



The Most Important Factor in Public Health Work: From Visiting Nurses to Public Health Nurses in Forsyth County, NC, 1905 - 1930

Simone M. Caron

Wake Forest University
Winston Salem, NC

In 1901, Jessie Sleet Scales (1865-1956), the first African American public health nurse in the United States, wrote, “I cannot but feel that this house-to-house visiting, these face-to-face practical talks, which I am having with the people, must bring about good results.”¹ Over a century later, a partnership in 2016 between Kate B. Reynolds Charitable Trust and The Duke Endowment established Forsyth Connects to provide free in-home visits by registered nurses to all parents of newborns in the county to help increase infant and maternal wellbeing.² This twenty-first century program has strong roots in the public health nursing movement of the Progressive Era initiated at settlement houses in Northeast and Midwest cities. Forsyth County, NC, and its largest city, Winston-Salem, had no settlement houses, but the history of public nursing in this region reflects broader trends in public health and the professionalization of nursing. The county experienced significant advancements in public health infrastructure, including the establishment of health departments and the implementation of public health programs. Funding for these efforts initially came from an informal network of private charities and companies such as the Home Moravian Church and the Metropolitan Life Insurance Company, and later from city, state, and federal agencies. While some critics dismissed public health as one of many “fads” sweeping the nation, others asserted that it was a crucial component in transforming Winston Salem into a progressive city with a rapidly expanding industrial base in need of healthy workers.³ Local officials responded with the creation of the Forsyth County Board of Health (FCBH) in 1913 and the Winston-Salem City Health Department (WSCHD) in 1916, the latter of which hired two public health nurses, one white and one Black.⁴ The growth of public health nursing in Forsyth County, NC, was a result of the desire of a “progressive southern city” to follow national trends in preventative health, providing essential services such as home visits, school inspections, control of contagious disease, health and hygiene education, and support for new mothers and infants. African Americans in particular faced disparities in healthcare access and quality due to segregation and systemic racism. Against this backdrop, public health nurses became forerunners in providing vital health services to underserved communities in Forsyth County.

A number of scholars have written about the development of public health nurses during the Progressive Era. The most comprehensive history of nursing from the colonial period to the twenty-first century is the overview by Arlene W. Keeling, Michelle C. Hehman, and John C. Kirchgessner. Their work covers both nursing and public health nursing across the country.⁵ Most other sources analyze white public health nurses in Northeast cities such as NYC and Boston, or Midwest cities such as Chicago, but little has been done on southern cities. Black nurses gain some attention⁶ but few historians have examined Black public health nurses in the

1910s and 1920s. Marian Moser Jones and Matilda Saines argue that during these years, “few cities employed Black public health nurses.”⁷ Similarly, Sandra Lewenson contends in “Hidden and Forgotten” that many states either barred or discouraged Black nurses from taking the state board exams in nursing.⁸ This article adds to this historiography by analyzing the gender and racial dynamics of public health nurses in one southeastern county/city that attempted to prove its progressive nature by mimicking trends initiated by pioneers such as Lillian Wald and the Henry Street Settlement in New York and other major northern cities. In Forsyth County, these women served as trailblazers in the modern campaign to expand public health in the region.

At the dawn of the twentieth century, the progressive push for better urban sanitation and control of infectious diseases resonated with the growing number of nurses across the country. The US Census counted 9,632 white nurses but only 201 Black nurses in 1900. Nurses grew exponentially over the next decade to 69,707 white and 3,010 Black nurses.⁹ The American Nurses Association, established in 1896, was a federation of state nursing associations: one had to belong to a state organization to belong to the national. The *American Journal of Nursing*, founded in 1901, provided a “strong bond of interest between the nurses of this country, and...greater unity of purpose.”¹⁰ Women in North Carolina followed the news of the organizational path taken by nurses in New York, Philadelphia and Boston.¹¹ On October 28, 1902, the Raleigh Nurses Association held a meeting to organize a North Carolina State Nurses Association with the goals of registering nurses and lobbying for legislation.¹² They succeeded in convincing the legislature to pass on March 2, 1903, the first law in the country to allow nurses to gain a license: “An Act to Provide for the Registration of Trained Nurses” registered graduates from a “reputable” training school connected to a private or public hospital.¹³ Mary Rose Batterham became the first nurse to acquire the signature of “R.N.” under this law. The NC State Nurses Association held its first annual meeting from June 3 through June 11, 1903.¹⁴ Two years later, the third annual meeting took place in Winston from May 30 through June 1, 1905. The doctors of the Forsyth County Medical Association offered welcoming remarks,¹⁵ and Dr. Charles McIver agreed to organize a preliminary course for nurses at his school, the State Normal School for Women.¹⁶ An amendment to the North Carolina Registration Law in 1907 increased the educational standards for a license to require an examination by the Board in “anatomy, physiology, materia medica, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene.” This placed North Carolina in the “first rank in state registration.”¹⁷ Gendered assumptions added to the public acceptance of this career path for women. Support for this “respectable occupation” was strong due to the belief that it “appealed to the spirit of self-sacrifice which is inherent in every woman’s nature.”¹⁸

