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A Generation Behind: The Efforts of the Central Council for Social Services and the Community Chest during the 1920s in Bethlehem, Pennsylvania

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A Generation Behind:
The Efforts of the Central Council for Social Services
and the Community Chest during the 1920s in Bethlehem, Pennsylvania

by

Zackary Biro

A Thesis

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of Lehigh University

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in

History

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ABSTRACT

In 1919 the War Chest, which centralized funding for a variety of domestic and international aid organizations, was reorganized as the Central Council for Social Services and Community Chest in Bethlehem, Pennsylvania. These organizations attempted to unite social work within the city but were controlled by executive boards that opposed centralized control over the numerous private philanthropic organizations. Dr. William Estes, of St. Lukes Hospital, attempted to lead the Central Council towards a more active role in identifying and treating social issues, but the fate of Bethlehem was left to those that held the wealth in the community. As part of Estes desire to improve the city, Dr. Haven Emerson of New York City conducted a health study which found for a city with considerable wealth, mostly from Bethlehem Steel, Bethlehem was a generation behind in its approach to public health.

Introduction

The history of social work in Bethlehem Pennsylvania has been largely overlooked in studies of the community that once contained the headquarters of one of the world's steel producing giants. World War I was a transformative event for Bethlehem. Bethlehem Steel generated an immense amount of wealth through the production of munitions and war supplies sold to the allies. While the rise in income lined the pockets of Bethlehem Steel executives the effects of industrialism transformed living conditions among workers in the community.

In this time of crisis, there were people in Bethlehem that looked for solutions to the evolving problems in the community. In his 1918 address to the members of city council and the citizens of Bethlehem, Mayor Archibald Johnston noted that “the municipal problem is primarily and essentially one of human welfare.”¹ Johnston understood that the poor living conditions of South Bethlehem developed during the recent growth of Bethlehem Steel and that these new problems needed to be solved. More importantly, Johnston's understanding of the complexity and severity of conditions in Bethlehem led him to the conclusion that Bethlehem's journey to become a better city “could be made much easier and better through a wiser discharge of the functions of municipal government.”² Johnston had a vision for the community that emphasized municipal control of city services that were previously left to private organizations. He

¹ Archibald Johnston, “First Annual Message of Archibald Johnston, 1918.” Bethlehem Area Public Library, Accessed April 11, 2014.

<http://www.bapl.org/lochist/government/1918mrpt/1918mr01.htm>

² Ibid

stated that public water, sewage, and garbage removal were services that should be under the strict control of city government.³ Johnston's vision was a progressive one as he believed solutions to the city's problems would come from the power of the government instead of privately held wealth.

Johnston's vision was never realized as the authority for social work fell to individuals outside the government. In 1919 the creation of the Bethlehem Community Chest and Central Council for Social Services marked a change in social work in Bethlehem. For the first time, leaders of the community attempted to participate in a larger national movement of Community Chest organizations that wanted to unify charitable giving in a community and educate the public on the needs of the community.

It was not just the creation of Community Chest organizations on a national scale but changes in the very nature and philosophy behind social work that made the national movement so important. Doctors and health professionals in New York and Philadelphia began looking at social problems and health issues on a community wide scale. These individuals began to distinguish between the symptoms of deep social ills and their sources. Only finding and addressing the sources of problems in a community would prevent the symptoms. Charity work in the nineteenth century was often directed at using money to treat the symptoms of community problems. Juvenile delinquency and homelessness were certainly important issues in the nineteenth century, but they were signs of deeper problems in American cities that remained unsolved. Changes in the attitude of social work began in the medical community of New York City where doctors were implementing new health practices on community wide levels to fight the spread of

³ Ibid

disease. Changes began in Philadelphia where organizations of professional social workers ensured the efficiency of smaller organizations. Changes began in Chicago where philanthropists like John D. Rockefeller used their wealth to construct institutional change in communities.⁴

By these measures social work in Bethlehem during the early twentieth century was not effective in improving the local community. The Central Council for Social Services and the Community Chest used older ideas that linked social problems to deficiencies in character. These organizations failed to bring an interest in social work to the community, and more importantly they failed to convince Bethlehem Steel executives that their accumulated wealth should be used to improve living conditions in Bethlehem. If anything, The Central Council and Community Chest became influenced by individuals associated with Bethlehem Steel to perpetuate older approaches to charity work. It was along the banks of the Lehigh River that Bethlehem existed as a holdout against the progressive changes taking place in nearby New York and Philadelphia. The Central Council and Community Chest were prime examples of how old methods of social work would not result in effective change

The time period chosen for looking at the social work in Bethlehem was from 1919-1930. The beginning date was chosen because it was the year that the Central Council for Social Services and the Community Chest were created out of what remained of the Bethlehem War Chest. The end of World War I combined with the massive amounts of wealth created by Bethlehem Steel gave authorities in Bethlehem an opportunity and the necessary resources to do meaningful social work. The end date was

⁴ Lawrence J. Friedman, ed. *Charity, Philanthropy, and Civility in American History* (Cambridge: Cambridge University Press, 2002), 223-224.

chosen because of the beginnings of the Great Depression which created an unprecedented level of social problems. In the first decade of their existence the Central Council and the Community Chest established their goals and proceeded with their plans, before the exceptional circumstances of the Great Depression intervened.

The Origins of Social Work in Bethlehem

The origins of the Central Council for Social Services and the Community Chest in Bethlehem can be traced back to the economic and social changes that occurred during the First World War. While Bethlehem Steel was producing war materials for the allies, local chapters of national organizations were conducting charity work to help contribute towards the war effort as well as international relief. Each of these organizations acted independently as they campaigned among the general public for funds and helped the war effort in their respective ways. The Bethlehem Steel Company magazine said in a 1918 issue that the “Red Cross, Y. M. C. A., [and] Knights of Columbus” had to perform separate funding campaigns and much of the work focused on relief for the people of Europe.⁵ In 1918 the Bethlehem Chamber of Commerce sought to unite the funding campaigns of all these separate organizations into one general campaign that would raise enough funds to provide for the work of each organization. The patriotic language of the common campaign asked each citizen to pledge “of a certain amount to be given each month to help fill the chest. Each person is expected to give as much as he possibly can, and arrangements will most likely be made to have the payments deducted from the salaries and wages of the employees, if they so desire. The campaign will be a whirl-

⁵ Bethlehem Steel. Volume 1, No. 1, May 1, 1918.
<http://www.bapl.org/lohist/business/booster01/no1booster02.html>

wind affair, full of patriotism and pep.”⁶ The War Chest was a way to both inspire community donations and organize funding through one organization and significant portions of the funds were sent to aid people overseas.

