

# **Elisabeth Crowell and Visiting Nurse Education in Europe, 1917-1925**

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The Rockefeller Foundation's (RF) Commission for the Prevention of Tuberculosis in France (CPTF) was established in 1917 and included the RF's first involvement with the training of nurses. During the first few years of the war the RF had formed a War Relief Commission and provided aid to Belgium, Serbia and Poland, as well as other war-ravaged countries, as a result of their continued study of conditions in Europe. Upon the U.S.'s entry into the war, and the formation of the War Council under the American Red Cross, the RF withdrew its War Relief Commission and merged its resources with the Red Cross. One of the areas in most need of help was that of tuberculosis prevention in France. After careful study of this field by Dr. Hermann Biggs, New York State Commissioner of Health, and at the invitation of French authorities, the International Health Board (IHB) of the RF formed the Commission for the Prevention of Tuberculosis in France. The work of the Commission included establishing centers for the training of tuberculosis workers and visiting nurses.<sup>1</sup>

The nurse placed in charge of the Commission's training program for health visitors was Frances Elisabeth Crowell. Crowell was an American, who after completing her training as a nurse, moved to New York to complete her social work education at the New York School of Philanthropy. Her familiarity with public health nursing was gained through her extensive studies of midwifery between 1906 and 1917. She also served as Executive Secretary of the Association of Tuberculosis Clinics in New York City, an organization in which Dr. Bigg's wife was also involved.

After studying the conditions in France, Crowell reported that up until 1918 the conditions of nursing education resembled those of 1902 very closely. However, she added that the opportunity had arisen in France to offer women a new career in the field of health visiting

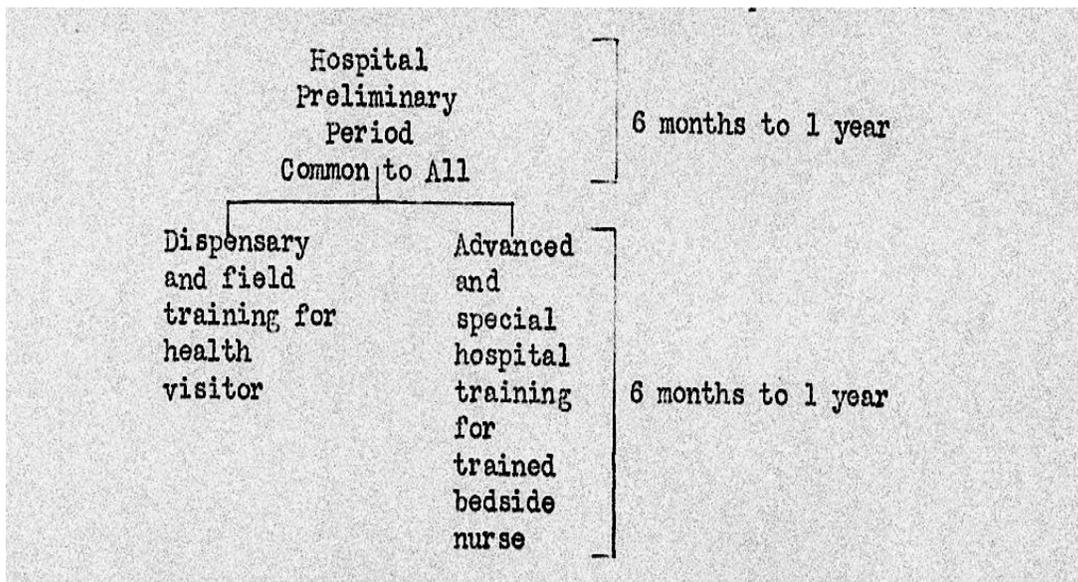
in the last few years, with the development of preventive medicine, the need for a new type of service has become evident, namely that which is to be rendered by the health visitor. It was a new field of activity, with no traditions to break with, no prejudices to overcome, and so from the very first it has been possible to attract the best type of women for this work. The interest of the general public has been easy to awaken. Tuberculosis dispensaries, Societies for Child-Welfare, School Hygiene and many similar health activities are developing everywhere faster than workers can be trained to carry them on. In other words the demand for health visitors exists, and the public is willing to pay for them. Thus a new career is open to women, which already offers them a means of earning a comfortable livelihood, the opportunity of professional advancement and the satisfaction of filling an honored and honorable position in the community in which they may be called to work.<sup>2</sup>

During her time with the CPTF, Crowell aided in the formation of health visitor training programs in Paris, Lyon, Lille, Marseille and Nantes, although this training was characterized as more or less emergent in character.<sup>3</sup> The Commission contributed largely to the support of these training centers, through the provision of scholarships and paying for the salaries of instructors, due largely in part to its desire to staff the TB dispensaries in which the CPTF had originally been planned.

