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NUMBER FIVE

SOCIAL SERVICE IN VERMONT:
THE COMMUNITY AND THE STATE

By

MARSHALL TRUE

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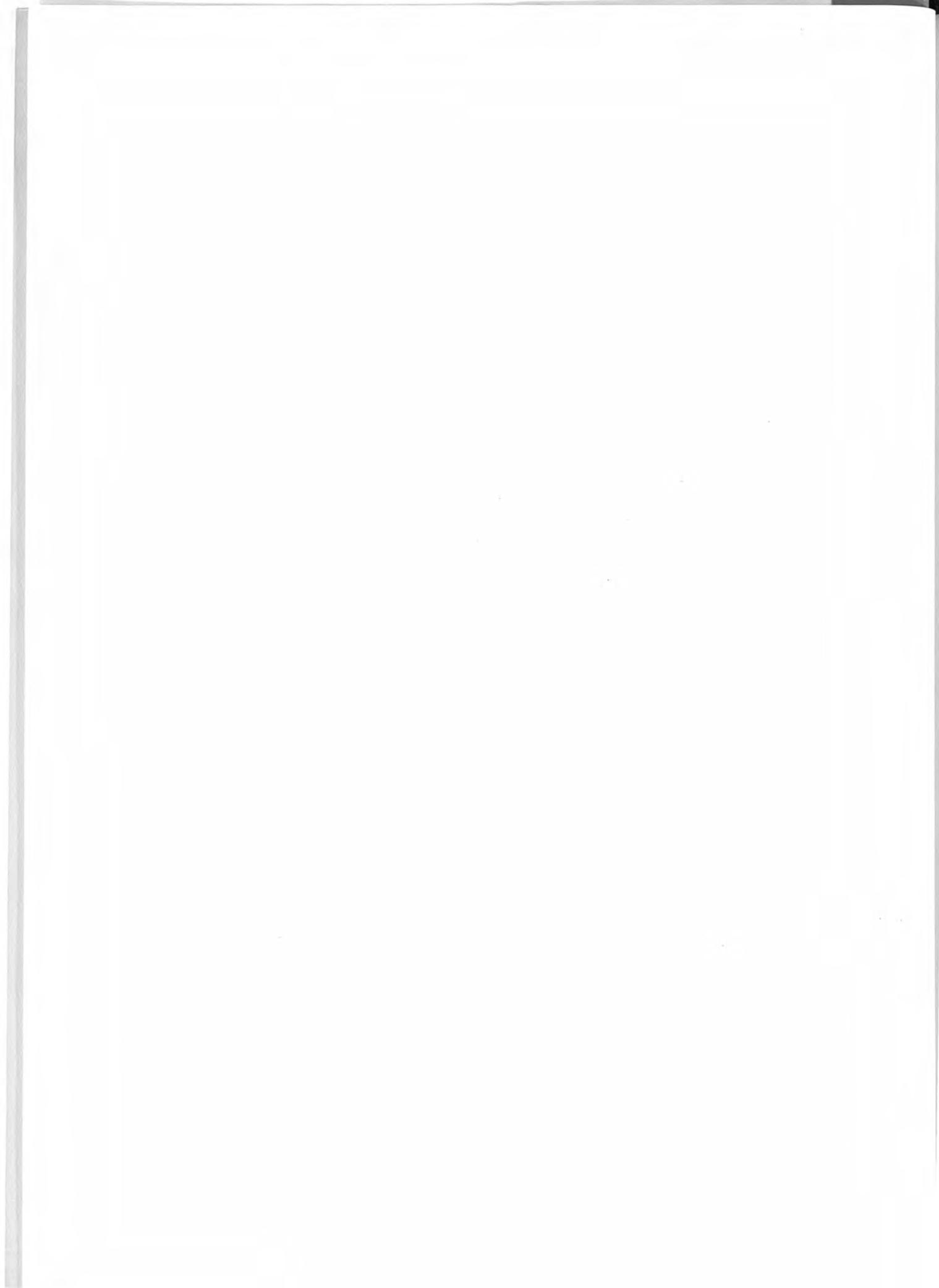
NUMBER FIVE

SOCIAL SERVICE IN VERMONT:
THE COMMUNITY AND THE STATE

BY

MARSHALL TRUE

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The University of Vermont


COLLEGE OF ARTS AND SCIENCES, OFFICE OF THE DEAN
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Over the past two years I have noted with particular interest the publication of the Center for Research on Vermont's Occasional Papers. The current work with its emphasis on institutionalization of social services in Vermont is the fifth in a series which also includes "University of Vermont Student Research on Vermont Topics," "Litigious Vermonters: Court Records Prior to 1825," "Goal Setting in Planning: Myths and Realities," and "Research and Lawmakers: A Student Perspective." Participating in the proceedings that eventually led to the publication of the first of these papers has been a distinct pleasure for me.

The University of Vermont and its College of Arts and Sciences have a special responsibility for promoting research and publications on Vermont topics. In my judgment, too many of our presentations are delivered only in a single presentation, without replication and without criticism, and to restricted and limited audiences.

The Occasional Papers series has been conceived not merely as a means of disseminating significant introductory findings but also as a mechanism permitting researchers greater access to the scholarly criticism of their professional colleagues. I hope the standards and reputation of the series will help stimulate frequent publication of high quality research on Vermont topics by university members. The efforts of the Center for Research on Vermont and individual scholars to preserve and disseminate this information are to be commended.



John G. Jevett, Dean,
College of Arts and Sciences

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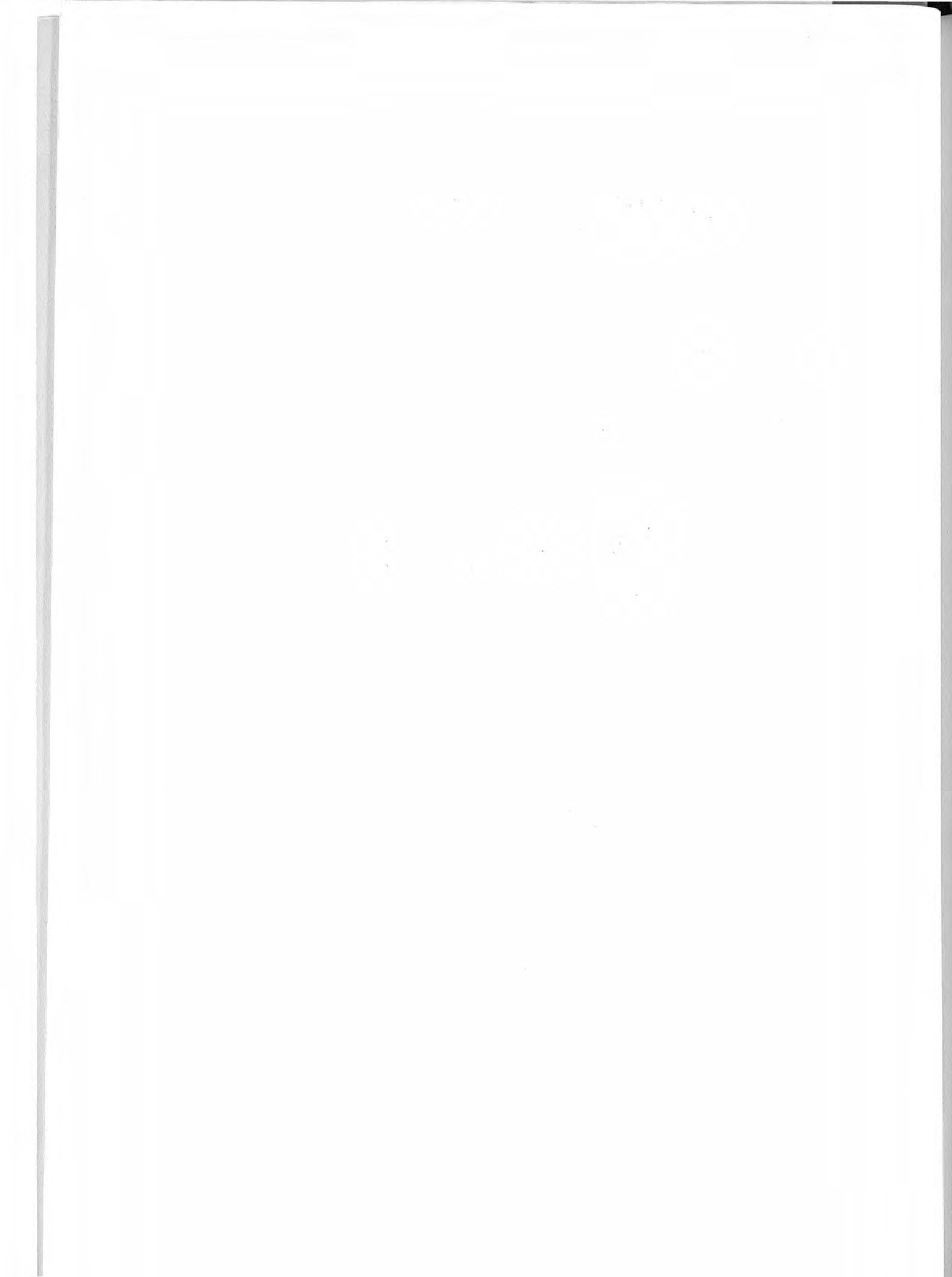
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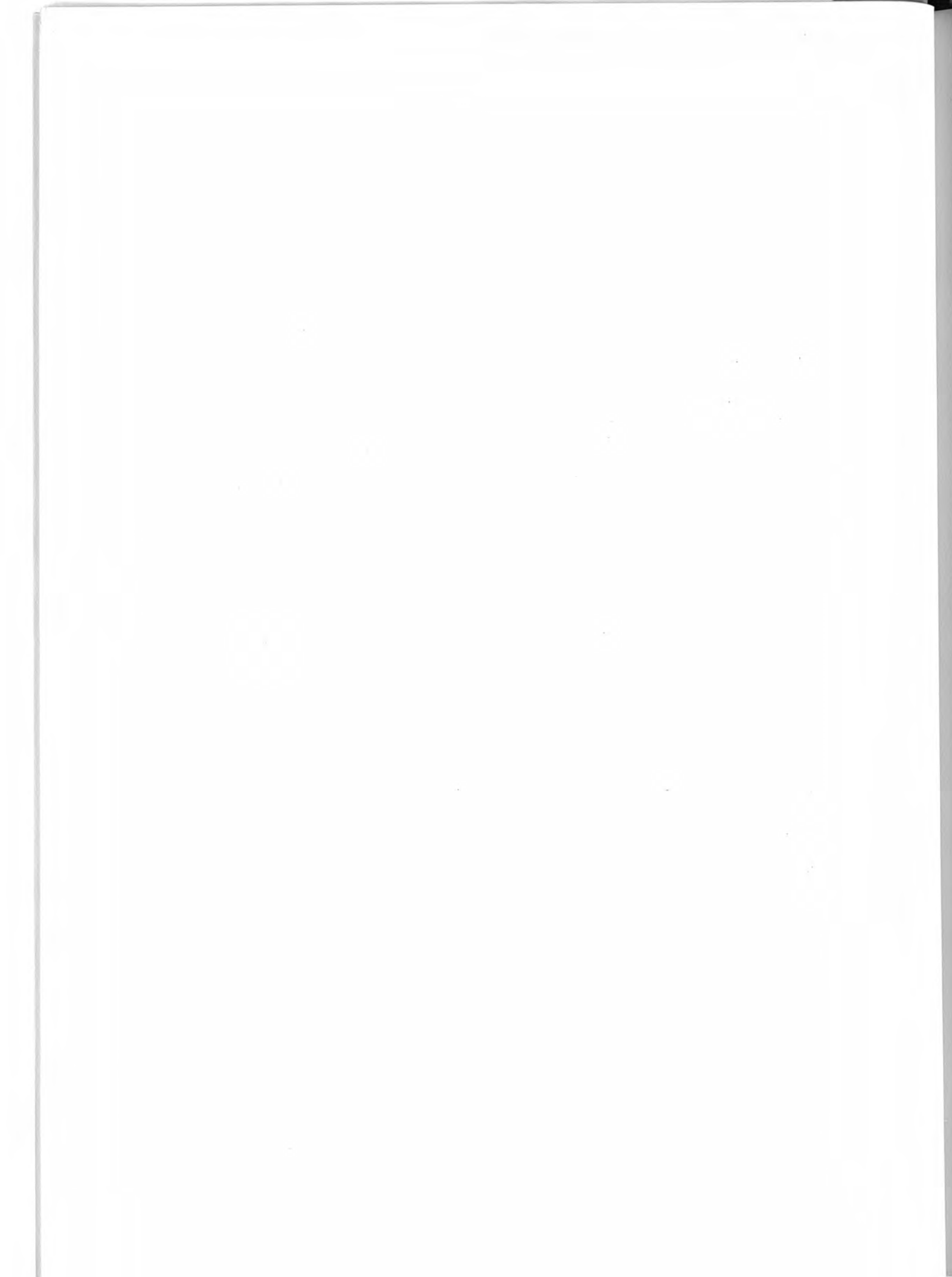
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ABSTRACT