As American soldiers returned home at the end of the war in November of 1918, the United States turned its attention back to concerns at home. Likewise, organizations that benefited from the War Chest funding drives, like the Red Cross, Y.M.C.A., and Knights of Columbus, turned their attention from the events in Europe to the needs of Bethlehem citizens. With the focus on the needs of the community the mission of the Bethlehem War Chest became obsolete and a group of Bethlehem citizens sought to apply the principles of the War Chest to a new organization that would conduct fund drives and distribute money to organizations that worked within Bethlehem. This group of citizens would be the arbiters of charity work within Bethlehem with the War Chest as their model. The reimagining of the Bethlehem War Chest resulted in the creation of not one, but two organizations that acted as oversight committees over social welfare in Bethlehem. The Central Council for Social Services and the Community Chest were created as these oversight organizations. Previously, philanthropic organizations had to conduct campaigns that relied on large contributions from a small pool of donors. The Wiley House, which would later become the Children’s Home, was an example of an organization that received this type of donation, when it was given the considerable amount of \$3,250 in 1911 by Bethlehem Steel President Charles M. Schwab for improvements to their building.⁷ The Community Chest and Central Council for Social

⁶ Ibid

⁷ “History of Children’s Home.” Bethlehem Area Public Library. Local History Collection. Social Services Folder

Services were attempting to draw on a larger pool of donations, while big donors would only give once but hopefully very generously. The Central Council and Community Chest initially focused on aiding the private agencies of the Red Cross, Associated Charities, Anti-Tuberculosis Foundation, Baby Health Station, Children's Home, Day Nursery, Visiting Nurse Association, and St. Luke's Hospital with the hopes that a central fundraising effort would aid these independent agencies.^{8 9}

The transfer of oversight power from the War Chest to the Community Chest and Central Council was completed when the Community Chest accepted the \$60,000 from the War Chest fund on December 1, 1919. Board members of the War Chest had an advisory role through the end of 1919, but by the beginning of 1920 the Community Chest was functioning on its own.¹⁰ Much of the authority transferred to the Community Chest and Central Council seems to have been centered around Dr. William L. Estes, who was chosen as the first president of the Central Council because of his forty year experience at St. Lukes Hospital. It seemed that many of the people involved in the Central Council and Community Chest put a great amount of faith in his experience.

For a time these two separate organizations were run independently of one another with poorly defined sets of functions. The language used at the founding of both organizations in 1919 was often vague. At their first board meeting November 12, 1919

⁸ Central Council for Social Services. (Hereafter cited as CCSS) (1919, October 20) Meeting of the Executive Board. Bethlehem Area Public Library. Local History Collection. Bethlehem, Pennsylvania.

⁹ The October 20, 1919 minutes of the Central Council indicate that St. Lukes Hospital was receiving almost half of the funds available for distribution the following year. (\$60,000 out of \$129,460)

Ibid.

¹⁰ Community Chest. (Hereafter cited as CC) (1919, December 1- December 23) Meeting of the Executive Board. Bethlehem Area Public Library. Local History Collection. Bethlehem, Pennsylvania.

the members of the Community Chest expressed what they thought was their purpose in the first action taken by the organization. The members of the Community Chest appealed “to the Bethlehem War Chest Association to turn over the balances, funds, and pledges to the Treasurer of this association, to be used by them to carry on immediately and with the same policies and discretions so well exercised by the War Chest, the continued relief of the local non-sectarian organizations.”¹¹ This limited view of the purpose of the Bethlehem Community Chest embodied the basic idea that the organization was a continuation of the efforts made by the War Chest. Organizationally the Community Chest maintained much of the same structure throughout its history: “A chairman or president presided over board meetings and administrative affairs. Other officers included a vice-president (first and second), a treasurer (plus an assistant) and an executive secretary. Several committees also made up the Chest, including executive, finance, by-laws, publicity, budget and campaign.”¹² These officers and committees became the backbone of the organization and recipient agencies of the Community Chest could apply for membership pending approval by the Community Chest. In order to join, agencies had to demonstrate that they “provided a necessary and unique service to the community.”¹³

At first glance it would seem that the Community Chest was a sufficient catch-all organization for centralized fundraising in Bethlehem. Like most Community Chest organizations in American cities at the time, the one in Bethlehem could have acted as a collection, distribution, and budget oversight organization, but the presence of the Central

¹¹ CC. (1919, November 12) Meeting of the Executive Board.

¹² “Records of the United Way of Northampton and Warren Counties, 1918-1985.” Bethlehem Area Public Library. Local History Collection.

¹³ Ibid

Council for Social Services made the purposes and the relationship between the two organizations much more complicated and uncertain. The Community Chest was organized out of the old framework of the Bethlehem War Chest in 1919 and more formally laid out the purpose of the organization at its second meeting on November 17 of that year. At that meeting the board members of the Community Chest agreed that their official purpose was “to support recognized lawful community non-sectarian charitable, benevolent, and educational undertakings that give aid, relief and comfort to the people of Bethlehem and vicinity.” They would achieve this by “increasing general knowledge...promoting public interest therein, and by donating of money and services thereto.”¹⁴ The Bethlehem Community Chest defined itself as a community organization that would use monetary donations to propagate charity work and stimulate the public’s interest in charity work in the city. Furthermore, the Community Chest would gain the funds from “contributions from the public and from dues from members.”¹⁵ Because fundraising was one of the universal key aspects of a Community Chest, the Bethlehem Community Chest made it clear that it would be undertaking this activity. Budget oversight of recipient organizations, which was another key aspect of the broader Community Chest movement, was not addressed by the board at that time.

Although the Community Chest seemingly inherited the old War Chest framework, the minutes of the Central Council for Social Services revealed that it was in control of the social work movement in Bethlehem. The Central Council for Social Services first met in 1919 with an express purpose of forming an independent Community Chest organization. On October 14th the board of the Central Council listed

¹⁴ CC. (1919, November 17) Meeting of the Executive Board

¹⁵ Ibid

the reasons that supported the creation of a Community Chest in Bethlehem. It said that the Central Council for Social Services members “are in need of funds for continuing their work” and that “payments to these organizations under appropriations made by the Bethlehem War Chest Association have ceased with their fiscal year on July 1st, last.”¹⁶ The Community Chest only existed because members of the Central Council ordered its formation out of necessity. This created a loose affiliation between the Central Council and the Community Chest, although the Central Council had some initial control over the Community Chest. In this way the Community Chest could be viewed as functioning like a large fundraising subcommittee of the Central Council for Social Services. Furthermore, the executive board of the Central Council called for a merger between the Central Council and the Community Chest which was unanimously approved by the Central Council and Community Chest by the end of 1923.¹⁷ If the Central Council held informal control of the Community Chest up to this point, the former had full legal authority over the Community Chest by the beginning of 1924.

The authority of the Central Council for Social Services over the Community Chest and general social work was further established in the first days of the organizations when the Central Council assumed one of the main roles of the larger Community Chest movement in America. On October 20, 1919 at a special meeting of the Central Council board, provisions were made for the organization to exercise budgetary control over the charity organizations of the community. The Central Council called for information on the “[1920] budgets of the various organization members as well as their representative” that would report on the progress of their work to the

¹⁶ CCSS. (1919, October 14) Meeting of the Executive Board

¹⁷ Ibid. (1919, October 9 – November 13) Meeting of the Executive Board

Community Chest.¹⁸ The gathering of this type of information was the first step in the Central Council becoming oversight committee for social services in Bethlehem. However, the separate functions of the Central Council and the Community Chest would not be well defined for several years. For much of the first decade of their existence, these two organizations would serve overlapping and duplicate functions where it was very unclear where the functions of one organization ended and another began. Members of the boards of the Central Council and Community Chest even had difficulty defining the responsibilities of their own respective organization.

