Mohawk-Brighton: A Pioneer in Neighborhood Health Care

by Patricia Mooney-Melvin

In 1966 Sargent Shriver, head of the War on Poverty, announced the creation of four neighborhood health centers. These health care demonstrations, financed by the Office of Economic Opportunity, Shriver declared, were "an important break from traditional patterns" of health care delivery. Supporters of the new centers hailed them as "new tools," providing "a new kind of care" for neighborhood residents.¹ But this fascination with the neighborhood health center was not new; its roots lay back in the second decade of the twentieth century. During those years health and social reformers envisioned a new institution, the neighborhood health center, as the hope for the future. An organization grouping under one roof all the public and private health and welfare activities of a specifically defined area, the urban health center was believed to promise fuller service as well as the potentiality for social change. In these "centers for social betterment"² socio-health workers labored to create machinery to involve all neighborhood residents in the active pursuit of one hundred per cent health care in order to conserve one of the nation’s most important resources, the citizen.³ One of the boldest of these early ventures occurred in the Mohawk-Brighton district of Cincinnati from 1917 to 1920 under the direction of health center pioneer, Wilbur C. Phillips.

This emphasis upon the neighborhood as a health unit grew out of a move toward viewing the American city in a new way. During the late nineteenth century the United States experienced extraordinary urban growth, geographic specialization of land use, and a general sorting of people on the basis of race, occupation, ethnicity, and income. In their search to impose order upon this changing urban environment those interested in urban affairs began to think in terms of interdependence. Adopting the organic analogy popular in descriptions of society, these students of the city thought of the city as an organism, an interdependent system of complementary parts. The "cells" of this new city were the neighborhoods, seen as the local units of citizen participation and identification. Insisting that the well-being of the whole depended upon the health of the parts, numerous groups, among them social reformers, public health activists, and settlement workers, attempted to organize neighborhoods to meet local needs in the hope of creating a sound city.⁴

This recognition of interdependence manifested itself not only in the defi-
nition of urban structure but also in the nature of the attack on urban problems. This was particularly true in the field of public health. Throughout the nineteenth century those interested in that branch of public health work which focused upon the conservation of infant life sought to eliminate infantile diarrhea, the most common and deadly complaint associated with dirty milk, by cleaning up the physical environment in which milk was produced. But despite efforts to purify the milk environment and to distribute clean milk to increasingly larger numbers of the population, high rates of infant mortality persisted. Gradually, by the end of the century some public health workers began to look beyond the more narrow definition of the environment and started to concentrate upon the people within that environment as well. These workers felt that infant mortality was not only a medical problem but also a social problem, the twin products of poverty and ignorance. Once realizing that infant mortality resulted from more than “dirty milk,” these public health workers transferred their emphasis from “milk to motherhood.” Believing that exclusive emphasis on only one part of the total environment, for instance, on dirty milk, failed to produce a sound organism, child welfare workers not only took important steps to combat infant mortality. These “new environmentalists” also eventually recognized and advertised the importance of mobilizing the entire community in the pursuit of health and social welfare.

When tied to the notion of neighborhood, this new environmentalism resulted in a new institution, the urban health care center. Between 1910 and 1920 child welfare workers attempted to relate health services for the infant population to definite population units. Realizing that different areas of a city needed particular services, these public health workers wanted to establish neighborhood health centers that offered services tailored to fit the needs of each particular area. They attempted to coordinate the services of all the health and welfare organizations active within each district that touched on infant welfare, and, by mobilizing local sentiment in support of the health center, to instill in the neighborhood residents an appreciation of preventive health care.