Marshall True has been a member of the University of Vermont History Department since 1966. His interests in social history have led him to examine the evolution of voluntary neighborhood charities into highly specialized and institutionalized public agencies in both of the papers included here, but more particularly, the study of the Howard. The Howard provides an illustration of this phenomenon which Professor True has both traced in detail and placed in national perspective.

Readers are encouraged to provide substantive comments. They may be addressed to either the author or the Center for Research on Vermont. Suggestions for future Research-in-Progress Seminar topics are also welcomed.



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A RESEARCH IN PROGRESS SEMINAR:

BURLINGTON AND ITS MENTAL HEALTH: THE HOWARD'S FIRST 99 YEARS

DECEMBER 13, 1978—7:30 PM

MEMORIAL LOUNGE

WATERMAN BUILDING, UVM

The Howard Mental Health Services and the University of Vermont have embarked on a joint research project to write a centennial history of the Howard. Concurrently, Dr. Marshall True has begun research on the history of the treatment of insanity and mental health problems in Vermont.

The history of a social service agency over a 100 year period and the treatment of mental health in this state provide the themes of the following presentations:

MODERATOR

Jennifer Kochman, Staff
Howard Mental Health Services

*"Insanity, Society and the State:
Some Perspectives on Mental Health
Care in Vermont"*

--Professor Marshall M. True
History Department, UVM

*"Responding to a Community's Needs:
The History of the Howard Mental
Health Services, 1879-1978"*

--Barbara Lewis, M.A. Candidate
Historic Preservation Program, UVM

*"The Next 99 Years: Where Do We Go
From Here"*

--Terry Curley, Director
Howard Mental Health Services

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INSANITY, SOCIETY AND THE STATE:

SOME PERSPECTIVES ON MENTAL HEALTH IN VERMONT

by Marshall True

In 1876 Edson Cook took an ax from the woodshed and used it to murder his son. Three months earlier, Cook, "a victim of chronic recurrent mania," had been released from the Vermont Asylum for the Insane. Presumably those in charge, Dr. James W. Draper, superintendent of the asylum and Dr. H. H. Atwater, state commissioner for the insane, released Cook to the custody of his son because they believed he did not constitute a danger to society. Obviously, they were wrong. At Cook's murder trial a Lamoille County jury, believing he had not had "the fear of God before his eyes but was being moved and seduced by the instigation of the Devil," found Cook not guilty by reason of insanity and ordered his return to the asylum.¹

I have outlined Cook's tragic story here for several reasons. First, it seems to me that this story suggests the dimensions for a study of insanity in Vermont. The tragedy of Edson Cook reveals a complex interaction on at least three levels: family, community, and state. Historians of mental illness must recognize and come to grips with this complexity. Secondly, it seems significant to me that Dr. Draper and the Lamoille County jury differed so radically in their definitions of what ailed Cook. "Chronic recurrent mania" and "the devil" represent two very different explanations of aberrant behavior, suggesting a gap between community and professional perceptions so wide that it must have had profound implications for the care and treatment of the insane in Vermont.

Since most previous histories of mental illness in Vermont have focused on institutions, state policies and changing attitudes toward the insane, I would like to elaborate on my observations about the Cook case and suggest some of the advantages to other perspectives on mental illness.

First, the history of insanity involves family history. The procedure whereby people were confined to either almshouses or the state asylum was usually initiated by their families. Husbands and wives, fathers, mothers, sons and daughters were often the primary actors in the incarceration of family members. For example, a Grand Isle woman on trial for adultery was found not guilty by reason of insanity, largely on the basis of her family's testimony, and was sent to the Vermont asylum.² Jackson Vail, who believed himself wrongfully incarcerated in Brattleboro, passionately sought his family's support for his release until he discovered that his mother and brother had cooperated in committing him.³ Also, the

frequency with which masturbation, alienated affections, and the like are listed as causes of mental illness in the Vermont asylum's nineteenth-century records testifies to a rather unremitting quality of domesticity which colors the history of insanity.

Secondly, we should ask how families were affected by the asylum as a concept of caring for and treating mental patients in an environment separate from family and community. There is some poignant evidence that, on more than one occasion, patients either were forced to remain at the Vermont asylum or were remanded to the town almshouse because their families refused to care for them. We need to learn more about the causes and effects of this kind of family stress.

Although I can only speculate about the sources of trouble in the Cook family, it would seem reasonable to suggest that Edson Cook, by his actions, made a definite statement about the reversal of the father-son relationship imposed upon him by the state of Vermont. At this point I do not know if it was Edson Cook's son who had his father committed to Brattleboro, but such an occurrence would not be surprising. At any rate, we do know that the father was placed in the son's custody, an act which, as Erving Goffman has demonstrated in other cases, may have violated Cook's sense of himself in a significant way and may have, in fact, increased the likelihood of his behaving violently.⁴

We also know from numerous other sources about the stresses placed on the American family by what some historians have called the onset of modernization.⁵ The history of mental illness which is, at least on one level, the history of families in distress, should prove a useful vehicle for documenting some of that stress's impact on American life in general and on Vermont life, in particular.

The history of insanity serves to illustrate the tension between state and community which has characterized much of American life. Vermont's founding fathers brought with them certain established notions about the proper definitions of community and community responsibility. Some of these ideas were embodied in the concept of settlement which was a legal device requiring each town to be responsible for its own residents.⁶ The settlement concept, however, was based on the assumption that communities were fixed and stable and it was possible to decide who belonged where. Settlement law made Vermont's town-supported poorhouses the first source of support for Vermont's insane. In fact, however, poorhouses often functioned as a refuge of last resort for an undifferentiated mass of the indigent, insane and handicapped. It quickly became apparent that the poorhouse fulfilled community needs in only the most perfunctory and rudimentary ways. A committee of the 1835 Vermont legislature that had been charged with investigating conditions among Vermont's mentally ill concluded:

These victims of mental alienation are found among all classes of the community and their condition of life under this visitation of Providence has been too long neglected. This long delay, with unkind and injudicious management, has in many cases obliterated the last ray of returning light so that curative treatment has become useless. Some indeed by their friends are treated with kindness and affection and made as comfortable as circumstances will admit. Some are suffered to wander abroad unprotected and forgotten and apparently unlamented, subject to the constant scorn and derision of the unthinking while others are doomed to . . . perpetual chains and imprisonment in cages. . . .⁷

It would appear, then, that as early as 1835, town-supported poor-houses were perceived as providing inadequate care for the insane. Nevertheless, the poorhouse remained the dominant institution for the custodial treatment of Vermont's mentally ill, housing the majority of the state's insane and idiot population, until the founding of the Vermont State Hospital for the Insane at Waterbury in 1891.

In 1836, however, a forerunner of the state hospital was established with the creation of the Vermont asylum at Brattleboro. For, at the same time that Vermont legislators were investigating conditions among the mentally ill, a small group of citizens was exploring ways of opening an asylum for the care of the state's insane. Under the terms of the will of Mrs. Anna Marsh, widow of a New Hampshire physician who had practiced for several years in Vermont, four Brattleboro residents had been bequeathed \$10,000 to establish a hospital for the relief of Vermont's insane. The founders were quickly granted an act of incorporation for their asylum from the state. In December, 1836, the Vermont Asylum for the Insane opened its doors to the public, only the eleventh such institution in the country. Thus did the asylum, under the able direction of Dr. William H. Rockwell, begin its long and distinguished experiment in what the nineteenth century called "moral treatment" for the insane. Dr. Rockwell, who had been an associate of the Hartford Retreat's well-known Eli Todd, believed "useful employment, in the open air, affords the best moral means for the restoration of many of our patients." To that end, Rockwell developed Todd's ideas about occupational therapy to a remarkable extent: the men gardened; the women sewed; and the asylum residents ran a farm which gave them some regular employment.⁸

The asylum, in Vermont as elsewhere, represented a radical departure from previous approaches to the care and treatment of the insane.⁹ Like others of his generation, Rockwell saw the causes of insanity in the open, fluid quality of American life. He was particularly convinced that rural life was healthier than city life because it was simpler. "The farther we depart from the simple habits and customs of our ancestors, the more shall we prepare for

the introduction of [insanity]."¹⁰ The asylum was an institutional attempt to cure insanity by separating the patient from family and community, placing him or her in a tranquil, natural setting and imposing a daily regimen of humane order. Yet, Vermont's asylum differed from those in other states in two significant and related ways. First, Vermont was one of the few states where care for the insane was not organized largely through the efforts of Dorothea Dix; secondly, the asylum as it developed in Vermont never became a fully state-controlled institution. Dix was the great crusader for the insane who attempted to make Horace Mann's 1828 dictum, "The insane are the wards of the state," a political reality in every state east of the Rockies and who, but for President Franklin Pierce's 1854 veto, almost made the insane "wards of the nation." Dix visited Brattleboro briefly in 1844 and concluded that the insane of Vermont were well cared for.¹¹ What Dorothea Dix overlooked in Vermont, however, was the lingering presence of the settlement principle which resulted in as many as two-thirds of Vermont's insane being released to town-supported poorhouses. The Vermont asylum was never intended to be a hospital for all of Vermont's insane, nor even primarily a state institution.