History of the Community Chest Movement in America

Bethlehem in the 1920s was a microcosm of larger trends in wealth distribution occurring in America after World War I. During the war, Bethlehem Steel sold munitions, battleship armor, and guns to European buyers that were in desperate need of these supplies to continue the war. By the end of the war Bethlehem became the third largest industrial company in America, the second largest steel producer in America, and had increased company assets by \$315 million.¹⁹ Eugene Grace, Bethlehem Steel's President, also saw a significant increase in the money going into his pocket from the success of the plant. Although Grace's salary was only \$12,000 before World War I "he received bonuses of \$1,501,532 in 1917 and \$1,386,193 in 1918" which was "probably the largest single wartime wage increase ever recorded in American history."²⁰ This

¹⁸ Ibid. (1919, October 14) Meeting of the Executive Board

¹⁹ John K. Smith "Iron and Steel in the Lehigh Valley" Beyond Steel
<http://digital.lib.lehigh.edu/beyondsteel/business/steel/6/>

²⁰ Stuart Dean Brandis, *Warhogs: A History of War Profits in America*, (University Press of Kentucky, 1997), 182.

trend was occurring across America as concentrated wealth grew enormously in the early 20th century. In 1870 there were around one hundred millionaires in the United States. By 1916 that number grew to more than forty thousand and at least twenty were multi-millionaires.²¹ This new wealth meant that leaders in cities had to rethink how to use that wealth to address social issues.

While executives at Bethlehem Steel saw a dramatic increase in salaries and bonuses as a result of World War I, steelworkers in Bethlehem became part of another American trend at this time. Blue-collar workers across America suffered from long hours, poor working conditions, and the realities of living in “squalid company towns.”²² While employees of the new giants of industry suffered at work and at home some of the extremely wealthy felt the need to improve these conditions. Even fewer of those holding the fortunes felt that the existing structure of charity work needed to be retooled to address social and health issues. In her essay *Curing Evils at Their Source*, Judith Sealander said the few progressively minded rich Americans thought that “philanthropy should seek causes and cures. It should find a remedy for a disease rather than build a hospital to treat its victims. It should root out the reasons for poverty, not give alms to the impoverished. It should expand knowledge and deal in new ideas, ones perhaps initially too risky for government officials or private organizations dependent on public approval to embrace.”²³

Eugene Grace and the executives at Bethlehem Steel did not subscribe to this new “scientific philanthropy.” He gave his employees the limited benefits of welfare

²¹ Lawrence J. Friedman, ed. *Charity, Philanthropy, and Civility in American History*, (Cambridge: Cambridge University Press, 2002), 218.

²² *Ibid*, 218.

²³ *Ibid*, 219-221

capitalism, but left the matters of social work to the Central Council for Social Services and the Community Chest. Bethlehem Steel had little, if any, involvement in either of these two organizations. In fact, the Central Council and Community Chest were probably seen by Grace as a buffer between his wealth and the needs of the community, even though he did give generously. As Judith Sealander argues in her essay *Curing Evils at Their Source*, the wealthy that gave to charity often found the work draining and even bothersome as recipients could learn of their charity and begin to follow them searching for direct handouts.²⁴ Instead the traditional distributive charities, like the Central Council and Community Chest, which constituted more than a third of the charity foundations in the United States in the early twentieth century were able to relieve men like Grace of their money and the inconvenience of philanthropy.²⁵

The Bethlehem Community Chest was part of movement in fundraising and distribution that started at the turn of the century in several American cities. Although the Bethlehem Community Chest has its origins in World War I and the War Chest, this form of collective contributions began in Denver, Cleveland, and Cincinnati. Denver is credited with the first American Community Chest in 1888, but this model fell short because it “never assumed responsibility for raising all the money needed by its constituent members, and, consequently, it could not promise its donors immunity from

²⁴ It is likely that Eugene Grace gave directly to the Bethlehem Community Chest but if that is true he did so anonymously. The Community Chest received a check from an anonymous donor for at least \$25,000 each year from 1931-1933. This money likely came directly from Grace or another Bethlehem Steel executive. Grace had no direct involvement in decisions made by either the Community Chest or Central Council.

CCSS. “Comparative Analysis of Contributions for Years 1928-1935.” Bethlehem Area Public Library. Local History Collection. Bethlehem, Pennsylvania.

²⁵ Friedman, *Charity*, 223

further solicitation in behalf of its member agencies.”²⁶ The Bethlehem Community Chest more closely followed the Cleveland and Cincinnati models.

While never fully following one model exactly, Bethlehem adopted an organization that could be considered a hybrid of the Community Chests established by these two cities. Like Cincinnati, the Bethlehem Community Chest attempted to exercise total budgetary control of its recipient organizations.²⁷ In his book, *Trends in Social Work*, Frank Bruno noted that total budgetary control was achieved through the “preparation of a total budget covering the anticipated needs of member agencies; the pledge on the part of the member agencies that they would not solicit money from anybody who contributed to the federal fund; and the use of unprecedented volunteers to solicit money from citizens in behalf of the agencies in the federation.”²⁸ One large difference between the Cincinnati and Bethlehem variants on the Community Chest was that Cincinnati movement was begun and led by professional social workers. Bethlehem relied heavily on the lay community to lead their Community Chest, and in this way the Bethlehem Community Chest more closely resembled the Cleveland experiments in charity work.

Across the country the role of the Community Chest was seen as necessary, in addition to fundraising, because of the inefficiencies in the operation of charity agencies. By 1917 the proponents of Community Chest oversight work said that “the ways of [charity] agencies were chaotic and unbusinesslike; that the cost of collection of their

²⁶ Frank J. Bruno, *Trends in Social Work: 1874-1956* (New York: Columbia University Press, 1957), 199.

²⁷ Much of this control was exercised by the Central Council for Social Services through their role as an oversight organization in Bethlehem.

²⁸ Bruno, *Trends in Social Work*, 201

money was wasteful; and that the agencies were losing out in the race between expanding needs and the income possible under the appeal of the individual agencies.”²⁹ However, not everyone was convinced that the Community Chest was the ideal way to organize social work in communities.

Many of those that criticized Community Chests were professional social workers who saw flaws in this type of system. As the Community Chest movement started to gain momentum in the first decade of the twentieth century, W. Frank Persons, of the New York Charity Organization Society, raised concerns about the negative effects of the Community Chest. Persons believed that the oversight of a Community Chest would diminish the autonomy of the different charity agencies under its umbrella. Persons’ second concern was that a Community Chest “would place the fate of social work in the hands of financial interests, whose major concerns would be to keep down costs and suppress troublesome movements.”³⁰ Some of Persons’ contemporaries also believed that the movement would “promote mediocrity” by creating a standard of average care for communities instead of addressing the actual needs of a community.