After the war had ended however, the supply of women who had experience in providing care to wounded soldiers was reduced, and Crowell believed that the time had come for a more thorough preliminary training program. She questioned whether it was possible to develop a combined course for bedside nurses and health visitors

Is it not possible to exploit this demand for women as health visitors and the necessity of their professional training to the advantage of the hospital nurse, her training and her subsequent career? If training schools are established for the training of both hospital nurses and health visitors, will not the former group profit by the higher standard which has already been obtained by the health visitors as regards professional recognition and public appreciation, with the consequent improvement in recruitment, living conditions and earning capacity?<sup>4</sup>

In response to this query, Crowell formulated a “bifurcated” training program for the training of both bedside nurses and health visitors. The course was two years in duration (based on applicants having one year of previous work in a hospital), with the first year common to both groups, and the second year giving specialized training according to the choice of the pupil, as health visitor or as bedside nurse.<sup>5</sup>



Her plan was first established at Strasbourg University in 1921, causing it to be later referred to as the “Strasbourg plan.” The graduates of this new model were granted a diploma by the University’s Faculty of Medicine, thus giving university status to the program and placing the educational requirements for admission upon a fairly high level.<sup>6</sup> An additional program based on this model was established at Nancy, France shortly thereafter.

*Surveying nursing conditions throughout Europe*

After a visit by Edwin Embree, Secretary of the RF, to Europe in 1920, he reported that, “[T]here are few ways in which America can serve Europe in the field of medicine and public health with such confidence as by giving counsel, direction and personal assistance in the introduction of nursing education.”<sup>7</sup> During his European tour, completed between June and October of 1920, Embree visited Paris, Strasbourg, Zurich, Vienna, Budapest, Belgrade, Zagreb, Ljubljana, Prague, Berlin, Leipzig, Cracow, Lemberg, Warsaw, and London. In France he observed the work of the CPTF in establishing training centers for health visitors as this was deemed the “greatest single contribution of the Commission to the health of France” by Foundation officials.<sup>8</sup>

In 1919, Embree had already decided to restrict the training within the CPTF to that of health visitors, rather than become involved in the training of bedside nurses as well. In a letter to Linsly Williams that year, Embree stated that the RF was not yet ready to take part in the training of general bedside nurses. His reasons were that the RF officers were not familiar with this field, thus they could not be justified in assisting in the training of nurses until an intelligent plan could be developed, rather “than simply adding to the volume of training under present conditions which practically all admit are unsatisfactory.”<sup>9</sup>

In 1920 Embree noted that in general, American Red Cross units and foreign trained nurses were being withdrawn from European countries as the war emergency grew to an end, and practically all of the countries he visited indicated that they were ready to initiate nurse training programs if advice and demonstration could be provided.<sup>10</sup> After presentation of his report to the RF trustees on December 1, 1920, it was suggested that a person trained and experienced in public health nursing might be added to the RF's staff in Europe for the purpose of completing a study of the conditions in nursing and nurses' training in the areas of both bedside and public health work.<sup>11</sup>

After attempting to convince an executive nurse member of the National Organization for Public Health Nursing in the U.S. to undertake this study, Embree reported to the RF trustees in February 1921 that no one in America with the desired qualifications was then available to undertake the survey of nursing conditions in Europe.<sup>12</sup> Therefore, Embree requested authorization to appoint Elisabeth Crowell, the nurse in charge of health visiting training with the CPTF, to complete the requested survey. Embree emphasized however, that the survey was not to interrupt the work that Crowell was then doing in France, "[A]fter all, it is not so much, I imagine, a question of haste in entering the European field. It is chiefly rather, a question of a very thorough study and accurate diagnosis of conditions, and then, if cooperation seems desirable and worthwhile, the development and carrying out of a program patiently and persistently over a number of years."<sup>13</sup> Before undertaking this work, Embree requested that Crowell return to the U.S. in order to discuss the proposed survey, and in addition, familiarize herself with recent developments in the field of nursing education and practice, including spending some time with the Committee on Nursing Education.<sup>14</sup>