From the time of its incorporation, the asylum was only supervised by the state, first by the court of chancery, then by the supreme court and after 1845, by a commissioner of the insane appointed annually by the legislature. The commissioner's duties were to visit the asylum monthly, examine finances and building conditions, inquire into the general welfare of the patients, and prepare an annual report to the legislature. Yet, the asylum's board of trustees retained control of its daily governance, and this arrangement gave them substantial power in their dealings with the state. For example, in 1874 the state commissioner for the insane submitted a report critical of asylum management, with charges ranging from financial exploitation of state resources to the absence of religious and recreational opportunities. He recommended that the state remove all of its patients from the asylum and send them back to the towns. The asylum trustees responded that the state had never provided adequate financial support for its patients. A legislative committee to resolve the controversy reported, on the whole, favorably for the asylum. Thus, the asylum clearly retained enough autonomy to successfully challenge the judgment of state officials. This was tacitly recognized when the state legislature during the next biennium abolished the state commissioner's office and created a board of supervisors in its stead. The asylum's anomalous relationship with the state, combined with its treatment of substantial numbers of private patients, meant that it was able to maintain its dedication to moral treatment longer than many public institutions in other states.¹²

Autonomy at the asylum had its price, however. The most obvious was that two-thirds of the state's insane were left to the happenstance care of the towns. A second--and I think fundamentally important--difficulty was the pressures put upon the asylum to constantly respond to one or the other of its constituencies, to the detriment of its patients. To illustrate this problem: towns

constantly sought ways and means of sending their insane to the state asylum for economic and humanitarian reasons. It was cheaper and the care was certainly better at Brattleboro than it was at most town almshouses. The state was aware of this, and one investigative committee reported:

We apprehend that there are many persons in the asylum at this time who are not state beneficiaries, in fact, but "town paupers" who have been improperly saddled onto the state under the selfish and loose (if not reprehensible) practice of town authorities. . . .13

The state applied substantial pressure on the asylum to discharge non-dangerous patients back to the towns. (Such discharges were, in fact, made imperative by legislation in 1882.) The towns just as insistently asked that their mental patients be permitted to stay. Perhaps it was poetically just that in 1876, in the middle of a major town-asylum-state controversy, Edson Cook was discharged. The nineteenth-century tension between community and state victimized the insane and their families, particularly those without means to protect themselves.

My current predilection is to see much of the nineteenth-century institutional history of insanity as a history of tension between the community and the state represented here by the contrasting concepts of settlement and asylum. The concept of asylum and its development in Vermont reflect a growing, if grudging, sense of the state's responsibility for the care of the insane. In fact, it was not until the opening of the state hospital at Waterbury that the asylum concept--as it was advocated by Dorothea Dix--achieved realization in Vermont. Yet, it may have been to Vermont's advantage that it brought fewer resources, whether calculated in time or money, to the asylum concept, for its pioneering role in deinstitutionalization may have been the result.

The twentieth century has seen a vast diversification of services for the mentally ill along with the proliferation of both state and federal agencies to provide these services. Yet, now in some ways we appear to be returning to a vision of community responsibility which would not be completely unfamiliar to nineteenth-century Vermonters although we may presume our definitions of community responsibility have changed. We should, however, be wary of assuming we are different. Remember, just as the 1876 jury attributed Edson Cook's actions to the Devil, our letters to the editor columns often assume group homes are a menace to the neighborhood.

In 1913, shortly after Thomas W. Salmon, a young psychiatrist, assumed leadership of the National Committee for Mental Hygiene, he told a group of his associates:

It is a fact that every stage in the long and painful history of the care of the insane from 1247, when the first institution for the insane in England was provided, could actually be witnessed in some American community this afternoon.¹⁴

One could argue that Salmon's 1913 statement, with proper emendations for place, time, and perhaps emphasis, is still sadly accurate. I cite it here, however, not so much . . . to say that we neglect those less fortunate than ourselves than as a caution against our all too often uncritical acceptance of a progressive view of history. The history of insanity in Vermont is not a triumphant march toward some ideal vision of rational, humane, and enlightened care; it is rather too frequently a story of neglect, suffering, and man's inhumanity to man. Readers of William Braun's excellent and compassionate series on mental illness in the Burlington Free Press received a vivid reminder of this in one man's eloquent plea that "the next world be better than this one."¹⁵ The history of insanity has provided me with a pervasive sense of the wisdom of that cynical old French saying, "plus ça change, plus c'est la même chose." Applied here, I suppose it alerts us to the need to retain a healthy skepticism about the latest social panaceas and to proceed as best we can, vigilantly reminding ourselves to pay attention to those we propose to help. If not, they become our victims.

NOTES

¹ A discussion of this case is found in Draper, "Insanity in Vermont, 1835 to 1885," Transactions of the Vermont Medical Society for the Year 1885 (Montpelier, Vt., 1886), p. 35.

² Draper, "Insanity in Vermont," p. 30.

³ Jackson A. Vail, Rockwell Castle, or a thirty days trip from Highgate Springs to Boston including ten days confinement in Brattleboro Prison or the Vermont Asylum for the Insane & adventures on the Way (N.p., 1885), pp. 1-6.

⁴ Erving Goffman, Asylums: Essays on the Social Situations of Mental Patients and Other Inmates (Garden City, N.Y.: Anchor Books, 1961), pp. 167-268.

⁵ Joseph F. Kett, "Adolescence and Youth in Nineteenth-Century America," Journal of Interdisciplinary History, vol. 2 (1971), pp. 283-298; and Richard D. Braun, "The Emergence of Urban Society in Rural Massachusetts, 1760-1820," Journal of American History, vol. 61 (1974), pp. 29-51.

⁶ Lilian Baker Carlisle, Mental Retardation in Vermont: a Chronology of Changing Attitudes (Montpelier, Vt.: Mental Retardation Planning Project, 1965).

⁷ Quoted in Draper, "Insanity in Vermont," p. 21.

⁸ Leonard K. Eaton, New England Hospitals, 1790-1833 (Ann Arbor: University of Michigan Press, 1957), p. 159.

⁹ An important, pioneering study which has strongly influenced my thinking is David J. Rothman, The Discovery of the Asylum (Boston: Little, Brown & Co., 1971).

¹⁰ Quoted in Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick, N.J.: Rutgers University Press, 1964), p. 91.

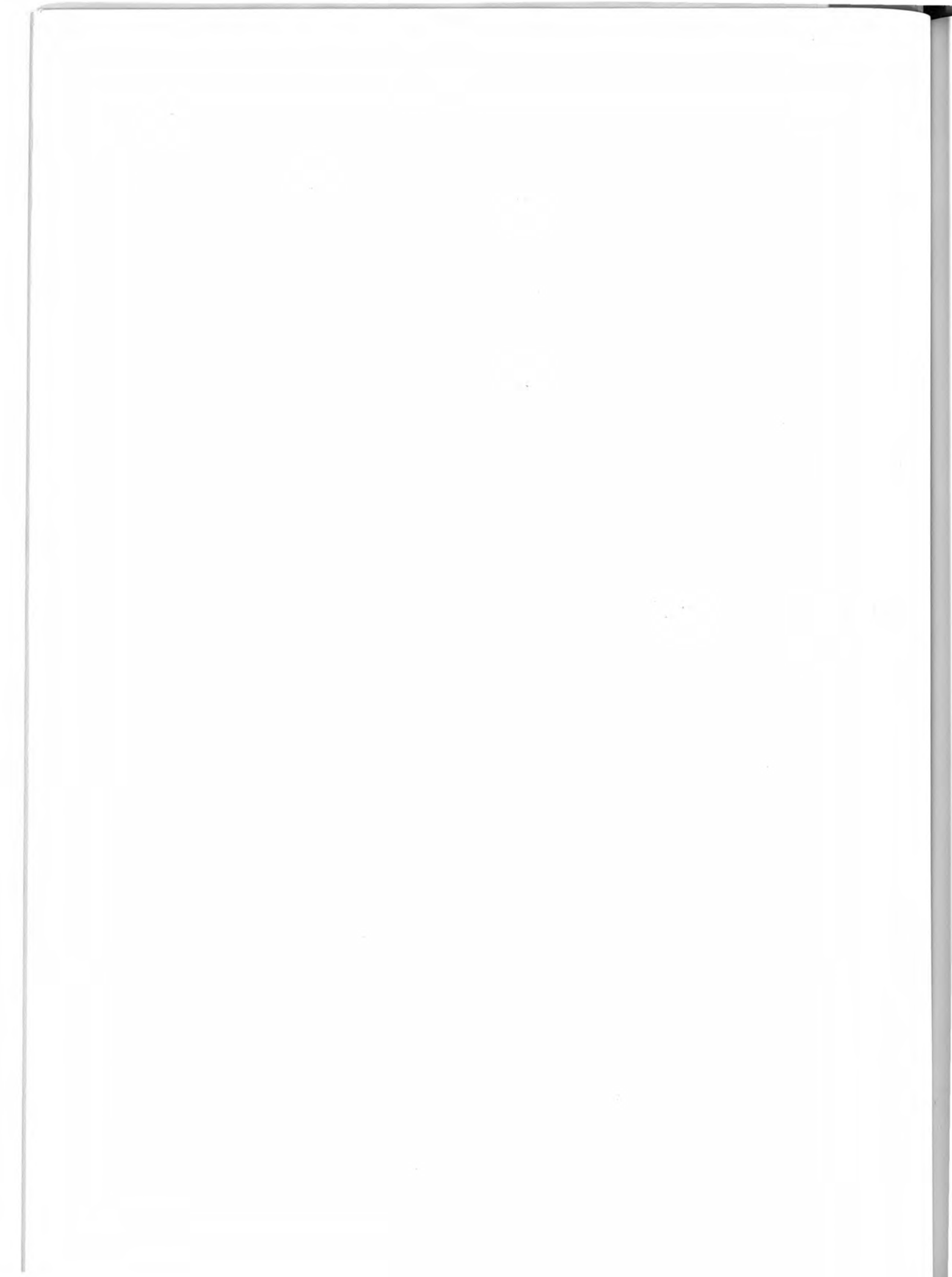
¹¹ Helen Marshall, Dorothea Dix: Forgotten Samaritan (Chapel Hill, N.C.: The University of North Carolina Press, 1937), p. 104.

¹² Henry Hurd, et al., The Institutional Care of the Insane in the United States and Canada, 4 vols. (Baltimore, Md.: The Johns Hopkins Press, 1916), III, pp. 675-700. The biennial reports of the Brattleboro asylum continue to argue the benefits of moral treatment into the 1940's.

¹³ Quoted in Hurd, Institutional Care, III, p. 689.

¹⁴ Quoted in Albert Deutsch, The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times, 2nd ed. (New York and London: Columbia University Press, 1949), p. 442.

¹⁵ Burlington (Vt.) Free Press, December 12, 1978.



From Relief Society to Mental Health Center:
The Changing Role of the Howard in
Burlington, Vermont*

By Marshall True

In 1882 John Purple Howard, a Burlington philanthropist, donated \$200 to support the charitable work of the Ladies Aid Society of Burlington. In appreciation for the contribution and possibly in anticipation of continuing support, the society changed its name to the Howard Relief Society.