Countering these objections Frank Bruno in a 1956 book asserted that the Community Chest movement brought great contributions to the fields of social work in various communities. Bruno said that “the chest has tapped new sources of contributions, especially in the phenomenally successful industrial fields.”³¹ A Community Chest was able to appeal directly to larger corporations. Although Community Chests were criticized as being influenced by the financial aspirations of its board of directors, Bruno

²⁹ Ibid, 203

³⁰ Bruno, *Trends in Social Work*, 203

³¹ Ibid, 204

felt that the financial “coercion that can be exercised through a complex agency such as the chest is less than can be exerted by the board of an independent agency.” He believed that the complexities of the Chest would actually cut down on the ability of agency boards to take coercive action.³² Going further, Bruno argued that the greatest contribution the Community Chest made to community social work was through their distribution of funds. The Community Chest acted as a financial oversight organization with budgetary control: “By establishing budgetary control, it required each agency to budget its expenses, a practice that almost none of them had adopted before the coming of the chest.” This was achieved through “a system of accounts on which the chest was able to base its assurance to givers that all money was honestly spent and accounted for.”³³ This meant that the Community Chest was an organization that brought accountability to organizations that previously were not able to ensure their donors that the money was being put to useful projects. The Community Chest of Bethlehem failed to live up to any of these benchmarks of success established by Bruno. In fact, the Community Chest failed to support much needed social work in Bethlehem during the 1920s.

As the national Community Chest movement began to gain momentum, its advocates started to speak about what made its organizations and pledge campaigns successful. On April 6, 1924 the New York Times published an article that tried to show the success of the Community Chest. In regard to the effective operations of a Community Chest, it cited a 1922 report on “Central Financing of Social Agencies for the Executive Committee of the Columbus Advisory Council” by W. Frank Persons who was

³² Ibid, 205

³³ Ibid, 206

quoted saying that “No city should enter lightly upon the task of central financing nor should it enter upon it without a very careful study of the existing conditions.” The report went on to say that “there must be a clear understanding of the purpose of central financing by the influential leaders of the community and no doubt or ignorance of the real purpose of the movement...There is risk in starting central financing when the social agencies are competitive, antagonistic, or separated by intense religious or social prejudices.” Frank Persons understood what it took to make a Community Chest organization successful as he had studied Chests in Rochester, Philadelphia, Cleveland, and other communities.³⁴

The New York Times article also addressed some concerns and criticisms of the Community Chest movement. One of the criticisms of the Community Chest was that it was a way for wealthier members of the community to distance themselves from the any responsibility to charity. In this way the Community Chest would put the financial burden of social work on a larger portion of the community that owned a smaller portion of the wealth. The author of the article wanted to disprove this argument by showing that in fifty-four cities more than 50 per cent of the fund was raised from contributions of \$100 and over and that in sixteen cities more than 70 per cent was so raised. In thirteen cities over 40 per cent of the entire fund was made from pledges of \$1,000 or more, and in twenty three cities from 25 to 40 percent of the total was made up from \$1,000 donations.”³⁵ Further statistics were provided which indicated cities where contributions from small groups of people constituted about 50 percent of the total funding.³⁶

³⁴ “Community Chest Idea Gains Advocates Here” *New York Times*, April 6, 1924

³⁵ *Ibid*

³⁶ *Ibid*

Table 1

City	Population	Number of Contributors to Chest	Percent of total funding provided by contributors
Philadelphia	1,922,788	440	46.4
St. Louis	803,853	463	52.7
Buffalo	536,718	385	50.5
Rochester	317,867	157	47
Louisville	257,671	206	46.2
Springfield	144,227	455	61.5
Chattanooga	57,895	428	58.6

In these cities, as well as many others, the largest number of contributors came from a small number of wealthy individuals. The article also used statistics from Community Chest campaigns to show how overall funding had increased. The chart provided compared the “estimated number of contributors to charitable purposes before the organization of the chest with the actual number in the first chest campaign and in the most recent drive.”³⁷

Table 2

City	Pre Chest Contributors	First Campaign Contributors	Last Campaign Contributors
Cleveland	4,800	143,531	200,179
Dayton	1,500	24,000	35,000

³⁷ Ibid

Detroit	3,000	52,000	144,313
Harrisburg	1,100	11,000	13,305
Parkersburg, W.V.	500	3,126	2,210
Plainfield, N.J.	800	2,314	7,500
Portland, Ore.	6,000	35,000	32,000

In all of these cities the Community Chest organized effective community pledge drives where it increased, often drastically, the number of contributors from their first to most recent drive upon publication of this article in 1924. In fact, Portland and Parkersburg were the only cities represented in this study where the number of contributors decreased from its first to last pledge drive. The article recognized that while most contributions of large sums of money came from a relatively small number of individuals, the Community Chest was successful in increasing general public interest in funding charity and social work.³⁸ Perhaps more importantly, this study also found that the Community Chest movement was fulfilling one of its most advertised functions. In 145 campaigns, the cost of the campaign was ten percent or less of the total funds collected. In 71 cases, the total cost was less than three percent of the total amount raised. By the middle of the 1920s, Community Chest movements across the country were acting as efficient fundraising institutions for community social work.

Implementation of a Community Chest in Bethlehem

In the midst of a larger national Community Chest movement, Bethlehem officials had to be careful to implement strategies that made good use of the Community Chest's

³⁸ Ibid

capabilities while avoiding the pitfalls of this type of system. The national Community Chest movement showed how these types of organizations could improve coordination among local charities, increase fundraising through a united effort, and use fundraising campaigns to educate the public on the needs of their community.

What happened in Bethlehem after the founding of the Community Chest highlighted one of the greatest fears expressed by the public over the authority of a Community Chest organization. There was concern among citizens that an organization that had budgetary control over charity groups and the power of centralized fundraising would abuse its power. A letter written on April 19, 1920 that was sent to the Community Chest gave voice to the community's opinion on the work being undertaken by the Central Council and Community Chest. In this letter citizens R.M. Bird, E.W. Kries, E.A. Wheaton, and J.W. Critchlow state that Bethlehem residents who donated to the Community Chest and the community as a whole "view your organization with suspicion."³⁹

The authors' letter suggested that the Central Council and Community Chest would waste money in their own organizations instead of putting it to beneficial use in the community. The letter reflected a general distrust in oversight organizations whether they were from the government or private citizens. The authors wanted assurance that none of the money sent to the Community Chest would be used "for personal overhead service. Particularly it is believed that no Secretary paid from these funds should be necessary."⁴⁰ Fear of misuse of money extended to where Community Chest funds would be used. The letter requested that "the Board do not appropriate money from their

³⁹ Ibid. (1920, March 11) Meeting of the Executive Board

⁴⁰ Ibid

fund to other than the six charities specially named, save only as authorized by a two-thirds vote of all subscribers.”⁴¹

Along with concerns of the budgetary control exercised by the Community Chest, the authors of the letter understood that the decision making of the Community Chest occurred behind closed doors with little to no influence from the general public. The authors saw the Community Chest operating similar to the old paternalism of nineteenth century philanthropy. They demanded that “plans be laid for election by the subscribers of the next year’s Board, with an advisory committee consisting of representatives elected or appointed by all Churches, Fraternal Organizations, Business Organizations, Municipal and Social Bodies, and every Club and Organization having direct or indirect interest in these charities.”⁴² This call for transparency of process and the inclusion of the larger community in decisions made by the Community Chest was the most significant critique of its operation.