The neighborhood health center first took organized form in Milwaukee, Wisconsin under the direction of Wilbur C. Phillips in 1911. As Secretary of the New York Milk Committee (NYMC) from 1907 to 1911 Phillips had helped to mobilize community resources for the NYMC’s campaign against infant mortality. Focusing less upon securing clean milk and more upon maternal education in the principles of child hygiene, the NYMC’s infant milk depots, under Phillips’ direction, exemplified the shift from milk to motherhood. By 1911 Phillips wanted to extend the infant hygiene program even further. Rather than continue the Committee’s practice of caring only for those babies whose mothers sought help or were accidentally brought to the attention of the depots’ workers, Phillips wanted to reach all mothers and all infants in the neighborhoods served by each depot. On the basis of his New York experience he believed that if the area served by each depot was limited, it would be possible to
The Mohawk-Brighton district was selected for the demonstration district after an intensive campaign led by neighborhood residents. This area contained approximately 15,000 people, a high density, low income neighborhood which would be receptive to the new health unit approach.
reach all mothers and babies. If able to establish a close and continuing relationship with the mothers, Phillips felt, the stations would grow into social centers which would "radiate the influences of education and social betterment" and improve the whole environment of the child. Anxious to implement his notions of child welfare organization, Phillips left the New York Milk Committee and went to Milwaukee where he believed the new Socialist administration would be favorably inclined to support any program that looked toward social betterment. 9

Under the auspices of the newly established Milwaukee Child Welfare Commission, Phillips attempted to organize a neighborhood, St. Cyril's Parish, for community oriented infant health services. Operating from the Commission's baby station located in the heart of the parish, Phillips and his corps of local doctors and nurses sought to bring knowledge of infant care into every home, to coordinate the activities of the numerous organizations that touched child welfare in the neighborhood and to involve the local residents in the planning of their own health programs. No other agency in the country provided such intensive preventive care and training as the health center in St. Cyril's Parish. 10

However, a change in Milwaukee's municipal administration in 1912 brought an end to the Child Welfare Commission's program. Phillips left Milwaukee and returned to the East. After reflecting upon his experiences with the New York Milk Committee and the Child Welfare Commission, Phillips devised a social unit theory of organization. This plan, completed in 1914, entailed a democratic neighborhood structure through which the local residents could participate directly in the control of community affairs and, at the same time, make use of the highest technical skills available. Phillips wanted to divide each neighborhood into block associations to promote face-to-face contact among the residents to encourage interchange. Then, to provide a vehicle for the expression of block ideas, needs and aspirations, Phillips proposed the creation of a neighborhood citizens' council composed of representatives from each block association. Representatives from the area's service organization were to sit in a neighborhood occupational council. And finally, Phillips wanted both groups to meet regularly as a General Council to seek through consensus appropriate solutions to neighborhood needs.11 By late 1916 Phillips had interested a number of people, such as New Republic editor Herbert Croly, Dr. Richard Cabot of the Massachusetts General Hospital, and Dr. S. S. Goldwater, former Health Commissioner of New York City, in backing his plan. Together they established the National Social Unit Organization (NSUO) and voted to sponsor a three year demonstration of Phillips' social unit scheme, focusing upon a preventive health program for young children to illustrate and test the plan's feasibility.12

Sixteen cities offered to host the NSUO's demonstration. In December of 1916, after a vigorous campaign led by the Cincinnati Anti-Tuberculosis
League and the Municipal Tuberculosis Committee, the NSUO selected Cincinnati for the social unit experiment. In January of 1917 Phillips arrived in Cincinnati and launched a city-wide educational program about the social unit. For the next three months Phillips explained the social unit theory of organization to the public and laid the necessary groundwork for the creation of a Cincinnati Social Unit Organization (CSUO).  

On March 22, 1917, at a meeting held in the Exchange Hall of the Chamber of Commerce, the Cincinnati Social Unit Organization came into existence. Reverend Howard Melish, School Superintendent Randell J. Condon, Health Officer Dr. John Landis, and Phillips presented opening addresses in support of the social unit demonstration. Mr. John P. Frey, editor of the Iron Moulder's Journal, moved to create the CSUO and Mrs. L. C. Fillmore, President of the Federation of Mothers' Councils, seconded the motion. After several supportive remarks from the members of the audience, the group elected a Citizens' Council, an Occupational Council, and a General Council to oversee the demonstration.  