Then nine years old, the society had originated in the national depression of 1873. Burlington Mayor Jo D. Hatch declared that the crisis had produced "unusual depression of business and . . . lack of employment for the poorer classes,"¹ and the directors of Burlington's Home for Destitute Children recorded in their 1876 report that they "had to turn away hungry and homeless children every day."² That same year, confronted with hungry children, beggars, increasing crime and unemployment, a dozen women--mostly wives of the more prosperous Burlington residents--established the Ladies Aid Society to relieve suffering among the needy and, as they envisioned, to put an end to begging in the streets.³ Under the leadership of Mrs. Ellen Platt, the society located an employment office near the Overseer of the Poor Office at the head of Church Street to assist needy women in finding serving jobs for which they were paid in food, clothing or, infrequently, money. Although the society also organized efforts to collect and distribute food and clothing, its primary emphasis was on locating useful work. As Platt put it: "A great effort was made to induce women to pay in work of some kind for the help they received."⁴

For most of the nineteenth century, the poor and indigent of Burlington had nowhere to turn in times of distress but to the poorhouse. Poorhouse care was custodial; it offered little in the way of treatment or rehabilitation, and the destitute considered it only as a last resort. Many preferred to endure the discomforts of cold and hunger rather than accept its indignities.⁵ Although city records attest that the Burlington poorhouse provided decent living conditions, the stigma of living there inhibited all but the most abject from seeking refuge within its walls.

*While the history of the Howard Mental Health Center was originally presented by Barbara Lewis in the form of a research-in-progress seminar sponsored by the Center for Research on Vermont in 1978, it has since undergone additional research and extensive revision and reorganization by Marshall True who was the Howard project's original supervisor. He discusses the Howard's history within the framework of federal, state and community relations.

The Ladies Aid Society's efforts departed from the way in which the city of Burlington traditionally had provided aid to its needy citizens and paralleled a national movement to organize charities to provide alternatives to poorhouse relief. Many of the women associated with the Ladies Aid Society had helped establish the Young Ladies Christian Association in 1867, and others lent their names and their time to benevolent activities such as the Home for Friendless Women or the Home for Destitute Children. In the last half of the nineteenth century, Burlington residents witnessed the establishment of a number of charitable societies, each seeking to identify a segment of the poor for whom it could provide aid and comfort.⁶

While the reasons for this phenomenon are beyond the scope of this paper, a couple of arguments should be made. First, during these years Burlington was making the transition from a ~~wholesaling~~ commercial agricultural community to an industrialized city. This transition produced economic dislocation and exacerbated the need for new institutional responses to poverty and unemployment. The depression of the 1870's demonstrated the inadequacy of the older institutional forms of dealing with poverty--the poorhouse, church and family.⁷ Secondly, as this industrialization took place, laborers came to Burlington's mills and factories not only from other Vermont communities but also from French Canada. French-Canadian workers brought with them cultural attitudes which many Burlington residents felt should be reshaped to fit prevailing Vermont standards. Implicit in much of the work of the Ladies Aid Society, the Society for Destitute Children and similar organizations was the desire to maintain social control.⁸ The central purpose of the Howard Relief Society's work with poor girls, as described by its secretary, was "to help them in every way possible to become good women."⁹

Despite these new institutional responses to poverty, it is clear that there was a real need in the Burlington of the 1870's--beyond the exigencies of depression poor-relief--for the services they could provide. From the beginning the Ladies Aid Society found ample work to do. Not only did the society organize the collection and distribution of food, clothing and household necessities, but it also operated what was known as an "intelligence office" which acted as a domestic job-locating service. For a fifty-cent fee, Burlingtonians seeking domestic help, mostly for cleaning and laundry, were provided with the names of housekeepers.

The Ladies Aid Society operated frugally in its early years. In 1879, for example, it had a budget of just over \$700. Donations of \$364.64 were received from the community, clothing sales produced \$327.41, while the sale of intelligence office tickets earned \$20.00. More than half of this money was paid out to women who did sewing; the remainder was used to purchase food and fuel for the needy. With these resources the Ladies Aid Society assisted more than 150 Burlington families in 1879.

Believing that "charity loses nothing of its lovingness by being wise," the Ladies Aid Society investigated the circumstances of those seeking assistance. Members visited their homes to learn as much about them as possible. The ladies believed that these pioneering investigations afforded "the only possible means of controlling pauperism and unmasking imposture."¹⁰ Through the knowledge obtained from such inquiries the society aimed at making all relief conditional on progress and good conduct: "to raise the needy above the need for relief, prevent begging . . . , [and] to encourage thrift, self-dependence, industry and sanitation."¹¹

The Ladies Aid Society worked zealously to eliminate begging from the streets of Burlington. Notices in the Burlington Free Press warned against giving aid to vagrants and suggested that "the citizens of Burlington . . . refrain from giving cold pieces to this fat, lazy vagabond who looks perfectly capable of earning a living."¹² The society's campaign against beggars was tacitly enforced through the settlement principle. This eighteenth-century practice had been brought to Vermont by early settlers from Connecticut; in its simplest version it held that every community was responsible for its own residents. Thus, when faced with an itinerant beggar, the Ladies Aid Society simply sent him to what they perceived as his home community. In one case, reported in the Free Press, the society announced the following:

His family are able to take care of him and he is not an object of charity. The public are cautioned against helping this impostor, as, if money is given him, he spends it for liquor; he was very drunk today. When we remonstrate with him, he tells us, "This is a good place to live in, we get plenty money."

The report smugly concluded that this "palsied old beggar" had been dispatched to a neighboring village.¹³

Believing that "successful begging is a game it takes two to play," the Ladies Aid Society in 1880 introduced a system which required beggars to obtain an identity card from either the society or the city's Overseer of the Poor. This card was available only to residents of Burlington, and before one was issued, the society investigated the applicant's circumstances and determined how much aid was needed.¹⁴

With its emphasis on work, its frugality and its crusade against begging, the Ladies Aid Society attracted the attention of the city fathers. Mayor Hatch, advocating reform of the city's system of poor-relief, called for a plan to be devised "where even a limited amount of work could be provided," thus enabling the city's poor to avoid the "debasing moral effect upon the citizen who received support without his labor."¹⁵ Later, Mayor Hatch persuaded the city council to pay the rent for the society's quarters. Burlington's Overseer of the Poor, Henry Greene, praised the society's efforts and noted that "none but those acquainted with the workings of the Society can form a correct opinion of the benefit the poor people derive from that source."¹⁶

The charitable organization also attracted the attention and financial largess of John Purple Howard and his older sister Louisa. It was their support that enabled the Ladies Aid Society to become a permanent part of the Burlington social service community. For, not only did John Howard's donation in 1882 lead the members of the society to re-name their organization "The Howard Relief Society" but also to seek a state charter. Granted in 1884, this charter incorporated the Howard Relief Society "for the purpose of establishing and maintaining a Mission House in the City of Burlington for the benefit and relief of the poor of that city."¹⁷ In the next few months Louisa Howard provided the relief society with a home and a substantial endowment.¹⁸

In December, 1885, Louisa Howard donated one-third of the deed to the Exchange Block on Church Street, valued at \$10,000, plus \$700 per year to the Howard Relief Society. Her bequest gave the relief society a legacy of over \$40,000 of which \$20,000 was specified for the construction of a mission house should the relief society outgrow its Church Street facilities.¹⁹ The terms of Louisa Howard's gifts reveal not only her ideas about the purpose of charity but, implicitly, those which prevailed in Burlington society. When the attorney Henry Ballard conveyed her bequest to the society, he noted that

she believes the city of Burlington should always remember to help the deserving poor. She believes as you do that this should not be done in a careless manner, not indiscriminantly as in the helping of everyone that asks it at the door or on the street. She believes, as you, that this can best be done through an agency of a society like yours. She believes your society is a necessity and that there will always be work for it to do.²⁰

Who were the deserving poor? An answer emerges from looking at those the Howard chose to help. The children of the poor received a major portion of the relief society's efforts. In 1883, the ladies of the Howard agreed to take over the operation of an industrial school which had been operated by the Young Ladies Christian Association. The school met on Saturdays and there the sons and daughters of Burlington's impoverished received instruction in various skills. Girls were taught to sew neatly, to make clothing, and to become proficient in other domestic arts. Boys were given lessons in singing and trained in manual skills such as basket weaving and woodcutting. Children were also instructed in etiquette and deportment, and good children were rewarded with recitals and dancing parties. The Howard attempted in other ways to ameliorate the lives of children. Mrs. Ellen Clapp, for example, organized a Blue Ribbon Society for children at the industrial school. Boys and girls who promised not to drink intoxicating liquors received a blue ribbon in exchange for their temperance pledge. In 1885, one hundred and fifty young people signed this pledge.

The Howard concerned itself with keeping its charges in school. As the society's 1891 report candidly admits: ". . . We often question the wisdom of aiding the dissolute, the lazy, and the 'shiftless' . . . but we are confident that we cannot make a mistake if through our watchful care the poor children of the city . . . are kept regularly

at school." The society linked its program of distributing clothing to school attendance and cooperated with public school teachers to demand regular school attendance in exchange for its charitable gifts. Children who needed shoes, warm coats or rubbers were required to have notes from their teachers attesting to regular attendance and describing their need.²¹ Physically handicapped children were also offered assistance. The Howard provided traveling expenses and clothing for a blind boy who attended Perkins Institute for the Blind in Boston and for a girl who went to the Clarke Institute for Deaf-Mutes in Northampton, Massachusetts. By selecting children to be its chief beneficiaries among the "deserving poor," the Howard Relief Society revealed that social control was one of the central tenets of its benevolence. It was as concerned with teaching children to behave properly as it was with philanthropy.

Similar criteria were applied when identifying adults eligible for its help. Mrs. B--- was

a frail little woman of about twenty-five, deserted by her husband and left to support herself, two children and an aged mother. She obtained work in the mill, but soon the strain of the long hours, the long ride and the hard work proved too hard and she was obliged to give up--sick. Her mother became ill about the same time and the family was helpless. In this case the City gave some assistance and the Society furnished food, medicine and clothing. Both wife and mother recovered and as soon as they were well enough to do work, plain sewing was furnished so they were enabled to pay their rent. Mrs. B--- is now able to resume her work in the mill, but the family is still under the care of the Society.²²

The Howard's standards were clearly to help those willing to help themselves. Intemperance, truancy, or even a truculent attitude could disqualify an applicant. The Howard Relief Society would decide who was worthy; the recourse for others would be what it had always been--to seek succor from the poorhouse and to live among "the vagabonds of the city."²³

Throughout the depressions of the 1880's and 1890's, the Howard Relief Society found ample work assisting "needy and worthy" families through "a hard place" until "they could stand on their own two feet . . . without making them paupers."²⁴ Before the turn of the century, Burlington residents established a number of benevolent organizations, but the Howard Relief Society remained preeminent, and took special pride in the Burlington boosters' claim that "any attempt at begging in the city is a dismal failure."²⁵

In 1900 a number of Burlington's charitable organizations established a monthly newsletter, The Friend and Helper, to report on philanthropic and Christian work in Burlington. The Howard Relief Society, the Home for Destitute Children, the Home for Aged Women, the Young Men's Christian Association and other organizations reported on their

activities and appealed explicitly to the greater Burlington community for financial help. The journal was short-lived; likewise, the cooperation among the city's social welfare organizations which it represented broke down.²⁶

The Friend and Helper's publication marks the end of the first stage of charitable work in Burlington with its emphasis on helping the deserving poor and a strong righteous bias toward ridding the city of pauperism and class antagonism. Not only the Howard, but also the Home for Destitute Children, the Home for Friendless Women, the Young Men's Christian Association, the St. Joseph's Orphan Asylum, bent their energies to "lending a hand" to children in need.