On January 15, 1923 the Community Chest adopted the suggestions made by the authors of the 1920 letter in regard to the transparency of its organization. The executive board of the Community Chest determined that ballots were to be printed in the local newspapers where the general public could elect twenty one members of the board to serve for the year. Unfortunately, public participation in the oversight decisions did not last long. The election the following year saw a significant decrease in the public’s interest in the Community Chest. In this election the Community Chest sent 5,248 ballots directly to people that donated money and more than 87 percent of those ballots were not

⁴¹ Ibid

⁴² Ibid. (1920, March 11) Meeting of the Executive Board

returned.⁴³ It is likely that these statistics pointed to a trend in the community. The large number of unreturned ballots probably reflected a general disinterest among Bethlehem citizens in a Community Chest that they did not see as effecting meaningful change in their community.

Ultimately, the Community Chest fundraising efforts were largely controlled by a small group of wealthy Bethlehem residents. They in turn determined what problems were addressed in Bethlehem and how the Community Chest functioned. An important disconnect between the perceived and actual needs of the community emerged as the Community Chest in Bethlehem based its work on an outdated model of philanthropy where wealthy, untrained private citizens ran social work for the community.

Much of the work conducted by the Community Chest and Central Council reflected the philosophy that character improvement was the key to social progress. For example, the Central Council dedicated significant time and energy to understanding juvenile delinquency. In 1926 the Central Council board members brought up the “boy problem” and the “girl problem.” Juvenile delinquency as a source of social problems had been popularized earlier by Jane Addams and her contemporaries in their social work during the late nineteenth and early twentieth century.⁴⁴ The social workers of the 1920s and 30s saw juvenile delinquency as a symptom, not a cause, of an unhealthy community.

Investigations into character building agencies began in January, 1926 when the Central Council assessed the ability of the Girls Club and Campfire Girls to fight the “girl problem.” Similar inquiries were made by the Rotary and Lions clubs into the state of

⁴³ Ibid. (1923, January 15 & 1924, January 21) Meeting of the Executive Board

⁴⁴ Jane Addams, *Twenty Years at Hull-House* (University of Illinois, 1990), ix-xii.

juvenile delinquency among boys in Bethlehem.⁴⁵ Efforts to fight juvenile delinquency continued into 1927 as the Central Council continued to investigate the issue and also assisted with the establishment of a local chapter of the YWCA. In January, 1927 the Central Council organized a special committee “to consider the needs of the community as to recreational and character building agencies.”⁴⁶ In July of the same year this committee reported that preliminary work on establishing a YWCA had been completed with the suggested purpose that it be used to work with the “industrial girl.”⁴⁷

Keeping children off of the streets became a major goal for the Central Council in the late 1920s and seemingly took over the purpose of the organization. Much to the approval of the Central Council, the Salvation Army and the YWCA reported in October, 1927 that their work among young people was “growing rapidly” especially with the Girl Scouts and Campfire Girls.⁴⁸ More disturbingly, existing social problems in Bethlehem were being looked at purely from the point of view of increasing juvenile delinquency. At a meeting on January 10, 1928, Mrs. Kift of the executive board reported that many children turned to life on the streets of Bethlehem because of mothers that insist “on working in a factory although her contribution to the family’s finances is no more needed.”⁴⁹ It is unclear how Mrs. Kift came to this conclusion, but it is probable she misunderstood the motivations of workers in Bethlehem.

Caring for the needs of children in Bethlehem was no doubt important but Mrs. Kift and other members on Central Council failed to address the causes of social distress

⁴⁵ CCSS. (1926, January 12) Meeting of the Executive Board

⁴⁶ Ibid. (1927, January 14) Meeting of the Executive Board

⁴⁷ Ibid. (1927, July 12) Meeting of the Executive Board

⁴⁸ Ibid. (1927, October 11) Meeting of the Executive Board

⁴⁹ Ibid. (1928, January 10) Meeting of the Executive Board

in the community and insisted on treating the symptoms. By 1930 the Central Council had shifted its focus almost entirely to the issue of juvenile delinquency. Members of the council continued to ask for increased work among young boys and girls and entire meetings were being dedicated to discussions of the “leisure time for girls and boys.” The Central Council, which began with a mission of improving the efficiency of social work in Bethlehem, had resigned itself to proclaiming that “every public dance should be chaperoned,” in September of 1930 even as the effects of the depression were hitting Bethlehem.⁵⁰

Even before the onset of the Great Depression, The Central Council continuously ignored reports of other problems in the community while they focused on juvenile delinquency. A report on the state of health in Bethlehem in 1925 seems to have scared the executive board of the Central Council into forming exploratory committees to investigate a few of these matters. Because many of the committees accomplished very little if anything at all, it stands to reason that these health issues weren’t taken very seriously. In 1926 the Central Council created committees to explore the extent to which blindness, elderly dependence, and poor dental health existed in the community, but none of these continued beyond a few months.⁵¹ Even the more progressively minded of Bethlehem’s elites were limited in the implementation of social work.

Dr. William Estes and the Social Services Exchange

The Central Council’s first president was Dr. William L. Estes who had been Superintendent and Chief of Staff at Bethlehem’s St. Lukes Hospital from 1881 to 1920.

⁵⁰ Ibid. (1930, September 9) Meeting of the Executive Board

⁵¹ Ibid. (1926, January 1 - October 12) Meeting of the Executive Board

He advocated giving control of social work to trained professionals instead of the wealthy elite. Estes was born on November 28, 1855 in Western Tennessee to a rich planter family.⁵² He attended Bethel College in Kentucky before starting medical school at the University of Virginia in 1874. After leaving the University of Virginia, Estes travelled to New York City to continue his medical education at the University of the City of New York Medical Department.⁵³ He also spent time working as a practicing surgeon at Mt. Sinai hospital in New York in the late 1870s where he learned new methods in hospital and patient cleanliness. Many of these new practices would become standard procedure.⁵⁴ While in New York, Estes was invited to take an open position in South Bethlehem as the Medical Superintendent of St. Lukes Hospital. At the time the Bethlehem Iron Co., several manufacturing plants, and four major railroads generated numerous industrial casualties. The nearest hospitals were in Wilkes-Barre, Philadelphia, and New York. St. Lukes Hospital was in dire need of expanding and needed a skilled superintendent to oversee the growth. Estes admitted the “temptation to accept the job was fairly overpowering but I was still loathe to give up my New York City practice with all its possibilities.”⁵⁵

Estes finally accepted the position and arrived in South Bethlehem on November 1, 1881. He was very excited to put his skills as an experienced surgeon to good use as well as the new practices in disease prevention and theories of bacterial infection that were gaining popularity at this time but were not yet widespread in the medical field.⁵⁶

⁵² William L. Estes. “Dr. William L. Estes: An Autobiography” W.L. Estes Jr. 1967, 1-4.