For the next two months this group worked to locate an appropriate district for the demonstration. The CSUO sent representatives into every neighborhood to explain the social unit plan. From May 14 to May 21 the Cincinnati Enquirer conducted a daily column on "What the Social Unit Experiment Means for You and Your Neighborhood." Ralph J. Condon authorized the distribution of 55,000 ballots throughout the public school system to collect information concerning neighborhood interest in the demonstration. On June 7, 1917, at a public meeting held in the Exchange Hall, the CSUO chose Mohawk-Brighton as the demonstration neighborhood, in recognition of an intensive campaign led by residents Miss Ruth Gottlieb and Miss Mary Hicks. As Phillips announced the selection, a cheer rose from the nearly five hundred residents of Mohawk-Brighton attending the meeting.  

The selected district lay slightly west of the center of the city. Emming Street bounded the neighborhood on the north, Liberty Street on the south, West and Colerain avenues on the west and Linn, Renner, Manchester, and Central streets on the east. The area contained approximately 15,000 people in thirty-one blocks, with about 500 people per block. Described as a "picturesque area that lay both at the foot and on the side of one of Cincinnati's many hills," Mohawk-Brighton served as a "haven for German immigrants" and supported schools, churches, and a small business and factory district.  

Between June and December of 1917, working from the Mohawk-Brighton Social Unit Organization (MBSUO) headquarters at 1820 Freeman Avenue, Phillips explained the social unit plan in detail to the neighborhood residents. Members of each block met together and elected a blockworker, a person to serve as a news agency, social data collector, and street organizer. Together all thirty-one blockworkers formed the district's Citizens' Council, the group entrusted with the responsibility of discerning the needs of the neighborhood.
The MBSUO adopted a preventive health program for children as its pilot project. Blockworkers located homes with infants and persuaded the mothers to bring their babies to the health center for periodic medical examinations.
Neighborhood health workers felt it was of great importance to try and establish centers tailored to fit the needs of each particular area and to coordinate the health and welfare organizations and activities in each neighborhood.

These pictures are from a collection of over 100 lantern slides donated to the Society by the Southwest Ohio Lung Association. Ed Malloy, Picture Curator, has received a grant from the Ohio Program in the Humanities to photograph the entire collection and develop individual prints of each slide to add to the Society’s permanent picture collection.
Public health workers attempted to educate the poor and ignorant mothers about the importance of good environment and health care for the entire family.
Along with this geographical resident organization Phillips attempted to organize into councils all the skilled and professional groups in the area. He was most successful with the physicians and nurses who either lived in or served the neighborhood. Delegates from each of the groups met together and were to serve as the planning body for the district, providing the technical services to meet the needs discovered by the blockworkers. Together the Citizens' Council and the Occupational Council formed the General Council, or controlling authority, where neighborhood needs and resources were matched and programs were devised.17

Following the wishes of the NSUO, the MBSUO adopted a preventive child health program as its pilot project. On December 17, 1917 the MBSUO began its infant welfare activities. After several preparatory training sessions the blockworkers located all the homes with infants in the neighborhood, persuaded the mothers to bring their babies to the MBSUO's health center for periodic medical examinations, and disseminated information on the principles of infant care and hygiene. By the end of 1918, 86.5 per cent of the babies under one year of age were registered at the MBSUO health station. The success of the postnatal care had encouraged the MBSUO to extend the health station's services. By 1920, upon the demand of the neighborhood residents, the MBSUO health center offered in addition to postnatal examinations, prenatal care, general bedside nursing, medical examinations of all preschool children, and supervision of local tuberculosis cases.18