Perhaps because Burlington charities were organized by upper middle-class women they partook largely of what might be called the "lady bountiful" syndrome.²⁷ This designation intends no denigration. Nineteenth-century members of the middle class--especially women--knew what constituted proper behavior and they had few qualms about the appropriateness of helping others to achieve sobriety and piety.²⁸ Thus, they based their willingness to help upon the recipients' willingness to work and accept temperance and Christianity. They would investigate each application individually and apply a set of internally generated standards to determine whether help should be given. The Friend and Helper, therefore, could routinely report that the "needy men who succeed in finding work" had comfortable clothing, including new leggings and overshoes, from the Howard.²⁹

Social service in the Burlington community continued in the same vein through the early years of the twentieth century. In 1914, Francis H. McLean, the general secretary of the American Association of Societies for Organizing Charity, was invited to Burlington to survey the effectiveness of the social service agencies in the Burlington community. McLean, a pioneer in the professionalization of social work, concluded that social services in Burlington were badly in need of cooperation and coordination. Particularly concerned that charities not work at cross-purposes by competing for funds and for clients, McLean strongly advocated that the social service agencies adopt an associated charities approach to community welfare.³⁰

In 1914 the Howard Relief Society was Burlington's largest charitable agency, providing aid to 118 families. Yet the Howard, like Burlington's other agencies, resisted the professionalization of social work. Without the leadership of professionals like McLean, who had organized social services in larger cities, Burlington continued to apply models of social services rooted in volunteer altruism, Christian charity and ad hoc analyses of the city's economy.³¹

Nevertheless, the Howard Relief Society had contributed mightily--with its volunteers and patterns of investigation--to the transition from the tradition of almsgiving dominated by the specter of the poorhouse to a more humane and civic-spirited concern with poverty and its ramifications. Even in its early years the Howard Relief Society was, as one critic suggests, one of the finest private relief agencies in New England, if not the nation.³²

By 1920 Burlington had a rich variety of social service organizations in place. Yet, the Howard, as it continued to deliver Thanksgiving and Christmas baskets, sponsor used clothing drives, and provide emergency rent and food allotments to some of the needy, drifted aimlessly in search of a new mission. Indeed, its influence and importance declined to the point where Elin Anderson in 1937 could suggest that the society had retrogressed over the past twenty-five years.³³ This was partly attributable to state government and statewide organizations gradually assuming responsibility for problems the Howard had initially identified. For example, the Howard had always devoted a major share of its resources to helping the children of the needy. By the 1920's its work of keeping children in school had been rendered largely redundant by the passage and public acceptance of compulsory school attendance laws.

The Howard also found some of its work being assumed by a newly formed private charity for children, the Vermont Children's Aid Society. The Children's Aid Society, founded during the influenza epidemic of 1918, had become active in caring for destitute and needy children throughout the state. It possessed resources beyond those of the Howard--for example, the Children's Aid Society was able to hire the first professional social worker in the state of Vermont--, and because it was a statewide agency, soliciting and collecting funds was easier for it than for the Howard.³⁴

The Howard, along with other local charitable organizations, also encountered increasing state efforts to care for and treat the needy and unfortunate. Partially under the impact of the national progressive movement and partially for reasons reflecting state political and social idiosyncrasies, Vermont moved in the late teens into the field of social welfare in ways which had been largely unimagined a generation earlier. In 1917 alone, for example, the state legislature set up the Board of Charities and Probation, funded a state school for the mentally retarded in Brandon, and created a state program for aid to dependent children.³⁵ By 1923, when the legislature established the State Department of Public Welfare, much of the benevolent work which had traditionally been performed by local communities and private charities had been assumed by the state. The determination of how much this flurry of state legislation reflects the work done--both in identifying problems and demonstrating some public responsibility for their solution--by local agencies like the Howard merits further work and research.

The Howard was also--perhaps ironically--hurt by the general prosperity of the 1920's. The influx of Canadian labor to Burlington textile mills continued, although at a lessened rate, but local Catholic charities and benevolent associations now did much of the work of cultural accommodation which the Howard had previously undertaken.³⁶ Thus, while the Howard throughout the '20's continued to distribute holiday baskets, new shoes to schoolchildren, and used clothing, it no longer exercised a creative or leadership role in providing social services.

The Crash of 1929 and the Great Depression which followed exhausted the charitable resources of the Burlington community. By 1932 Burlington Mayor J. Holmes Jackson had reported that

a condition of unemployment has existed during the past winter [sic] never I believe shown before in the City's history. At my request several of the Departments prolonged their activities through the winter months thus supplying work to a large number of men who would otherwise have been jobless, but even that has not stopped the drain on the Charity Department.³⁷

Widespread unemployment, poverty and hunger increased demands upon the entire community's resources. The Charities Department, under the supervision of the Overseer of the Poor Ethel B. Mildram, spent \$103,765.02 and somehow managed to find 3,988 days of work to benefit 745 families with 1,863 children, but Mildram still found the demands greater than the resources of her department. Expenditures went up in 1933, hitting a peak which would not be reached again until the 1950's. Mildram's reports for the 1930-1940 period constitute a long, sad ledger of inadequate resources applied to overwhelming human need. As late as 1940 and after several years of federal relief programs in the state, she reported that, despite expenditures of over \$100,000, her department had been unable to respond to all deserving requests.³⁸

The exigencies of the Great Depression converted the city of Burlington into its own charitable agency. Local benevolent organizations like the Howard did what they could, but since they depended largely on donations from Burlington's more prosperous families, they found there was little private charity on such a small scale could do. The resources were not there.

Throughout the depression and war years which followed, the Howard maintained its annual used clothing drive and holiday basket giving, but little else. It managed to retain its quarters, the Louisa Howard Mission House, until 1964, by renting space to publicly funded social and health agencies such as the Vermont Visiting Nurses Association and the Burlington City Physician. The Howard was obviously affected by federal and state policies adopted to meet the pressing needs of the Great Depression. Indeed, its subsequent history is largely a reaction to federal and state government initiatives to solve the social welfare problems made desperately evident by the economic collapse of the 1930's.

The impact of the New Deal on Vermont can be only briefly summarized here. First, of course, the federal government through its alphabet agencies, particularly the Civilian Conservation Corps (CCC), Federal Emergency Relief Administration (FERA) and Public Works Administration (PWA), began to play a more direct role in the social welfare policies of the state. Richard Judd argues that the New Deal demonstrated to Vermont officials that the "poorhouse psychology" was inadequate for modern state and local governments and that liberal Republicans like George Aiken, governor from 1937 to 1941, led the state to accept increasing responsibility for helping the state's needy.³⁹ During his 1936 gubernatorial campaign, for example, Aiken called for larger federal contributions for the support of Vermont's elderly.⁴⁰ That these activities were paid for by federal dollars does not diminish the commitment with which Vermonters approached welfare work.

One of the most interesting political campaigns in twentieth-century Vermont history--Ernest W. Gibson's successful gubernatorial primary challenge to Governor Mortimer Proctor in 1946--revealed this commitment. Gibson, a liberal Republican war hero, won the general election on a platform calling for broad social and administrative reforms which were enacted under his governorship in 1947 and 1949 and established a comprehensive set of welfare agencies and programs. Although these agencies and programs have been often only modestly funded, the state has nevertheless remained committed to broad-ranging programs of social welfare. Interestingly, the Gibson reforms moved the Burlington Board of Aldermen to approve the establishment of the Municipal Department of Welfare in 1949.⁴¹

With the growth of local, state, and federal welfare programs, the Howard Relief Society redefined its responsibilities. In 1942, for example, the Howard became a charter member of the Burlington Community Chest. Although joining an associated charities movement such as the Community Chest might have dramatically altered the Howard's position in the community during the teens, by 1942 the move was no longer consequential. Catholic charities had simply taken over much of the work which the Howard had once done. Although the Howard Relief Society tentatively continued its charitable work through the forties, its board members must have had a strong sense that their days of great usefulness were over. The Howard was no longer pre-eminent among Burlington social service agencies nor did it offer the broad-gauged services it once had.

Opportunity for a revitalized role came to the Howard early in the 1950's when, after a study of the social service needs of the community, the Burlington Community Council's Social Survey concluded that the city needed a family counseling service and recommended the Howard as the logical agency to provide this service.⁴² The Howard had, after all, a history of service to the community, an existing administrative mechanism, a physical plant (the Louisa Howard Mission House) and a modest income. Moreover, while federal and state funds granted material support to the poor, little was available to provide emotional and psychological help for families suffering from marital and emotional problems. The Howard's board welcomed the opportunity and, after a year of discussion and planning, voted to become a family counseling service. Acceptance of this new role demanded a new name, and the Howard Relief Society was rechristened the Howard Family Service Center.⁴³ Armed with a grant of \$1,000 from the Community Chest, the Howard hired a professional psychiatric social worker, Edward Sterling, as executive secretary.⁴⁴

This move by the Howard Family Service Center to professionalize its social services cannot be understood without some attention to national and state developments. World War II had a catalytic effect on American attitudes toward mental health. The intervention of federal government created a mental health boom which possessed three interrelated components: deinstitutionalization, use of psychotropic drugs, and a national commitment to provide basic mental health services in local communities. There are other national developments which also merit attention. On the eve of World War II there were just over 3,000 psychiatrists in the United States; by 1950, largely as the result of the war, there were 7,501; in 1976 there were roughly 30,000, many of whom had been trained with National Institute

of Mental Health grants. Thus, what had been a relatively small group of practitioners treating a limited number of usually affluent clients developed into a substantial movement with heavy federal support, treating anywhere from 10 to 40 million Americans a year.⁴⁵

Much of the federal government's commitment to mental health was war generated. According to Major General Lewis B. Hershey, of the 4,800,000 young men who registered for the draft during World War II, a stunning 1,700,000 had been rejected for mental or neurological diseases or defects.⁴⁶ This figure was projected onto the larger American population to suggest that one in every ten Americans needed psychiatric help.⁴⁷ This belief, coupled with a growing national awareness of the inadequacy of state mental hospitals and the military's successful employment of direct psychiatric intervention, led in 1946 to the passage of the National Mental Health Act which established the National Institute of Mental Health. The National Mental Health Act of 1946 provided grants and fellowships for establishing clinics, treatment centers, and funds for extensive research into the causes, diagnoses and treatments of psychiatric disorders.⁴⁸ Vermont's reforms in the field of social welfare, led by Governor Gibson, were in part a response to this act.