⁵³ Ibid, 33

⁵⁴ Ibid, 57-59

⁵⁵ Ibid, 66-67

⁵⁶ Ibid 69-70

Under the leadership of Estes, St. Lukes Hospital grew into an institution that could better accommodate the rapidly expanding Lehigh Valley industries. His skill as an organizer and his vision for public health certainly made Estes an ideal candidate for the President of the Central Council for Social Services, but many of Estes plans faced stubborn opposition.

Estes' commitment to improving community health and awareness in Bethlehem was part of larger trends that linked social issues with health concerns. As early as 1881, Dr. James Knight of the New York Society for the Ruptured and Crippled in New York City said that "disease and physical injury are symptoms, but they are, as well, primary factors in the causation of dependency."⁵⁷ Social scientists believed that blaming public health and social problems on older notions of bad character were unproductive. By getting involved with the Central Council for Social Services, Estes was participating in the growing paradigm of the medical field in the early twentieth century that linked the social issues of poverty, delinquency, and unemployment to the poor health conditions and physical dangers of the expanding industrial American city. These ideas were not isolated within the medical community as medical studies linking disease to poverty levels became publicly available. In 1919 studies conducted by the United States Public Health Service showed that "illness occurred nearly four times as often in the lowest income group as in the highest."⁵⁸ These studies not only showed deficiencies in the care available to people in low income groups and the health dangers of industrial cities, but it also showed that attitudes about the process of social work needed to change to be able to address the sources of social problems. These were developments Estes would have

⁵⁷ Bruno, *Trends in Social Work*, 241.

⁵⁸ *Ibid*, 248

understood and seen how they should have influenced the purpose of the Social Council for Social Services.

Unfortunately for Estes, the executive board of the Central Council for Social Services could not effectively direct social work in Bethlehem because it could not even agree on the purpose of the organization. Early on the Central Council executive board had set aside their normal work to ask themselves what it was they were supposed to do. In early 1922, after two years of acting as an oversight organization for Bethlehem's social work organizations, the board engaged in several "general discussions...as to the functions of the Central Council for Social Services." On February 14, 1922 the board ordered Estes to "draw up a detailed report as to the functions of the organization...with the idea of adopting it."⁵⁹

The board request gave Estes the opportunity to address the shortcomings of the Central Council and express his own personal frustration with the ineffectiveness of the organization. Estes began his address by explaining that the original intent of the organization and its existing statement of purpose should still direct the efforts of the Central Council. Estes said that, "in order to coordinate work, prevent duplications, and make the work more efficient, it was decided by the citizens a few years ago to organize a central control for all these associations."⁶⁰ For Estes, the Central Council still had a very important role to make sure that each recipient organization operated as efficiently as possible in the larger social work community. The Central Council made provisions for representatives from the client agencies to become members of the board of executives although many only attended meetings when summoned by the Central Council or to

⁵⁹ CCSS. (1922, February 14) Meeting of the Executive Board

⁶⁰ Ibid. (1922, February 14) Meeting of the Executive Board

protest cuts in funding. The impact of an individual agency on the overall community was minimal but the potential of addressing, and perhaps fixing, social issues with a united effort was too important to ignore. To this end Estes included in his address a condemnation of the shortsightedness of agencies created with very limited objectives. He believed that the Central Council could bring about changes in the community as a whole while “it is presumed that [the Bethlehem Steel Safety and Welfare Department] concerns itself solely with the families of the employees of Bethlehem Steel.”⁶¹ Estes wanted the Central Council to bring the efforts of various organizations together to better the community as a whole.

While Estes faced immense challenges with the inability of the Central Council to overcome the agendas of individual organizations, he also faced staunch opposition within the Central Council to his vision of the Central Council as an agency insuring efficient charity work. This debate centered on the formation of a Social Service Confidential Exchange. The Social Service Exchange was something Estes saw as central to the purpose of the Central Council since it first appeared in board minutes in October 1920. At that time the idea was accompanied by “an animated discussion.”⁶² Still, Estes continued to advocate for the creation of an exchange to increase coordination amongst charity organizations and spent much of November and December emphasizing its importance to his board. At one meeting Estes declared that “the idea of the Central Council was not only to prevent overlapping, but also to avoid delay in relief.”⁶³ The Confidential Exchange would act as a clearinghouse where patient and recipient

⁶¹ Ibid. (1922, March 27) Meeting of the Executive Board

⁶² Ibid. (1920, October 12) Meeting of the Executive Board

⁶³ Ibid. (1920, December 14) Meeting of the Executive Board

information could be stored to ensure the effectiveness of social work. Estes also understood that charity organizations served overlapping functions. To ensure that the work of each organization was maximized, he wanted the Central Council to have a mechanism by which they could be certain that there were not individuals, or families, receiving aid from multiple organizations for the same services. That way the Central Council could be positive their resources were being used wisely and efficiently.

Opposition to the idea of the Social Services Confidential Exchange was spearheaded by Dr. Harry Maas Ullman, who was a Professor at Lehigh University in the Chemistry Department and a prominent figure in Bethlehem. Ullman's research was relevant to the work of Bethlehem Steel and his membership at Saucon Valley Country Club meant he was familiar with Bethlehem Steel executives and their thoughts on the community.⁶⁴

Although the first time Ullman's objections to establishing a Confidential Exchange made it into the official minutes was on December 12, 1920, he was probably involved in discussions of the idea previously. Ullman believed that "there was very little overlapping of work in Bethlehem." Furthermore, he believed that "the money it would take to pay a Secretary" to operate the exchange "could be more wisely spent by giving it to the Day Nursery."⁶⁵

The difference in these views was again displayed in 1921 when Estes was able to gain enough support from members of the Central Council to establish the Confidential Exchange. On January 1, 1921 in an effort to increase coordination between the social

⁶⁴ R.D. Billinger, ed "A History of the Department of Chemistry and Chemical Engineering of Lehigh University Bethlehem, Pennsylvania: 1866-1941" Lehigh University, 1941, 10.