Two unforeseen opportunities tested the efficiency of the social unit organization in 1918, the Children's Year campaign and the influenza epidemic. At the end of March the U.S. Children's Bureau announced its intention to sponsor a nation-wide campaign, Children's Year, to stress the importance of conserving childhood during "times of national peril." The Bureau placed special emphasis upon the reduction of infant mortality and on the welfare of preschool aged children. The campaign opened on April 6, 1918 with a drive to obtain an estimate of the physical condition of all preschool children by encouraging communities to weigh and measure all children under six years of age. The General Council of the MBSUO decided to support the Children's Year drive and the blockworkers set out to locate all the pre-schoolers in their areas, to win parental support for the program, and to assist the health station in the administration of the tests. To generate enthusiasm and support for the program, the MBSUO sponsored a Children's Day Parade, complete with ponies, marching bands, banners and floats. Three thousand neighborhood children participated in the parade. Due to the enthusiasm engendered by the festivities and the familiarity of the blockworkers with their constituents, the MBSUO was able to send a complete list to the Children's Bureau of the district's preschool children by April 16. By July, 1075 of the 1173 children under six had received full medical examinations at the station. The 640 children found to have physical difficulties were referred to their family physicians and received nursing care.19
The outbreak of the influenza epidemic in the fall of 1918 provided the second opportunity for the MBSUO to illustrate the efficiency of its organizational apparatus. Before the epidemic officially hit the midwest, the nurses and blockworkers had reported an alarming increase in the numbers of colds and sore throats to the health station. Aware of the influenza reports from the East, the General Council decided to initiate preventive measures against the flu before it officially reached Cincinnati. The nurses’ and physicians’ councils drafted a handbill presenting the possible danger of an outbreak of influenza in the Cincinnati area, giving instructions on the prevention and treatment of grippe, and stressing the importance of prompt medical attention. Within twenty-four hours the blockworkers delivered the handbill to each family in Mohawk-Brighton. The neighborhood residents, armed with this information, were better prepared when the epidemic struck the Queen City. The MBSUO supplemented its activities with a special clinic for flu convalescents. The synchronized effort of the people, nurses, and doctors helped reduce the death rate for the Mohawk-Brighton area. For the months of October, November, and December in 1918 the death rate for the social unit district stood at 2.26 per thousand as compared with 4.10 per thousand for the rest of the city.20

Haven Emerson, Health Officer of New York City, praised the accomplishments of the MBSUO’s health center in an address to the NSUO’s conference on the unit plan on October 24, 1919. He felt that the MBSUO’s health care program excelled in a number of areas. It had imparted prenatal advice to a high percentage of all the expectant mothers in the neighborhood. The health center provided early and continuous supervision of all the babies born in Mohawk-Brighton. The social unit’s doctors had examined the majority of the district’s preschool children. The nurses had discovered most, if not all, the active cases of pulmonary tuberculosis in the neighborhood and provided nursing care for those cases able to be left in the home. During the influenza emergency the prompt and efficient educational and nursing service resulted in adequate care for every case of flu reported in the area. And finally, the work of the MBSUO health station helped foster in the neighborhood residents an understanding of the relationship between health maintenance and well-being. In general, Emerson found that “the people of Mohawk-Brighton have had a determining voice in selecting and controlling all the health education, preventive medicine and sickness service features of community organization . . . and that the medical needs of the district have been better met than before.”21

But despite the social unit plan’s success in the area of neighborhood health care, it failed to survive the post World War I hysteria. In the spring of 1919 Cincinnati’s mayor, John Galvin, accused the MBSUO of expressing an alien political philosophy and declared that it was “a serious menace to our municipal government and but one step removed from Bolshevism.”22 An investigation by the Helen S. Trounstine Foundation exonerated the MBSUO of these political charges.23 Then Health Officer William Peters, fearing that the work of the
Handbills giving instructions on the prevention and treatment of influenza and stressing the importance of prompt medical attention were distributed to each family in the district. This information helped residents of the area to be prepared when the flu epidemic hit Cincinnati.
The health station helped people, young and old, men and women, in the neighborhood to understand the relationship between health maintenance and well-being, the importance of adequate housing, good nutrition, and preventive medicine.
MBSUO would undercut that of the Health Department, withdrew his support and campaigned actively against the expansion of social unit style health care programs. These charges slowed the neighborhood work as the MBSUO entered a battle for its existence. Despite the favorable outcome of a referendum held to determine support for the plan in Mohawk-Brighton, the city withdrew its support of the plan and without increased expenditure from the NSUO office, the unit could not survive. In November of 1920 the Baby's Milk Fund Association assumed the MBSUO's headquarters, equipment and infant health work.