The Howard's executive secretary, Sterling, emphasized that counseling was not a panacea:

Personal problems are as varied as fingerprints and it takes time and effort to work out individualized answers. The family counselor offers people a sense of direction when their own has been dulled by conflicting emotions.⁴⁹

Despite (or perhaps thanks to) his cautions, Sterling found ample work in the Burlington community. From October, 1953 through September, 1954, the Howard Family Service Center counseled 108 families representing 423 people. Sterling himself conducted over 700 counseling sessions in the community; the clear majority of problems were marital with women preponderantly making the first contact with the agency.⁵⁰ Consequently, as Sterling implicitly admitted in discussing several of his cases, his treatment was too perfunctory to be fully effective. One client -- whose husband had been dating another woman--learned after weeks of counseling "that her jealousy and distrust of her husband were in reality her own need to control him." In another instance, a sixteen-year-old girl with serious problems in school came to the Howard because her alcoholic mother had threatened to throw her out of the house. The young woman was placed in a foster home and given counseling in the expectation she would be returning to school.⁵¹

Some clients were referred by doctors, ministers or friends; others came on their own. Counseling was provided to all Vermont residents, regardless of ability to pay. The Howard received only a small percentage of its first year's operating expenses from client fees--a perennial problem. Less than a year after opening, the Howard Family Service Center had more clients than it could serve, and by the fall of 1954 new

clients were being placed on a waiting list for at least a one- to two-month period.

The Howard increased its request for Community Chest funds to deal with its waiting list. Since the Howard's increase would have come at the expense of other community agencies that also did counseling work, the Community Chest refused. Faced with either withdrawing from the Community Chest and raising its own funds or persuading the Community Chest of the value of its services, the Howard embarked on the latter course. The campaign to educate the community about its services was interesting, partly because it failed. Sterling tried to convince the Burlington community that the Howard's services were valuable as preventive measures. "Did you know," Sterling queried, "that one broken home in Burlington may cost you and me as taxpayers more money than it takes to operate the Howard Family Service Center for one year?" Broken homes were thus the primary causes of crime, delinquency, mental illness, alcoholism, and suicide in Burlington. Sterling ambitiously sought funding for the Howard, but his campaign had only limited success. The Community Chest contribution to the Howard increased, but not nearly sufficiently to meet the projected costs of what Sterling saw as a minimum counseling service for the city.⁵² In 1957, the Howard associated itself with the Vermont Community Mental Health Act to provide family and children counseling service to Chittenden County. The Howard's long history as a strictly local charitable agency--funded by local monies--was over.

Federal commitments to mental health not only shortened the life span of Sterling's modest family counseling service but also critically shaped the Howard's recent history. By becoming part of the state mental health program in 1957, the Howard Family Service Center was able to expand its services to the Burlington community but only within guidelines determined by federal and state agencies. For example, after the family and children counseling service was established, the Howard was able to hire both a clinical psychologist and a psychiatric social worker. Interestingly, a new service resulting from this expansion reflected one of the commitments made by the Howard Relief Society's original founders. This was a school consultation program in which the psychiatric social worker worked with the child, teacher, principal and parents to prevent school problems from turning into mental health problems. In explaining the program, A. Beveridge Phelps, then director of the Howard, commented: "School is the child's first real work experience and his success in meeting the challenge will have a profound effect on his future occupational success and happiness." Through the family and children counseling service, the Howard was also able to offer a wider variety of counseling services, ranging from helping the physically handicapped to seek work to providing home economics lessons to brides-to-be. It also operated a summer program for emotionally disturbed children and offered group marriage counseling.⁵³ The Howard's board of directors, pleased with the services it offered the Burlington community, viewed their responsibility as the operation of "a top-flight counseling

service," and in 1961, they attempted to resist state pressure to provide more community mental health care.⁵⁴ The state, however, responding to federal initiatives, had urged local agencies to work more directly with "psycho-social problems of concern to society," such as delinquency and crime, and to cooperate with the state in providing community services for patients released from the state mental hospital in Waterbury.⁵⁵ In this dispute between the Howard's board and the state policy makers, there could be only one result. The Howard refused to provide comprehensive community health programs and the State Division of Mental Health cut the Howard's 1963 budget. The lesson was not lost on the Howard's board members, and after 1964, the Howard made every effort to accommodate state and federal policies.⁵⁶

This was not an easy task since state and federal policies were changing and frequently required local readjustments. In 1955 Congress had established the Joint Commission on Mental Illness and Health to evaluate services for the mentally ill and to formulate a national mental health program. The commission's report six years later was the basis for a major policy effort by President John F. Kennedy, calling for a "wholly new emphasis and approach to care for the mentally ill" in the United States.⁵⁷ The key concepts of community care and deinstitutionalization formed the core of the Community Mental Health Centers Act which passed Congress in the fall of 1963, days before Kennedy's assassination. The act provided federal funding for community-based mental health centers which offered five essential services: inpatient care, outpatient care, emergency treatment, partial hospitalization, and "consultation and education."⁵⁸ The legislation was hailed with enthusiastic optimism by its advocates, but it was never precisely clear what the community health centers were supposed to do, how they were to be controlled or what their relationships to existing agencies should be.⁵⁹

In the same year of 1963, the Vermont State Legislature established the Department of Mental Health to coordinate mental health services within the state. The new department, which began operations in April of 1964, took over administrative responsibility for the Vermont State Hospital at Waterbury, the Brandon Training School, and the Division of Community Mental Health Services. In addition, the department assumed a supervisory role over state patients at the Brattleboro Retreat. The Department of Mental Health also embarked on two federally funded planning projects which sought to develop comprehensive state-wide plans for mental health and for mental retardation.⁶⁰

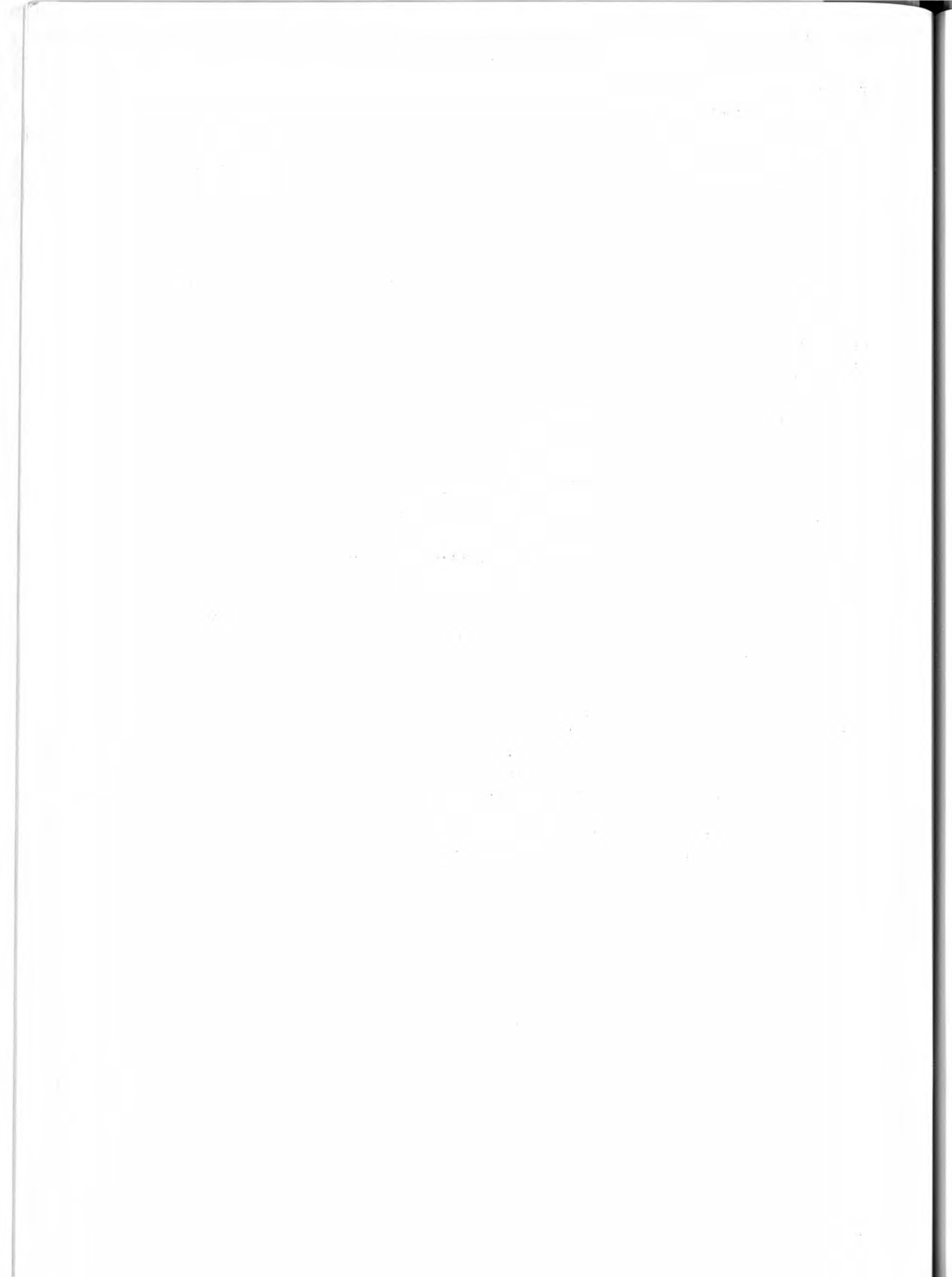
As pointed out above, the Howard Family Service Center as the community health service agency for Chittenden and southern Grand Isle counties was associated with this state reorganization. It also continued to advocate "timely professional intervention" as it provided counseling services to the Burlington community. The late sixties and early seventies were a period of adjustment and growth for the Howard. Seeking to respond to state and federal funding guidelines, it was transformed from a Burlington family counseling service to a mental health center for northwestern Vermont. These changes required not only the development of new programs but also an adjustment on the part of the staff whose training and commitment was to family counseling. The transition was particularly trying, because as the Howard added new programs, it had to reduce the amount of family counseling which it could do. Few of the staff denied the need for expanded services, but many argued they had a responsibility to provide

family counseling services to people of low income who could not otherwise afford professional counsel. Nevertheless, state and federal guidelines dictated what services community agencies had to provide, and in 1971, the Howard's board hired Richard McDowell as executive director, giving him a mandate to expand the services of the Howard to include the five "essential" services identified in the Mental Health Centers Act of 1963 in order to make the Howard eligible for federal funds.