⁶⁵ CCSS. (1920, December 12) Meeting of the Executive Board

work agencies, Estes got approval from the Central Council board to establish a card index system to record people and families receiving aid from Central Council client organizations as well as all money appropriated from the Community Chest to cover the expenses of such actions.⁶⁶ At this point Ullman removed himself from the activities of the Central Council. He never returned to council meetings in any kind of leadership role and as a last act he penned a letter to the Central Council explaining his opposition to the efforts made by Estes to establish the Confidential Exchange.⁶⁷

Despite Estes' best efforts, the board of the Central Council always saw the Exchange as a project that diluted the resources available to provide to other agencies. Although Estes gained approval for establishing a Confidential Exchange in 1921, it would be several years before the funds could be gathered to set up what would become the known as the Social Services Exchange. Problems persisted as the ideas of spending money to ensure organizational efficiency and providing direct monetary contributions to charity organizations continued to compete. The Central Council board supported the Social Services Exchange with little enthusiasm and even less financial support. In October 1924, Mr. H.W. Kessler, who had been appointed to run the Exchange, attempted to resign as it was not "operating to his satisfaction."⁶⁸ The struggles continued as Estes spent years attempting to convince the board of the importance of accountability and efficiency in social work until October 1927 when the battle was lost. On October 11, the Central Council and Community Chest determined that "the results obtained do not justify the expenditure necessary to employ a paid secretary" and that the

⁶⁶ Ibid. (1921, January 1) Meeting of the Executive Board

⁶⁷ Ibid. (1921, January 1) Meeting of the Executive Board

⁶⁸ Ibid. (1924, October 14) Meeting of the Executive Board

Social Services Exchange would be discontinued.⁶⁹

Dr. Haven Emerson's Health Study

If Estes could not improve the efficiency of social work in Bethlehem he could try to improve what he considered to be the unsatisfactory state of public health in the community. The lack of impact that the Community Chest and Central Council for Social Services had on the Bethlehem community was seen in their response to a study done in 1925. The City of Bethlehem, Community Chest, Lehigh University, Bethlehem Steel, and several independent contributors commissioned Dr. Haven Emerson of New York City to conduct a study and produce a report on “the health and hospital services of Bethlehem, based on a survey of conditions during the Spring and Summer of 1925.”⁷⁰ It is unlikely that any of these organizations proactively sought out Dr. Emerson. It is more likely that Estes contacted Emerson for this study since Estes' real expertise was in medicine and he valued the opinions of professionals in community health. Dr. Haven Emerson was a well-known progressive who had been appointed Deputy Commissioner of New York City's Health Department in 1914. Before Emerson arrived at the Health Department it had already gained fame as being at the forefront of implementing medical science in the realm of public health. Emerson greatly expanded the Health Department through extensive studies on heart disease, diabetes, and what happened to discharged

⁶⁹ Ibid. (1927, October 11) Meeting of the Executive Board

⁷⁰ Haven Emerson, *Health and Hospital Survey of Bethlehem, Pennsylvania: 1925*, New York City, 1925, 3.

patients when they left the hospitals.⁷¹ Emerson's expertise in public health was what Bethlehem desperately needed.

Emerson's conclusions about the state of Bethlehem showed his surprise that a city that contained so much wealth would struggle so much with public health. He found that the "general situation is that of a community with ample means and without serious financial burdens which has either ignored or been wholly unaware of the possibility of public service through a competent and professionally directed health bureau, which most other cities of similar size in the United States have learned to require and trust."⁷² The absence of a public health department in Bethlehem would not change unless the people that held a majority of the wealth in the community were convinced that such work was necessary.

Bethlehem did have a Bureau of Health but it lacked "responsibility, supervision, adequate records or enforcement of state and local sanitary law." In fact the Bureau of Health was run by the City Clerk who did not have the education or authority to speak on medical matters. Worse yet, the Bureau of Health had a total budget of \$13,480 in 1924, 82.3% of which was spent on salaries.⁷³ The remaining funds went to smaller health activities like school health services or the Baby Milk Station, which was established in 1916 to help provide safe and cheap milk to families.⁷⁴

Perhaps the most alarming of Emerson's claims was that Bethlehem was totally unprepared to deal with communicable diseases. At the time some vaccinations were

⁷¹ Charles Bolduan, "Haven Emerson-The Public Health Statesman" *American Journal of Public Health*, Volume 40, Number 1 (January, 1950)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1528504/?page=1> (accessed April 14, 2014).

⁷² Emerson, 8

⁷³ *Ibid*, 9-11

⁷⁴ *The Bethlehem Booster*, 16

becoming available through state health services but vaccines for some diseases like smallpox were the responsibility of local government. Emerson found that no records existed of the number of children vaccinated in Bethlehem which was a requirement for children attending schools. At St. Lukes Hospital, “the only facilities for hospital care of communicable diseases are the 8 beds in the isolation pavilion at St. Luke’s Hospital.” He recommended that thirty beds were needed and doctors make them available for those in the poor neighborhoods of Bethlehem where communicable disease would most likely be found.⁷⁵

Emerson found the lack of tuberculosis prevention and awareness nothing short of shocking. He put it bluntly when he said that “no attention is paid to tuberculosis by the city Health Bureau” and that “the officers of the city have no information as to tuberculosis and its prevention, the most important health problem of the community.”⁷⁶ There was also no effort to contain the spreading of tuberculosis in Bethlehem. Health professionals and hospital staff did not keep track of where patients with tuberculosis lived. Patients were also found with “teeth and mouths in a shocking and diseased condition” and doctors failed to report cases of tuberculosis to the state as required by law.⁷⁷

As in case with the treatment of tuberculosis Emerson found many things wrong with the approach of city officials towards health. Unlike many of the directors of the Community Chest and the Central Council for Social Services, he recognized the living conditions that resulted in the poverty and disease. In fact, Emerson found that most

⁷⁵ Emerson, 12

⁷⁶ *Ibid*, 12-13

⁷⁷ *Ibid*, 12-13

activities carried out by health officials in Bethlehem did little to contribute to disease prevention: “Disposal of human excreta, the control of fly breeding...and the control of mosquito breeding” were the only activities that went directly to disease prevention. He found that many of the activities and regulations that would improve health conditions were absent: “There is lacking an ordinance requiring connection with the sewer when accessible from premises” and that Bethlehem had “no housing inspection”, “housing code”, “zoning ordinance”, and “no smoke ordinance and no attention is paid to the very considerable pollution of the air from railroad and industrial sources.”⁷⁸

Dr. Emerson’s conclusions about the poor state of public health in Bethlehem required aggressive action to be taken, action which was not being initiated by the Community Chest or the Central Council for Social Services. In conclusion, Emerson stated that “Bethlehem is at least a generation behind the better American municipalities of its size, wealth, and intelligence, in its health work.”⁷⁹

Emerson’s suggested course of action for Bethlehem was one that involved little to no involvement of the Community Chest or Central Council for Social Services. In fact, Dr. Emerson does not even mention either organization in his proposed remedies for the community. There were two things that Emerson believed would drastically improve public health in Bethlehem. First, he wanted Bethlehem to employ a “full time trained medical health officer” as none existed at the time.⁸⁰ Emerson’s second recommendation downplayed the position of the Community Chest and Central Council for Social Services. He wanted Bethlehem to establish a “Council or Central Committee” that

⁷⁸ Ibid, 16

⁷⁹ Ibid, 25

⁸⁰ Ibid, 25

would regulate community health and hospital care. Emerson envisioned that membership on this committee would come from local private and public health agencies. This committee would be free of the financial oversight power held by the Central Council for Social Services and would focus on community health issues.⁸¹ He did not mention a source of funding for this committee, but seeing as it incorporated public health agencies it is likely that it would have fallen within the control of local government. It is probable that Dr. Emerson's proposals were seen as a challenge to the power exercised by directors of the Community Chest and Central Council for Social Services. Dr. Emerson's study was noted as read in the board minutes of the Central Council before being tossed aside.

