allow their own children to be used. Thus, study of social scientists' responses to orphans in the past

illuminates something about our moral system; we seem to have different categories of children. Children in orphanages were available to be used.

As this research took place, findings caused scientists to modify their views of children in orphanages and caused orphanage workers to modify their treatment of children. By the 1940s many more normal children were placed in families.

Epilogue

It may seem surprising that little in today's codes of ethics for experimentation on children has come about as a result of public reaction to scientific work carried out in orphanages. Medical research in children's institutions today deemed unethical were studies such as those of hepatitis and radiation in which severely mentally retarded children were used as subjects.

Today's codes of ethics for experimentation using children as subjects were written following public outrage with fetal research and with research on hepatitis using retarded children as subjects. In the past these would be called deserving children. That is, they were vulnerable through no fault of their own. They merited our protection and charity. In contrast, it is possible that children who lived in orphanages during the years 1900 to 1945 were considered to be members of the undeserving poor. It was noted that research using them as subjects was generally approved of by people. This suggests the possibility that people have thought in a different way about children in orphanages.

In the study of children in orphanages there are several issues that suggest topics for discussion of orphans of the AIDS epidemic today. They include:

1. The possibility of exploitation or use by social scientists and physicians.

There may be keen interest in studying children of the AIDS epidemic because there are relatively few of these children. There may be few people interested in raising objections to potentially unethical uses of them.

2. The evidence of stigma. Children of the AIDS epidemic may come from backgrounds of poverty, they may be minority children. they may be children in the child welfare system. That is, they may belong to groups traditionally called undeserving.

3. The persistence of a culture of blame. There is a long tradition of separating a child from a family rather than helping the family keep the child.

4. The existence of sentimental attitudes toward orphans. It has always been more interesting to Americans to build orphanages, which are monuments to orphans, than to consider helping extended families, for example, black grandmothers, who care for most of the orphans in our society.

5. The use of a test as a gatekeeper. Today a medical test for AIDS can prevent or facilitate the placement of children into families or can be used to warehouse children in institutions, in a similar way the test of intelligence was used earlier in this century.

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THE ORPHAN PROJECT

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These pages were missing from the original. Please insert them into your copies.

spirited defence of the movement by its advocates, and invidious comparisons of social conditions in the Dominion and Great Britain by Canadians.²⁰

Moreover, in addition to isolation the immigrant child countered persecution and ostracism. The Doyle report quoted the complaints of "S.M." whose young voice, no longer silenced, was wise beyond her years.

As long as they bring our poor children to be pounded half to death and slave to the utmost . . . I was not going to be told that I was glad to come to Canada for I was half-starved, and was picked off the streets in London and my parents were drunkards. Dear Sir, nobody knows what a girl has to put up with that comes from the Old Country, for they know we have no parents to take our part and they do as they like.²¹

Another home girl, discontent with her lot in life proved "troublesome" and badly wanted to return to her father in England who could only support himself and his two sons, and whose wife was an alcoholic in a workhouse. Millie Fairbanks, had been advertised for adoption in the Weekly Globe, Ontario, in August, 1889. Another girl, Ann Scanlon, desperate to return to her father who had rid himself of her, proved such "a bad case" that she was returned to England after having been placed unsatisfactorily six times.²²

For other children the wrenching separation from a sibling meant that they would rarely, if ever, see them again for contact was almost invariably lost. Even Harry Dowson and his twin were separated, as were the Butts children who were brought to Canada by Charlotte Alexander in the 1880s. The four Butts children had been advertised by

relatives after the break-up of the family due to mother's death and father's gambling debts. They were separated variously in England and Canada.²³ Thus, the original separation from parents and homeland or from the Home in England was reinforced.

Domestic servants were always scarce, and their presence not only relieved the female family members of undesirable tasks but also confirmed the family's social standing. Home girls were in demand but were helpless not only against seduction but also the narrow confines of social expectations set for them as household helps. Domestic service was no less rigorous an occupation than agricultural service but opportunities for mobility, self-expression, and variety were far fewer. Domestic service was based on the presumption that all dependent girls, whether Canadian or immigrant, were temperamentally suited for and socially born into such tasks.²⁴

In 1902, Annie Garwood was returned to her receiving home by a highly regarded Maritime family because she was pregnant. The family had left on an extended trip leaving her alone with the hired hand. The remark made of her - and not the predatory hired hand - was that "the girl is not bad - only weak and foolish and rather irresponsible."²⁵ Two years later, fourteen year old Alice Britnell was sent alone from New Brunswick to Winnipeg because she was pregnant by a son from the household where she was placed. Gladys Hunt was harassed by her master but felt it impossible to share her ordeal with anyone and instead locked herself in her room constantly, abject and afraid. The Saint John Star, 13 November 1907, reported the case of a man who had "carnal knowledge" of twelve year old Ada Francis and who skipped bail and was not rearrested.²⁶