To this end, the Howard assumed responsibility in 1971 for all Chittenden County patients who had been released from the state hospital. Its tasks involved counseling during their hospitalization and after their return to the community. The Howard developed programs for day treatment, recreation, and community homes, and opened a twenty-four-hour emergency shelter facility to reduce unnecessary admissions to the state hospital in Waterbury by providing easy access to mental health services at the community level. Finally, in May of 1972, the board of trustees of the Howard Family Service Center approved changing the agency's name to the Howard Mental Health Services, Inc. It was decided to retain the Howard name as it represented a long tradition of service to the Burlington community.⁶¹

The change to which the Howard had committed itself accelerated in 1975 when the U.S. Congress passed the Community Health Centers Amendments, increasing the number of federally mandated services from five to twelve and thus requiring new staff and facilities.⁶² In 1975 Executive Director McDowell resigned, and Terence Curley assumed responsibility for expanding the Howard's mental health care services. Seeing the need for an administrative reorganization to permit the growing staff to function efficiently, Curley divided the mandated services into four categories: intermediate, outpatient, development disabilities, and substance abuse. Each category had an administrative chief responsible for its programs. Later, the outpatient and intermediate care services were combined into a single division of clinical and support services.

The Howard's expansion also demanded a larger physical facility. Since 1964 when the Howard had sold the Louisa Howard Mission House, it had been located in a second-floor suite of offices at 167 St. Paul Street. In 1975, however, the Howard Mental Health Services, Inc., purchased the Sisters of the Presentation of Mary Convent at 300 Flynn Avenue. The convent was remodeled as a mental health care facility with counseling rooms, office space, a detoxification center and temporary housing. In these new quarters the Howard embarked upon its second centennial of service to the Burlington community.



NOTES

¹ Although the 1873 depression's devastating impact has been partially obscured by that of the Great Depression, it is possible to argue that the financial crisis of the 1870's caused more profound dislocation in Burlington. Joseph Amrhein in "Burlington, Vermont, The Economic History of A Northern New England City" (Ph.D. diss., NYU School of Business, 1958) calls the 1870's "Burlington's worst decade." Mayor Hatch is quoted in the Fourteenth Annual Report of the City of Burlington for the Municipal Year Ending December 31, 1878 (Burlington, Vt., 1879), pp. 139-140 (hereafter cited as Burlington Annual Report).

² Annual Report, Burlington, Vermont Home for Destitute Children (Burlington, 1876), p. 2.

³ Burlington Annual Report, 1877, p. 18.

⁴ Burlington Free Press, undated article from the Howard Relief Society Scrapbook (Howard Mental Health Services, Inc., Burlington).

⁵ On the poorhouse as an institution, see David J. Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, 1971). On Vermont relief, all that is available is Lorenzo D'Agostino's pioneering but now somewhat outdated History of Public Welfare in Vermont (Winooski, Vt., 1948).

⁶ The following is a partial list of organizations with their dates of founding: Providence Orphan Asylum and Hospital (1854?), Home for Destitute Children (1865), The Howard Relief Society (1876?), The Burlington Cancer Relief Society (1887), The Ladies of Nazareth (1887), St. Mary's Roman Catholic Mutual Benevolence Association (1889), Catholic Young Men's Union (1891), St. Jean Baptiste (1893), The Adams Mission Home (1893) and Hebrew Charities (1897). List derived by author from Charles Allen, About Burlington, Vermont (Burlington, 1905) pp. 12, 20, 21, 58, 94.

⁷ In addition to Amrhein, "Burlington, Vermont," see Charles P.A. Levein, "Burlington Vermont, a sequent occupance study" (M.A. thesis, Edinburgh University, 1963), pp. 25 ff. This institutional inadequacy was, of course, not restricted to Vermont; it was nationwide. Walter T.K. Nugent, From Centennial to World War American Society 1876-1917 (Indianapolis: The Bobbs-Merrill Company, 1977), p. 35.

⁸ Rowland Robinson, in his Vermont A Study of Independence (Boston: Houghton, Mifflin & Company, 1892), pp. 328-330, for example, called French-Canadian migrants "an abominable crew of vagabonds" and labeled them "professional beggars." The link between charitable benevolence and social control has been established by David J. Pivar, Purity Crusade, Sexual Morality and Social Control 1868-1900 (Westport, Conn.: Greenwood Press, 1973).

⁹ Report of Howard Relief Society for 1885 (Burlington, January 11, 1886), p. 2.

- ¹⁰ Burlington Free Press, undated article from Howard Scrapbook.
- ¹¹ Burlington Free Press, undated article from Howard Scrapbook. This idea reflected the prevailing national ethos of successful charity work which aspired to the training of a person's mental and moral nature, cf. Roy Lubove, The Professional Altruist: The Emergence of Social Work as a Career 1880-1930 (New York: Atheneum, 1975), p. 7.
- ¹² Burlington Free Press, undated article from Howard Scrapbook.
- ¹³ The settlement principle is discussed in Lilian Baker Carlisle's work, Mental Retardation in Vermont (Mental Retardation Planning Project, 1965), pp. 1-2. By 1880 settlement had been largely discredited in Vermont law but obviously not in Burlington practice. The beggar story is from the Burlington Free Press, February 23, 1883.
- ¹⁴ Burlington Free Press, undated article from Howard Scrapbook.
- ¹⁵ Burlington Annual Report, 1879, p. 23.
- ¹⁶ Burlington Annual Report, 1882, p. 112.
- ¹⁷ "An Act to Incorporate the Howard Relief Society," Report of the Howard Relief Society--1885 (Burlington, 1886).
- ¹⁸ Hannah Louisa Howard was born in 1808, the fourth oldest of the six children of John and Hannah Earle Howard. A lifelong resident of Burlington, she took great interest in local religious, civic and philanthropic activities and contributed generously to benevolent organizations like the Home for Destitute Children and the Cancer Relief Society. The Burlington Free Press in her obituary remarked that "her heart embraced universal humanity." Burlington Free Press, March 24, 1886.
- ¹⁹ Terms of Miss Howard's will from the Burlington Free Press, March 27, 1886.
- ²⁰ Ballard's remarks are quoted in the Burlington Free Press, December 12, 1885. Howard's words echo precisely what Roy Lubove has described as the "new gospel of benevolence," the idea, pioneered by Josephine Shaw Lowell, Mary Richmond and others, that "charity organization and volunteer visiting . . . were the only hope of civilization against the gathering curse of pauperism in [the] cities." Lubove, Professional Altruist, p. 5, pp. 1-21.
- ²¹ This account of the activities of the Howard Relief Society is based on its extant annual or biennial reports, especially those of 1885 and 1892. Report of the Howard Relief Society--1885 (Burlington, 1886) and Report of the Work of the Howard Relief Society from June 1, 1891 to June 1, 1892 (Burlington, 1892). The quote about education is from the 1891 Report, p. 10; emphasis added. We have also used a number of undated Free Press articles from the Howard Scrapbook.
- ²² The Friend and Helper, Vol. 1, No. 4 (April, 1900), p. 5.

²³ Ellen Clapp, president of the Howard Relief Society, quoted in the Burlington Free Press, December 4, 1883. The Howard typically responded positively to from one-third to one-half of the requests for its aid. In 1900 the Howard reported 1,575 requests; it granted assistance in 696 cases.

²⁴ The words are those of Mrs. Bingham H. Stone, superintendent of the Howard Relief Society, quoted in The Friend and Helper, Vol. 1, No. 3 (March, 1900), p. 3.

²⁵ Joseph Auld, Picturesque Burlington (Burlington, 1894), p. 69.

²⁶ The Wilbur Collection of the University of Vermont Bailey/Howe Library has 5 issues published from January through May 1900, of The Friend and Helper. It was edited by Walter Crockett who was later known as a historian of Lake Champlain and Vermont. Our efforts to find additional extant issues of the journal have been so far unavailing.

²⁷ Louisa Howard and Mary Fletcher might be considered prototypes of the lady bountiful tradition. Both were unmarried daughters of wealthy men who dedicated themselves to the ideal of Christian service in the local community. Miss Howard's contributions have been briefly described above; Miss Fletcher donated over \$500,000 to the Burlington community, chiefly to the public library and hospital which bear her name. Both ladies were described as shy and retiring but committed to Christian altruism. Although the other women (there were no men) associated with the early years of the Howard Relief Society were not as wealthy as Miss Howard and Miss Fletcher, some preliminary biographical research strongly suggests that charitable work gave middle-class wives, widows and spinsters opportunity to exercise their power and authority in an era when politics and economics were dominated by men. To illustrate, William S. Rann concluded his 1886 History of Chittenden County (Syracuse, N.Y.) with biographies of 49 prominent citizens of Chittenden County; he included one woman, Mary Fletcher.

²⁸ Regina Markell Morantz's article, "Making Women Modern: Middle-Class Women and Health Reform in 19th-Century America," Journal of Social History 10 (June, 1971), pp. 490-507, is particularly revealing here.

²⁹ The Friend and Helper, Vol. 1, No. 3 (March, 1900), p.4.

³⁰ The national pattern is described by Roy Lubove, Professional Altruist. Also see Sidney Levenstein, Private Practice in Social Casework: A Profession's Changing Pattern (New York: Columbia University Press, 1964), especially pp. 42-72. The history of the development of professional social service agencies outside major cities is still unwritten.

³²Elin L. Anderson, We Americans: A Study of Cleavage in an American City (Cambridge, Mass.: Harvard University Press, 1937), pp. 234-235.

³³Ibid., p. 234.

³⁴For a brief account of the founding of the Vermont Children's Aid Society, see Harold and Vonda Bergman, "These Are Our Own, The Vermont Children's Aid Society Comes of Age," The Vermonter (August, 1940), pp. 183-188. Interestingly, the society was the work of professional people although they were not professionals in the field of social work. Professor A. Russell Gifford of the University of Vermont Philosophy Department was for years the executive secretary of the Children's Aid Society. L. Josephine Webster, the society's first director, was an educator and economist who became actively involved in welfare work. Only Mrs. Wright Clark, then director of the Burlington Red Cross and wife of a reasonably prosperous Burlington merchant, continued the lady bountiful tradition in Burlington. The founders of the Vermont Children's Aid Society were responsible for hiring Miss Sybil Pease, a native of Burlington, who was Vermont's first professional social worker.

³⁵There is no satisfactory treatment of the progressive movement in Vermont, particularly of social legislation, although both Winston Allen Flint, The Progressive Movement in Vermont (Washington, D.C.: American Council on Public Affairs, 1940) and Lester E. Jipp, "The Progressive Party in Vermont in 1912" (M.A. thesis, University of Vermont, 1965), contain useful data. For a useful survey of poverty in Vermont in 1915 by an advocate of a state poor-relief program, see K.R.B. Flint, Poor Relief in Vermont (Norwich University Studies in Political Science #1, 1916). D'Agostino, Public Welfare, describes this progressive legislation, p. 271.

³⁶Amrhein, "Burlington, Vermont," p. 52, and Levein, "Burlington," p. 39, present some demographic data about Burlington. On Catholic charities, see Paul M. Bresnahan, "A History of Catholic Social Service in the Diocese of Burlington Vermont" (M.A. thesis, Catholic University, June, 1959), pp. 67 ff.

³⁷Burlington City Report. . . 1932 (Burlington; 1933), p. 18.