Crowell did not feel that it was possible for her to be in New York and commence the study until October of that year.<sup>15</sup> As it happened, Crowell did not arrive in New York until December. She and Embree met four times between December 28<sup>th</sup> and January 2<sup>nd</sup> in order to discuss the proposed European survey and prepare a memorandum of work to be completed.<sup>16</sup> The memo outlined the proposed program, the scope of the investigation, the countries to be visited, and general administrative policies and financial arrangements. It also made clear however, that in authorizing the investigation the RF assumed no obligation to undertake projects for improving nurses' training beyond the study itself.<sup>17</sup> Embree explained to Crowell that what the RF was hoping for was not so much reports on special conditions, but more on general suggestions on ways of cooperating. Embree believed that if the surveys could assist in defining the role, and provide a name for nurses to working in public health, problems in the training of these workers could be solved

Importance of training a distinct type of worker who shall combine training from point of view of the nurse, of the teacher and of the social worker. Important that this person should have distinctive name under which neither the nursing, teaching nor the social aspects of her work should be exclusively emphasized. If such a distinctive worker with a distinctive name can emerge, many difficulties now existing in medical social service and in training of public health nurses would vanish.<sup>18</sup>

Before returning to Europe and embarking on the proposed survey, Embree suggested that Crowell visited nurse training centers in Toronto, Ontario, Philadelphia, Milwaukee, Columbus, Cleveland, Boston, and New Haven, and that Crowell should provide feedback on possible nursing demonstrations there. After her tour Crowell reported that in her opinion, Cleveland and Boston were too fixed in tradition, and New Haven insufficiently well organized, to make these locations suitable for the RF's proposed demonstration school. In Crowell's opinion, Philadelphia and Toronto were the best organized from the standpoint of training schools and public health nursing. Both were doing excellent work on the basis of three year hospital courses

and graduate courses in public health training, but she was not sure whether the individuals in either place would be interested in experimenting with a shorter course with a greater emphasis on education as the RF had hoped.<sup>19</sup>

Crowell sailed for Europe on February 7<sup>th</sup>, 1922, and by the end of March she began the first of many surveys in England,<sup>20</sup> which had been selected as a starting point in order to serve as a control. This would be followed by surveys of Czechoslovakia, Italy, Poland, Austria, Hungary, Romania, Bulgaria, and Yugoslavia. She completed her final survey in May, 1923.<sup>21</sup>

On the completion of these surveys Crowell submitted a comprehensive report to be reviewed by the RF trustees. Prior to the meeting of trustees in May, Embree outlined the proposal for nurse training in Europe to Richard Pearce, Director of the Division of Medical Education. Within his proposal, Embree suggested that the RF employ the services of Crowell in heading up the newly proposed program of nursing education in Europe. Both Embree and Pearce agreed that Crowell was doing excellent work in France.<sup>22</sup> In fact, in January of that year, George Vincent, RF president, wrote to Crowell expressing his delight in her work in France, “I’ve heard about the surprise party which the French nurses organized for you. You can easily imagine how gratified we all are. This spontaneous and genuine expression of regard from these women who know you is the best evidence you could have of the success of your work.”<sup>23</sup>

At the May meeting, Embree was authorized to travel to Europe once again to survey the conditions for possible RF support in the training of nurse visitors. Prior to his travelling, Embree met with Vincent to discuss a plan for his European tour. At this meeting both men agreed that nursing represented a distinct program from the RF’s current work, but that any programs in this field should be administered in close relations to the RF’s work in public health and medical education. A plan was drawn up for Embree to spend considerable time at the Paris

office making observations and discussing a possible plan for a nursing program in Europe. In addition, visits would be made to Warsaw, Cracow, Prague, Brussels, and possibly Vienna, finishing up with England.<sup>24</sup>

By the end of August, Embree and Crowell had completed their tour of European countries and had returned to Paris. Throughout their travels they had agreed that both Cracow and Vienna could be possible locations where the RF could assist with the implementation of the two year bifurcating course (“Strasbourg plan”) developed by Crowell and implemented in several areas of France.

The month of September was spent back in Paris, developing a proposal for the development of a RF-sponsored program of nursing education in Europe.<sup>25</sup> These officers believed that it was an opportune time for aiding programs of nursing education in Europe, as physicians and public health officials had become more aware of the need for proper bedside and health visiting work. Despite this increase in interest, and preliminary efforts to establish training programs for both bedside and health visiting nurses in all countries as well, economic conditions in post-WW I Europe made it difficult for government officials and educational institutions to devote funds to new enterprises. Consequently, it was believed that a little outside help could assist in establishing training programs and maintaining them at an adequate standard.