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FOR RELEASE TUESDAY, MARCH 29, 1994

REPORT CALLS FOR NATIONAL LEADERSHIP TO MEET NEEDS
OF ORPHANS OF THE HIV/AIDS EPIDEMIC

New Statistics for Six U.S. Cities; Recommendations for
Services, Policy & Legal Changes

New York, NY, March 29, 1994 -- One of the most far-reaching and least confronted tragic legacies of the HIV/AIDS epidemic is the growing number of youngsters whose parents are dying of the disease. A new 64-page report, "Orphans of the HIV Epidemic: Unmet Needs in Six U.S. Cities," describes the complex needs of these vulnerable children and teenagers, as well as those of their existing families and new guardians. The report was produced by The Orphan Project, which is a foundation-supported research project administered by the Fund for the City of New York.

The report, written by Carol Levine, Executive Director, and Gary Stein, Policy Director, of The Orphan Project, is the first nationwide analysis of the choices, or lack of choices, facing family members and service providers. "Just as the unmet health care needs of people with AIDS highlighted the gaps in our health care system, the unmet needs of children and adolescents orphaned by AIDS point out with stunning

clarity the gaps and even irrationalities in our child welfare and family support systems," said Ms. Levine. "Family members and service providers have told us what needs to be fixed. Their stories, described in eight personal and organizational profiles in our report, are compelling evidence that there are some actions that can make a difference. Now we need national leadership, as well as the political will and the resources, to carry out our nation's shared responsibilities to these vulnerable children."

The report describes, for instance, how the death of a parent with AIDS cuts off youngsters and their new guardians from AIDS-related benefits, including rent subsidies and homemaker services at a very vulnerable time in their lives. It relates how a relative who is willing to take on the responsibility for the care of one or more children is penalized financially for becoming a legal guardian. It explores the ways in which the traditional mission of agencies to protect children from abuse and neglect inhibits families from seeking voluntary placement in times of illness for fear that they will lose their children. "Systems that are supposed to help families and children sometimes work against each other and against the best interests of the child," said Mr. Stein.

First-time Statistics for Newark, Miami, San Juan, Los Angeles, Washington, DC

"Here in New York the number of children whose parents have already died of AIDS or are living with the disease is already reaching staggering proportions," said Ms. Levine. By the year 2000 in this city alone, 15,000 children aged 0 to 12 and

15,000 teenagers aged 13 to 17 will have lost their mothers to AIDS. "But this is not just a New York City problem," she said. "Statistics for the other five cities in our study -- Newark, NJ; Miami, FL; San Juan, PR; Los Angeles, CA; and Washington, DC -- are equally devastating, given the smaller population in these areas. It is especially important to recognize that children in these six cities account for 60 percent of our nationwide estimate of 72,000 to 125,000 orphans by the year 2000. This means that 40 percent are in other cities, small towns, suburban areas, and rural areas, where services may be scarce."

The estimates were developed by David Michaels, Ph.D., an epidemiologist at the City University of New York Medical School, who is currently spending a year in Washington as a Robert Wood Johnson Health Policy Fellow working with Congress on health care reform. Estimates for the U.S. and for New York City were published in the Journal of the American Medical Association (December 23, 1992). This report presents for the first time statistics for five other U.S. cities.

Dr. Michaels emphasized that the estimates are very conservative; they include only children and teens whose mothers have died, not those whose fathers have died (no data are available) and not those in families with a living HIV-infected parent. "The Centers for Disease Control recently reported that heterosexual transmission is increasing at a higher-than-predicted rate in the U.S. This means that the number of HIV-infected women continues to grow steadily, leading to a future in which even more children will lose a caregiving parent," he said. "The good news that AZT seems to reduce HIV transmission to newborns is unfortunately accompanied by the bad

news that infants spared from AIDS will still be orphaned."

The medium-range estimates for the six cities are:

New York City:	30,000	(15,000 children,	15,000 adolescents)
Newark:	7,200	(4,700 children,	2,500 adolescents)
Miami:	4,900	(3,200 children,	1,700 adolescents)
San Juan:	4,200	(2,900 children,	1,300 adolescents)
Los Angeles:	1,900	(1,200 children,	700 adolescents)
Washington, DC:	1,400	(900 children,	500 adolescents)

The Care and Custody of Orphaned Children

Most orphaned youngsters are not HIV-infected but are at high risk for a range of behavioral and psychological problems. Although they require a broad range of services, including health care, the most urgent needs are for mental health services, including bereavement counseling; transitional services for the reorganized family to help overcome the loss of AIDS-related benefits following the parent's death; legal services to implement custody plans; housing subsidies; and appropriate evaluations by juvenile justice and school staff to community-based services.