An important and apparent disconnect existed between the real experienced problems of Bethlehem and the problems as seen by the executive board of the Central Council for Social Services. The former were realized by many of those outside the Central Council including health professionals, social workers, and the residents of Bethlehem. The latter were a reflection of what those in positions of authority in Bethlehem believed to be the root of social problems in the community. Emerson's report on the inability of Bethlehem officials to take communicable diseases seriously and the lack of interest or ability to record, much less improve, living conditions in the city was read by the board of the Central Council and dismissed just as quickly. On January 1, 1926 in his Secretary Report to the Central Council, F.J. Wilt stated that Emerson's "suggestions will probably occupy our attention for some time to come."⁸² This was the first and last mention of Emerson's report by any member of the Central

⁸¹ Ibid, 25

⁸² CCSS. (1926, January 1) Meeting of the Executive Board

Council executive board. The issue of treating advanced stages of tuberculosis, which was one of Dr. Emerson's major concerns about the state of public health in Bethlehem, was raised in early 1930 but the Central Council decided to push the issue to the County Commissioners office.⁸³

Conclusion

Dr. Emerson's recommendations for the community echoed the vision of Mayor Archibald Johnston for the community in 1918. Both Emerson and Johnston advocated for a larger role of government in improving public welfare and health in Bethlehem. They both understood that improvements would come from the power of local government and public health professionals instead of the private activities of prominent citizens. In his 1922 annual report Johnston acknowledged that "as the population of a city grows, the demands for increased facilities likewise grow, and largely for this reason...it costs more to operate cities as they grow in size and the population increases."⁸⁴ He argued that Bethlehem could have drastically improved schools, sanitation, and police and fire protection if the city would be willing to submit to increased taxation to pay for such services. Ultimately, Johnston's appeal fell on deaf ears as the citizens of Bethlehem were largely content with the improvements the wealthy were willing to pay for.

During this time Bethlehem Steel put modest resources into improving the lives of their workers, but showed little interest in the living conditions or public health of the larger community. This attitude most likely reflected the views of company president

⁸³ Ibid. (1930, February 11) Meeting of the Executive Board

⁸⁴ Archibald Johnston "1922 Mayor's Report." Bethlehem Area Public Library. Local History Collection.

Eugene Grace.

The Central Council for Social Services reflected models of philanthropy that the wealthy knew and understood. This approach did not solve the numerous problems in Bethlehem in spite of the money donated by the wealthy. Some private citizens did make large monetary contributions towards charity organizations in Bethlehem, but the disinterest of people like Grace made it clear that leaving matters of public health to private citizens was not enough to create the necessary improvements. Health problems persisted and could have only been solved through a larger role in government as suggested by both Dr. Haven Emerson and Mayor Archibald Johnston.

The city was handcuffed by a number of factors that prevented any of the needs of its citizens from being effectively addressed. Johnston advocated for an increased role in government action but this was difficult in a city that resisted the higher levels of taxation necessary for such work. Furthermore, Johnston was stonewalled by Bethlehem Steel which resisted tapping the huge amount of wealth generated by the company to provide for improvements in the city. It remains unclear why this was so, but it was likely a reflection of Grace's attitude towards the role of the company in the community.

Despite the best efforts of Estes the Central Council failed to become a source of coordination between the various social welfare organizations in Bethlehem. The Social Services Exchange and the health study conducted by Emerson did not result in the changes Estes hoped to see. While his vision for the Central Council and the public health of the city did not take hold, Estes remained a progressive in a city that chose to leave social welfare to the efforts of individuals and private organizations.

Epilogue

Despite the self imposed authority of the Central Council and the Community Chest they would not last as the oversight organizations in Bethlehem. However, their models of charity oversight would be incorporated into future methods of carrying out social work in the community. After fifty years of work in the city of Bethlehem the Community Chest changed their name to the Greater Bethlehem Area United Fund in 1970 shortly before merging with the Forks of the Delaware United Fund to create a larger regional organization. The Central Council for Social Services went through several name changes before being absorbed “into a valley-wide planning agency that included the Northampton and Lehigh County Councils” in 1963.⁸⁵ Both the Central Council and the Community Chest would eventually become part of the operations of the United Way in the Lehigh Valley.

The United Way continued many of the methods of the Central Council and Community Chest. The United Way then implemented models of philanthropy on a larger scale that failed to acknowledge many of the real social ills of their time. Establishing a larger pool of fundraising and using budgetary oversight to control spending were still common practices, but the United Way was able to evolve in many ways that the Central Council and Community Chest could not. In many ways the modern United Way of the Lehigh Valley became an embodiment of what Dr. Estes wanted for the Central Council for Social Services. Social service professionals were incorporated into the United Way to help make oversight determinations about the funding of organizations. Despite this, many of the problems that went unaddressed by

⁸⁵ “Records of the United Way of Northampton and Warren Counties, 1918-1985.” Bethlehem Area Public Library. Local History Collection, 1-2.

the Central Council and the Community Chest lingered for decades in the United Way. It wasn't until the early 2000s that the United Way of the Lehigh Valley reevaluated their funding plan to try and identify the problems in the community and direct their giving to combat those issues.⁸⁶ This recent change in the mission of the United Way of the Lehigh Valley focused on local primary education which in part highlighted the how limited the influence of the United Way was. The new focus took significant funding from other areas of education and broader categories of charitable organizations.

The shortcomings of the Central Council for Social Services and the Community Chest in the 1920s served as prime examples of the danger of similar models of organizational funding and oversight that still exist today. Even though some of the social problems changed in the decades since the founding of these organizations, local communities still need to come to terms with the structure of community power and what voices decide the hierarchy of worthwhile issues. Determinations on the causes of social problems and the way people understand community ills have come a long way since Dr. Emerson's 1925 study of Bethlehem. But as Bethlehem continues to struggle with the competing voices of those who hold the wealth and local residents, the lessons of the Central Council for Social Services and the Community Chest remain close to home. By the 1920s Bethlehem was a community driven by the success of Bethlehem Steel. It was a corporate city that had a concentration of wealth in the hands of a few executives in the community. With the power tilted so drastically towards these few individuals it would have made sense for Bethlehem Steel to take an interest in improving the local

⁸⁶ Sam Kennedy, "New United Way Funding Formula Shifts Money to Select City Schools," *The Morning Call*, March 29, 2014, accessed March 30, 2014, <http://www.mcall.com/news/local/mc-united-way-changes-investment-plan-20140328,0,1572909.story?page=1>

community. The reality of Bethlehem was quite the opposite. Bethlehem in the 1920s was dominated by vice, disease, and poor working and living conditions but there were few in Bethlehem that believed city government should take a more progressive approach and a stronger role in local relief.

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