Thus ended one of the most celebrated of the early experiments in neighborhood health care. Although participants at a symposium held in 1921 applauded health center organization and concluded that it promised the best mechanism for general social improvement, neighborhood health care programs faltered in the twenties and thirties. Social reformers ceased to concentrate upon the interplay between environment and citizen and began to focus more on individual adjustment. Like others public health workers opted for service rather than reform, concentrating more on means than ends. Their backers sought less to provide "centers of social betterment" than primarily medical facilities for those unable to patronize other establishments. No longer positively oriented they failed to provide rallying points for neighborhood residents. As America entered the latter half of the nineteen sixties social activists once again emphasized neighborhood planning and participation, calling the neighborhoods the crucibles for social change. And, as part of this "new" movement, community organizers and health workers once again envisioned a strong system of neighborhood health care and organization.

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Infantile diarrhea, also called cholera infantum, "summer complaint," "bowel complaint," and dysentery, represented the most serious of all gastro-intestinal diseases. It was spread through bowel excreta under conditions of inadequate sanitary facilities or through water or milk contamination. Judith W. Leavitt, "Public Health in Milwaukee 1865-1910," (Ph.d. Dissertation, University of Chicago, 1975), p. 28.

For a good discussion of the notion of the human as organism see Dom Cavallo, "Social Reform and the Movement to Organize Children's Play During the Progressive Era," History of Childhood Quarterly 5 (Spring, 1976): pp. 509-522. The notion of the child as organism was an integral part of the child study movement of the late nineteenth century. The proponents of this movement, led by G. Stanley Hall, believed that the child developed sequentially, that all systems, muscular, nervous and so forth, were interdependent and that the child was the microcosm of the adult. If any aspect of the "natural" development of the child and the environment (physical, moral, biological) were not functioning properly, the result would be a "defective" individual. This organic mode of thought influenced such things as the beliefs concerning the structure of education and the organization of play. Bernard Wishy, in The Child and the Republic: The Dawn of Modern American Child Nurture (Philadelphia, 1968); a study of child-rearing literature and children's books reveals the existence of the notion of organism during the late nineteenth century. Unfortunately, in what could have been an excellent attitudinal study, Wishy fails to explain adequately the changes in the perception of nurture over time or that he understands the implications of the changes. Ernest C. Meyer, Infant Mortality in New York City: A Study of the Results Accomplished by Infant Saving Agencies 1885-1920 (New York, 1921), p. 82.


(13) The Anti-Tuberculosis League and the Municipal Tuberculosis Committee had developed plans for establishing neighborhood health centers to provide preventive health services for Cincinnati's tuberculosis victims. The NSUO's emphasis on preventive health and its neighborhood approach appealed to the leaders of the two organizations, respectively Courtenay Dinwiddie and Dr. John Landis, Cincinnati Health Officer. They mobilized support for the plan. N. A. Nelson, Neighborhood Organization Versus Tuberculosis," Modern Medicine 1 (October 1919): p. 516; NSUO, History of the Unit Plan, pp. 8-10; "Eastern Social Workers Arrive in the Queen City," Commercial Tribune, January 3, 1917, p. 5.


(22) Social Unit Is Serious Menace to City Government, Says Mayor Galvin," Cincinnati Enquirer, March 11, 1919, p. 7.

Despite the plan's success in neighborhood health care support for the Mohawk-Brighton health station was withdrawn by the city in 1919. Earlier that year the mayor had declared the MBSUO was "A serious menace to our municipal government and but one step removed from Bolshevism."