The report profiles four innovative and successful service models: The Special Needs Clinic at the Columbia-Presbyterian Medical Center in New York City; the Children's Programs at the St. Francis Center in Washington, DC; the AIDS Resource Foundation for Children in Newark, NJ; and the Department of Pediatrics at the University of Miami School of Medicine. Nevertheless, the needs of the majority of well children orphaned by AIDS have not been met either by AIDS-specific services focused on their parents or siblings or by general child welfare and youth organizations.

"Family members and service providers are struggling to find solutions to very complex and difficult situations concerning children. All too often the existing legal and social service systems are not flexible enough to meet the needs of this new population," said Ms. Levine. In the policy arena, the report urges foster care agencies to develop flexible and supportive programs for voluntary placement of children during periods such as a parent's hospitalization. When the parent regains good health, the children would be returned. Following the parent's death, the children would continue in foster care, with the ideal outcome being adoption or legal guardianship.

"Because foster care has developed largely as a way to protect children in abusive or neglectful home situations, removal of children from the home is often necessary. Yet in many families affected by AIDS the problem is not abuse or neglect. Because many families fear that the agency will keep their children, they are reluctant to seek services in times of illness" said Mr. Stein. "Families need more voluntary programs explicitly committed to flexibility and maintaining the parent in control as long as possible." One model is the Early Permanency Planning Project of the New York City Child Welfare Administration (CWA).

The current crisis has also highlighted a problem in policies that govern placing children with relatives. Although in some cases there is no relative willing or able to take some or all of the children, even when family members are available, the financial burden of assuming care for several children may be too great. The children then become at risk for foster care placement with non-relatives. Even in states that

subsidize some types of kinship foster care (New York, California, and Illinois), the kinship foster parent does not have legal custody of the child and cannot make many important decisions, such as decisions about the child's medical care.

"Family members are the traditional source of substitute care for orphaned children," said Mr. Stein. "Public policies should support viable family arrangements, financially if necessary, and certainly with social services and counseling, to ensure stability and continuity of care." To do this, the report recommends the creation of subsidies for low-income guardians, which will require new authorizing legislation at federal and state levels.

Furthermore, the report urges states to pass new laws that enable terminally ill parents to appoint standby guardians. Standby guardianships permit parents to have continued custody and control of their children for as long as their health permits and facilitate transition to legal guardianship after they die. These laws should not, however, jeopardize the guardian's eligibility for foster care subsidies. In New York State, for instance, a legal guardian is not entitled to such subsidies. "In this instance, as in so many others, laws that encourage what is in the child's best interests -- a long-term, stable relationship, in which the guardian has legal responsibilities and rights -- present financial disincentives for potential guardians who simply cannot afford to assume that responsibility without help," said Mr. Stein.

Much of the burden of care falls on grandmothers and aunts. "If we are going to lean on women to take care of children and grandchildren, we have to make it easier for them," said Ruth Bezarez, founder of Mothers of Children with AIDS and

the caregiver for her five-year-old granddaughter following her daughter's death from AIDS. Ms. Bezares, one of four family members profiled in the report, strongly urges consultation with the affected family members. "Programs have to make sense to the people they are serving. Service providers, hospitals, social workers and doctors ... have to provide a service based on what we tell them our needs are, not based on some model that was created for other purposes."

The report is based in part on a meeting of representatives from the six cities, as well as from federal and national agencies. The meeting was supported by grants from the American Foundation for AIDS Research (AmFAR) and the Prudential Foundation. Production of the report was supported by a contribution from the Johnson & Johnson Family of Companies and additional funds from the Prudential Foundation.

A DEATH IN THE FAMILY

Orphans of the HIV Epidemic

Carol Levine, Editor

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"A child does not 'get over' the death of a parent, but he or she can get past it. . ." Carol Levine, executive director of The Orphan Project and 1993 MacArthur Fellow

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A Death in the Family Orphans of the HIV Epidemic

- describes the emerging population of youth surviving a parent's death from AIDS, with chapters on epidemiology and mental health needs, and first-hand accounts by family members
- points the way toward effective policies and programs, with expert perspectives on custody planning, innovative programs, and advocacy
- provides a directory of social and support services in New York City that can be replicated nationwide

"Michaels and Levine have taken the silence that surrounds AIDS orphans and have transformed it into an audible sound. But this sound must now be amplified into a voice that can clearly articulate the federal, state, and local actions that are needed to meet the needs of every person in this nation affected by the AIDS epidemic."

Stephen W. Nicholas, MD and Elaine J. Abrams, MD
editorial, *The Journal of the American Medical Association**

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