The countries of East Europe are poor. They cannot at present support any elaborate and expensive new systems of training, nor can they afford any unduly expensive new methods of caring for their sick or of protecting their health...It is questionable service to establish handsome “model” schools of nurse training which the countries themselves are unable to finance and to turn out personnel unwilling to labor in local conditions and at salaries locally feasible. Any real help must be a natural and not too revolutionary contribution to programs, responsibility for which is squarely upon the authorities of the countries concerned.<sup>26</sup>

The officers summarized the other agencies then involved in the field of nursing education in Europe, including the American Red Cross, Lady Muriel Paget, the Committee for Devastated

France, and the League of Red Cross Societies. However, it was expressed that while these activities had helped in stimulating work in this area, none were certain of its continuation. In relation to the League's request to become the administration center for nursing education in Europe, it was argued that this request be discouraged for the following reasons:

- 1) The future of the League was far from assured.
- 2) The League was not able to convince the American Red Cross (ARC), its chief contributor, of the wisdom of this proposal, and as a result, the ARC was carrying on its own nurses training work in Europe, independently of similar efforts by the League.
- 3) This organization was a League of Red Cross Societies, therefore its activities are centered on the work of Red Cross Societies in several countries.<sup>27</sup>

The necessity of trying to accommodate the varying needs of both well established national societies and those which were still developing their nursing programs was a commonly perceived difficulty of the LRCS Nursing Division at this time

It is necessary for the League to work with the national Red Cross Societies and that being the case, it cannot go contrary to the wishes and policies of those societies. ...many Red Cross societies feel that they must advance their standards of nursing education, step by step, according to the progress of appreciation of nursing in their respective countries. They feel that if they attempted to set up at once the highest standards of nursing they would defeat their program by arousing such a body of opposition on the part of the public that the whole project might be destroyed. They advanced group feel, on the other hand, that they national societies are too conservative, are too well satisfied with their present standards and therefore not keenly interested in raising these standards as rapidly as possible.<sup>28</sup>

Finally, Embree believed that the education of nurses and health visitors should fall within the responsibilities of the Departments of Health or within permanent educational institutions. He suggested that the RF would be unwise to restrict its support to a single private agency in this field, and hence should be prepared to provide aid wherever it was deemed to be "most opportune."<sup>29</sup>

In terms of the type of training program to be encouraged, the officers proposed that bedside and health visitor training be combined in the same program within each school, with neither stream subordinated to the other, believing that nurses in each field should be prepared with a background in the other. Their preferred method was the bifurcated course (Strasbourg plan), developed by Crowell in France, and implemented in many places throughout that country, as well as in Zagreb, Yugoslavia since 1921.

Specific schools suggested for aid in the preliminary proposal included the following: providing aid in the form of advanced study abroad for teachers; improved facilities and scholarships for students at the Central School for Nurses and Health Visitors in Zagreb, Yugoslavia; the revival of the school at Cracow, Poland, including the implementation of the “Strasbourg plan;” the formation of a new school at Brno, Czechoslovakia, which would be modeled after the school at Cracow; an extension of the course at the School of the Reichsanstalt in Vienna; and the introduction of new training methods in England. Aid to these programs was seen as providing models in wise, economical, and effective training schools, which could influence the development of programs not only within that specific country, but also within the surrounding countries.

In addition to aid to schools, a program of fellowships was also proposed for the advanced training of teachers and supervisors. The entire scope of the proposed nursing program included support to not more than eight to ten schools at any one time, with four or five centers that currently offered opportunities at that present time. The total investment for the proposed program was suggested at between \$100-150,000 per year.<sup>30</sup>

The question of where responsibility for a new program in nursing education would fall within the RF was considered. Embree believed that as the training of public health nurses was

thought more commonly to be dependent on the general training of nurses, that the proposed program would need to consider this question as a whole, and that it would need to be administered distinct from either of the existing RF boards, the Division of Medical Education (DME), and the International Health Board (IHB). Both Frederick Russell, Director of the RF's IHB, and Embree agreed that the RF's previous experience in Brazil and the Philippines had showed them that it was impossible to consider one aspect of training without the other.<sup>31</sup> This was a significant shift in thinking, as the exclusive training of nurses as health visitors, or public health nurses, was not yet a common practice throughout Europe. Both men believed that nursing education, with the exception of those programs already within the work of the IHB (i.e. Brazil, France, and the Philippines), and the DME (i.e. Brussels), would thus fall within the newly proposed Division of Studies (DS).<sup>32</sup>