³⁸Amrhein, "Burlington, Vermont," discusses the Great Depression in Burlington with some commentary on charity expenses, but our discussion is based primarily on Mildram's annual reports on expenditures contained in the Burlington City Reports, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, and 1952. City officials sometimes used municipal relief to obtain economic and political objectives. For example, on June 5, 1934, organized workers at Burlington's Queen City Cotton Mill went out on strike. The Burlington Free Press, which did not mention the strike until June 12, editorialized on June 27 that the strike was deplorable because it added to relief rolls. Later, Mayor James Burke threatened to end city relief to the strikers; the workers returned to their jobs. Anderson, We Americans, pp. 74-75.

³⁹ Our discussion of the New Deal and its impact on Vermont follows that of Richard M. Judd, The New Deal in Vermont: Its Impact and Aftermath (New York: Garland Publishing Company, 1979), who clearly suggests that the Depression's impact was greatest in Vermont's larger cities such as Burlington and Barre.

⁴⁰ George Aiken, undated 1936 campaign speech, 82-2-3, George Aiken Papers, Wilbur Collection, Bailey/Howe Library, University of Vermont.

⁴¹ Burlington City Report. . . 1949 (Burlington, 1950).

⁴² Howard Family Service Center, Annual Report, October 1, 1955-September 30, 1956.

⁴³ The drive to family counseling was one component of a national trend which critic-feminist Betty Friedan has called the feminine mystique. Because World War II demobilization threatened serious underemployment unless women were forced out of industrial jobs they had obtained during the war, the psychiatric and medical communities, aided by schools and the mass media, resurrected almost Victorian images of "women at home." Family counseling obviously served to buttress this return to domesticity. This point is very intelligently discussed in Linda Gordon, Woman's Body, Woman's Rights A Social History of Birth Control in America (Penguin Books, 1977), pp. 359-371.

⁴⁴ Sterling was a University of Vermont alumnus with a graduate degree in psychiatric social work from Simmons College. He had worked for the Vermont Children's Aid Society and had most recently been employed as a psychiatric social worker at a Veterans Administration hospital in Perry Point, Maryland. He was also the first professional social worker hired in the Howard's long history. Interestingly, the two people most responsible for hiring him were Edith Nuquist and Gwyneth Aiken. They were also the most responsible for the Howard's transition in 1952-1953. Edith Nuquist's husband Andrew was a professor of political science at the University of Vermont, a supporter of Ernest W. Gibson (see p. 16 above), and an unsuccessful candidate for the House of Representatives. Mrs. Aiken's husband Robert, an adjunct professor of preventive medicine at the University of Vermont, served as the first commissioner of the State Department of Health established as part of the Gibson reforms. Thus, the Gibson reforms had a local component fueled by the wives of new professionals attracted to Vermont by its state university and mental health systems. Mrs. Aiken was a particularly articulate spokesperson for the new role of the Howard, arguing that its transition to a family counseling center marked the beginning of a "modern, progressive dynamically oriented family agency to meet professional social work standards." (Quoted in the Burlington Free Press, September 26, 1953.) The increasing impact of professionals on social welfare (and indeed many other aspects of state policy) in Vermont warrants further study.

⁴⁵ This "mental health boom," perhaps because it continues, does not yet have its historian. Nina Ridenour, Mental Health in the United States (Cambridge, Mass.: Harvard University Press, 1961) provides a useful introduction. The broader cultural dimensions of the phenomenon have been explored from one particular perspective by Christopher Lasch in The

Culture of Narcissism: American Life in an Age of Diminishing Expectations (New York: W.W. Norton and Company, 1978). The impact and misinterpretation of psychiatric thought (particularly Freud) have been powerfully indicted by Russell Jacoby, Social Amnesia (Boston: Beacon Press, 1975). The data on psychiatrists is from Staffing Mental Health Facilities (Washington, D.C.: National Institute of Mental Health, 1974), p. 16. On psychotropic drugs and their use, see Milton Silverman and Philip R. Lee, Pills, Profits and Politics (Berkeley: University of California Press, 1974), and Henry Lennard, Mystification and Drug Misuse (New York: Harper and Row, 1972).

⁴⁶ Albert Deutsch, The Shame of the States (New York: Harcourt Brace, 1948), p. 31.

⁴⁷ Robert H. Felix, Mental Illness (New York: Columbia University Press, 1967), p. 29. Felix administered a federal mental hygiene program at the close of World War II and became the first director of the National Institute of Mental Health.

⁴⁸ Jeanne L. Brand, "The National Mental Health Act of 1946: A Retrospect," Bulletin of the History of Medicine, 39, No. 3 (May/June 1965), pp. 231-247.

⁴⁹ The percentage breakdown in the Annual Report for 1954 was marital problems 59%; child guidance problems 13%; and problems of personal adjustment 28%. Obviously, the two latter categories could also reflect marital difficulties.

⁵⁰ Sterling discusses these cases and others as typical of the kind of work he was doing in Vermont Health (Spring, 1954), p. 1, p. 16. Since Sterling ran a one-man operation, he was very busy; certainly the number of people who appealed to the Howard for help suggests strongly that Burlington needed a family counseling service.

⁵¹ Howard Family Service Center, Annual Report, October 1, 1955 - September 30, 1956 (Burlington, 1956), p. 3.

⁵² Sterling, aware of his programs' inadequacies, asked for \$4,490 from the Community Chest, and he projected a total budget of \$8,916. He managed to raise approximately one-third of what he saw as an adequate budget for a family service center--\$11,000 of a needed \$29,500.

⁵³ Phelps is quoted in the Burlington Free Press, November 15, 1962; also see Burlington Free Press, October 10, 1961 and August 24, 1961.

⁵⁴ Unidentified board member as quoted in the Burlington Free Press, August 24, 1961.

⁵⁵ Seventh Report of the State Board of Health of the State of Vermont, July 1, 1960 to June 30, 1962 (n.p., 1962), p. 66.

⁵⁶In July 1964 the Howard Family Service Center became the community mental health service for Chittenden and southern Grand Isle counties. Eighth Report of the State Board of Health of the State of Vermont, July 1, 1962 to July 1, 1964 (n.p., 1964), p. 74.

⁵⁷John F. Kennedy, Message from the President Relative to Mental Illness and Mental Retardation, 88th Congress, 1st sess., 1963, H. Rep. Doc. No. 58, p. 2.

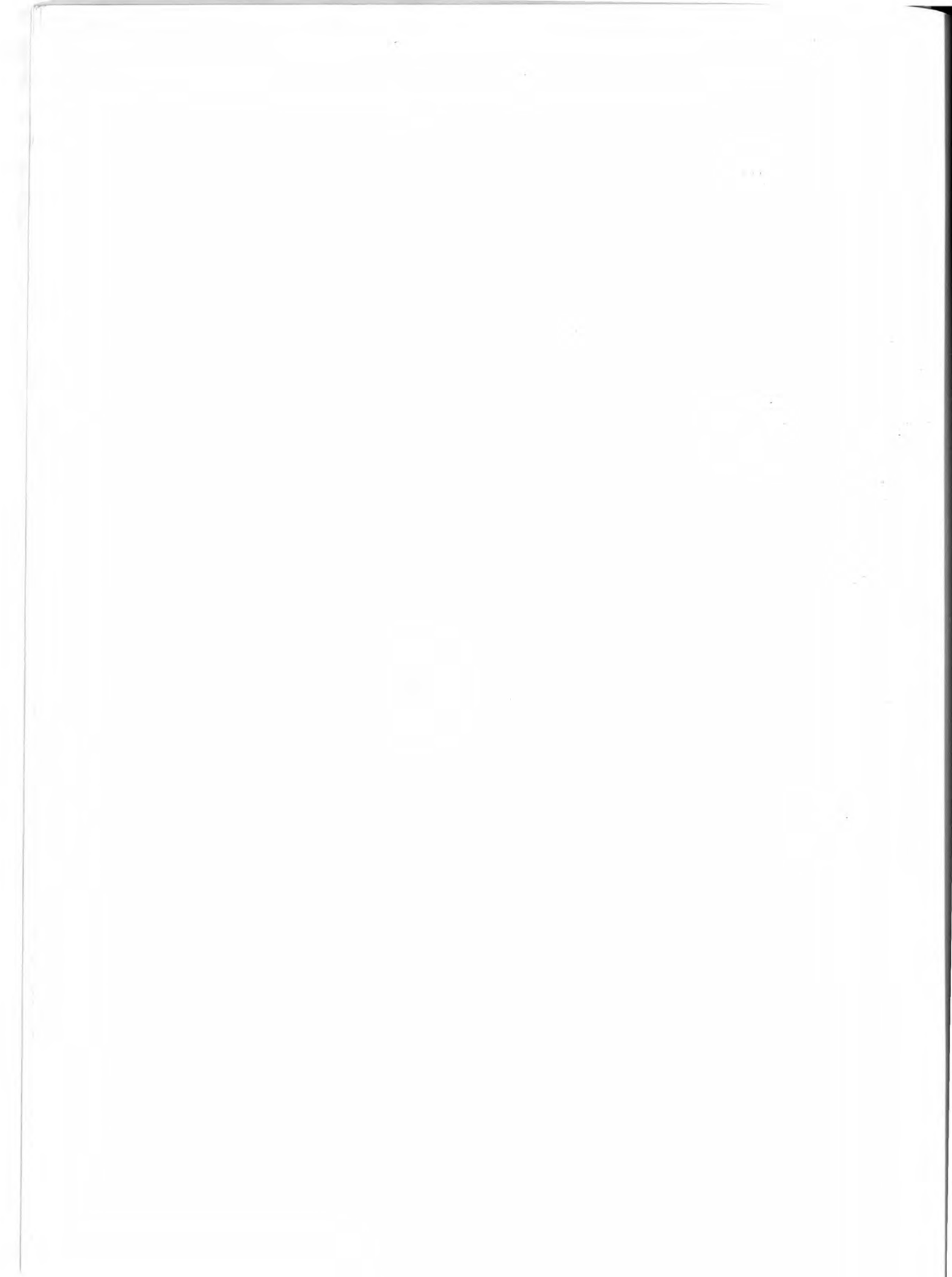
⁵⁸Ellen L. Bassuk and Samuel Gerson, "Deinstitutionalization and Mental Health Services," Scientific American, Vol. 238, No. 2 (February, 1978), pp. 46-53.

⁵⁹Leopold Bellak, Handbook of Community Psychiatry and Community Mental Health (New York: Grune and Stratton, 1964) is dedicated to President Kennedy who gave America "A Magna Carta of Community Mental Health." For a more critical response, see David F. Musto's excellent "Whatever Happened to 'Community Mental Health'?", The Public Interest, No. 35 (Spring, 1974), pp. 53-79; and for a searching critique, Peter Schrag, Mind Control (New York: Delta Books, 1978).

⁶⁰First Biennial Report of the Board and Department of Mental Health for the Year Ending June 30, 1966 (n.p., 1966), p. 7.

⁶¹Burlington Free Press, May 23, 1972; also Barbara Lewis's interviews with former and current employees of the Howard.

⁶²For the new services Congress mandated in 1975, see U.S. Department of Health, Education and Welfare, Citizen's Guide to the Community Mental Health Centers Amendments of 1975 (Washington, D.C., 1977), pp. 3-7.





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