Prior to the December Board meeting, Embree met with Vincent to discuss the proposed program and the appointment of Crowell to head up the nursing work of the DS in Europe. Embree argued that despite Crowell's work with the CPTF at one time being subject to much criticism among nursing figures in the USA, that

After being in the midst of her work for three months, and after going about much with her and seeing the methods and results of her work; and after talking with Dr. Gunn, Dr. Eversole and many French physicians and public health workers, the inevitable conclusion is that Crowell has accomplished a difficult program in France remarkably well. Certainly her study of nursing education in other countries has been clear and informing. She is keen and intelligent in her analyses of situations, sympathetic in her appreciation of individuals and institutions, and effective in her work. We have in her a leader in whom we may place great confidence. As bearing upon criticisms, it is interesting to find that Olmstead who has tried to have the League do constructive work, is also bitterly attacked by many nurses in America. With this reassurance about Crowell's sympathy and ability, I feel much more confidence in proposing the extension of her nursing program in Europe.<sup>33</sup>

After due consideration, the trustees approved Embree's proposed plan in relation to the following particulars:

- 1) The principle of cooperation in nurses' training in Europe was formally approved.
- 2) The Executive Committee was authorized to act on recommendations for specific projects in nurses' training in Europe, up to a total of \$75,000 in 1924.
- 3) Fellowship aid was extended to Europe.
- 4) Crowell was appointed a regular member of the field staff of the RF in 1924.<sup>34</sup> In addition, a fourth RF division, the Division of Studies was created by the trustees, with Embree as its Director.<sup>35</sup>

The RF's interest in nursing took center stage in the president's annual review that year. In it Vincent highlighted the differences in nurses' status and education across countries

The type of nurse, her social and professional status, her education and training, her salary, and her future outlook vary widely from country to country with differences in traditions, social ideals, educational standards, economic conditions, and religious influences. In one place she may be hardly more than a slightly sublimated servant; in another, intelligent, highly trained, well-paid, socially esteemed, enjoying a professional status; in a third, a devoted and experienced member of a religious order, giving her life to the service of the sick and the unfortunate; in a fourth, well-trained and respected but poorly paid and overworked.<sup>36</sup>

The aim of RF officials in the training of public health nurse visitors throughout Europe was to supply the necessary staff for its larger public health programs, while at the same time raising the status of the nursing profession within these countries. The work of Elisabeth Crowell with the CPTF during the war, including the formation of the "Strasbourg plan" for the training of nurse visitors, was instrumental in the RF's later involvement in the training of nurses throughout Europe. As a result of her work, Crowell was recognized by nurses in Europe as a truly great nurse leader. In October 1927, the nurse director at the School of Nurses in Zagreb, Yugoslavia, requested to have a portrait of Crowell to hang along with pictures of other European nurse

leaders, including Florence Nightingale and Edith Cavell, in the living room of the nurses' residence.<sup>37</sup>

Despite these favorable reviews of her work, Crowell was coming under increasing scrutiny by nurse leaders in the U.S. Between 1912 and 1918, American nurse leaders such as Annie Goodrich and Mary Beard had worked towards the professionalization of public health nursing in the U.S. By the end of WW I, Goodrich and Beard had garnered increasing support from RF officers for a higher standard of public health nursing education in the U.S. The existing differences in national standards for the training of visiting or public health nurses had led to an international debate between nurse leaders in the post-WW I period. During the summer of 1925, Goodrich and her American colleague Lillian Clayton were invited by RF officials to survey the RF's nursing work in Europe. The reports of these nurses, upon their return to the U.S. would later contribute to a change in the RF's nursing policy in October 1925, including raising the standards of its nursing education programs throughout Europe.

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## ENDNOTES:

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- <sup>1</sup> Edwin Embree officer's diary, July 1918 memo, family journal no.1, RG 12.1, Rockefeller Foundation (RF) Archives, RAC.
- <sup>2</sup> Crowell's concern for career opportunities open to women is evident in much of her reporting and is most likely tied to the fact that she was orphaned as a young child, and knew of no other family members or means of support other than her own earnings.
- <sup>3</sup> Crowell, F. Elisabeth, Nursing Education and Hospital Service in France. 1921, Folder 100, Box 9, Series 500C, RG 1.1, RF Archive, RAC
- <sup>4</sup> Crowell, F. Elisabeth, Nursing Education and Hospital Service in France. 1921, Folder 100, Box 9, Series 500C, RG 1.1, RF Archives, RAC.
- <sup>5</sup> Edwin Embree officer's diary, June 22-Oct.3, 1920. RG 12.1, RF Archives, RAC.
- <sup>6</sup> Annual report Bureau of Public Health Visiting 1920. Folder 272, Box 30, Series 500C, RG 1.1, RF Archives, RAC.
- <sup>7</sup> Source history, 9, p. 2202, RF Archives, RAC.
- <sup>8</sup> Source history, 9, p. 2202, RF Archives, RAC.
- <sup>9</sup> Embree to Williams, September 23, 1919, Folder 97, Box 9, Series 500C, RG 1.1, RF Archives, RAC.
- <sup>10</sup> Source history, 9, p. 2202, RF Archives, RAC.
- <sup>11</sup> Source history, 9, p. 2206, RF Archives, RAC.
- <sup>12</sup> Source history, 9, p. 2207, RF Archives, RAC.
- <sup>13</sup> Edwin Embree officer's diary, RG 12.1, RF Archives, RAC. Embree to Crowell, May 3, 1921. Folder 137, Box 19, Series 700, RG 1.1, RF Archives, RAC.
- <sup>14</sup> The Committee on Nursing Education, or the Goldmark Committee, as it later became known, was a group of medical officials and nurse leaders who had been commissioned by the RF to undertake a study of public health nursing in the U.S. in 1918. The study was later expanded to include the study of hospital-based nursing in 1919.
- <sup>15</sup> Crowell to Embree, July 23, 1921. Folder 137, Box 19, Series 700, RG 1.1. RF Archives, RAC.
- <sup>16</sup> Edwin Embree officer's diary, December 28, 1921-January 2, 1922. RG 12.1, RF Archives, RAC.
- <sup>17</sup> Edwin Embree officer's diary, January 2, 1922. RG 12.1, RF Archives, RAC.
- <sup>18</sup> Edwin Embree officer's diary, January 2, 1922. RG 12.1, RF Archives, RAC.
- <sup>19</sup> Edwin Embree officer's diary, February 3, 1922. RG 12.1, RF Archives, RAC.
- <sup>20</sup> Folder 163, Box 15, Series 908, RG 3 Program and Policy, Nursing, Public Health, 1922-1940.
- <sup>21</sup> Edwin Embree officer's diary, January 2, 1922. RG 12.1, RF Archives, RAC.
- <sup>22</sup> Edwin Embree officer's diary, May 1, 1923. RG 12.1, RF Archives, RAC; Embree to Vincent, September 19, 1923. Folder 137, Box 19, Series 700, RG 1.1. RF Archives, RAC.
- <sup>23</sup> Vincent to Crowell, January 15, 1923, Folder 97, Box 9, Series 500C, RG 1.1, RF Archives, RAC.
- <sup>24</sup> Edwin Embree officer's diary, June 15, 1923. RG 12.1, RF Archives, RAC.
- <sup>25</sup> Edwin Embree officer's diary, Memo on European Tour, Summer, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1, RF Archives, RAC.
- <sup>26</sup> Edwin Embree officer's diary, Memo on European Tour, Summer, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1, RF Archives, RAC.
- <sup>27</sup> Edwin Embree officer's diary, Memo on European Tour, Summer, 1923, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1, RF Archives, RAC.
- <sup>28</sup> Kernodle, Portia. *The Red Cross Nurse in Action, 1882-1948*. New York: Harper, 1949, p. 209.
- <sup>29</sup> Vincent to Embree, September 5, 1923, Folder 146, Box 20, Series 700, RG 1.1, RF Archives, RAC.
- <sup>30</sup> Edwin Embree officer's diary, Memo on European Tour, Exhibit C: A Program for Aid in Nurse Training in Europe. RG 12.1, RF Archives, RAC.
- <sup>31</sup> Edwin Embree officer's diary, Oct. 25, 1923, RG 12.1, RF Archives, RAC.
- <sup>32</sup> Edwin Embree officer's diary, Oct. 25, 1923, RG 12.1, RF Archives, RAC.
- <sup>33</sup> Source History, 9, p. 2223-2224, RF Archives, RAC.
- <sup>34</sup> Source History, 9, p. 2216, RF Archives, RAC.
- <sup>35</sup> Source History, 9, p. 2219, RF Archives, RAC.
- <sup>36</sup> 1923 RF Annual Review.
- <sup>37</sup> Simec to Crowell, October 18, 1927, Folder 37, Box 4, Series 710, RG.1.1, RF Archives, RAC.