For African American women, this period was particularly challenging due to widespread segregation and racism. African American nurses trained in separate institutions. Many had been trained at the Freedman’s Hospital Training School for Nurses, founded in 1884 in Washington, D.C. The initial eighteen-month training program expanded to three years in 1900.¹⁹ While many southern states had few educational opportunities for African American women, North Carolina had three, albeit separate, nursing schools for Blacks: St. Agnes Hospital School of Nursing in Raleigh (1896); Lincoln Hospital School of Nursing in Durham (1901); and Good Samaritan in Charlotte (1903).²⁰ The North Carolina State Nurses Association prohibited Black graduates from joining the organization; they therefore also could not join the American Nurses Association. As result of such discrimination and exclusion, Mary Elizabeth Mahoney,

Adah B. Thoms, and Martha Minerva Franklin founded the National Association of Colored Graduate Nurses in 1908 and opened membership to all nurses regardless of race or gender. Franklin, the only Black graduate of her high school in Connecticut and a graduate of the Woman's Hospital Training School for Nurses in Philadelphia (1897), became its first president.²¹

Public health nursing was much smaller: by 1901, there were 58 associations across the country with a total of only 138 public health nurses. Scholars generally recognize Lillian Wald of New York City's Henry Street Nurses Settlement (1895) as the first public health nurse in the US.²² Less known is Jessie Sleet Scales (1865-1956), considered to be the first Black public health nurse. Born in Canada, Scales graduated in 1895 from the Provident Hospital School of Nursing in Chicago. She became a district nurse in New York City in 1901 initially to treat Blacks suffering from tuberculosis but eventually assumed overall public health care in the "Negro district" of Manhattan's west side. In 1901, she published a report on her work in the *American Journal of Nursing* detailing her 156 home calls to care for 41 families suffering from either consumption, peritonitis, chicken pox, cancer, diphtheria, heart disease, pneumonia, or rheumatism. The racial identity of public health nurses, in her opinion, influenced the success of their work: "They have welcomed me to their homes, saying, 'We don't know you, but we belong to the same race.' They have listened to me with attention and respect, and if the advice which I gave was not always accepted, in no case was it rudely rejected."²³ Not only was racial identity important in developing relationships with community members, but it also helped in what many Black leaders called "racial uplift." Black women health professionals, according to Bishop Joseph Blount Chesire of the Episcopal Diocese of North Carolina, had a "duty" and the "power" to "elevate" and "dignify their profession."²⁴

In the early 1900s, public health in Forsyth County, North Carolina, was in its infancy, with limited resources and infrastructure to address the health needs of a growing population. The North Carolina legislature passed an act in 1909 that provided for the first full-time State Health Officer, and another act in 1911 that encouraged counties to establish Boards of Health to control communicable diseases; each board was to have a five-member mix of medical and lay people.²⁵ The Forsyth County Board of Health (FCBH) resulted on April 3, 1911, with W.B. Speas (County Superintendent of Schools) as the Secretary; J.A. Vance as the Chair; Mayor O.E. Eaton; and two physicians, Dr. S.F. Pfohl of Salem and Dr. J.C. Hammock of Walkertown.²⁶ The success of the RJ Reynolds tobacco industry in Winston led to the rapid growth of the city from 443 people in 1870, 8,018 in 1890, and 17,167 in 1910, making it the sixth largest city in North Carolina and the third largest tobacco manufacturing town in the nation.²⁷ The company often recruited African American workers from eastern North Carolina and South Carolina: Blacks constituted 31.6 percent of the Winston population by 1910.²⁸ Black workers settled primarily in the northern and eastern sections of the city, far from white elites in the west end, entrenching the city's defacto segregated residential landscape.²⁹ The importance of the tobacco industry to the economic stability of the region helped spur the push for public health measures to quiet white elite fears of perceived threats from Black and poor white bodies.

The first foray into public health nursing in Forsyth County occurred at the private level. The Home Moravian Church's Sunday school class formed the Wayside Workers in 1906. They hired Berth Reginas as a visiting "practical nurse," whose duties, unlike those of Wald and Scales, did not include any work with contagious disease. Five years later, they hired Percy Powers, a

graduate nurse, to expand the work of Reginas, and in 1911 they began the first school inspections in the state, helping to implement the 1911 state requirement for smallpox vaccination. By 1912, the FCBH mandated all children and teachers show proof of vaccination to enter the schools. The visiting nurses then gained permission to enter schools in the city of Winston to ensure compliance with the new FCBH orders for individual drinking cups for each student and for a “sanitary water cooler” to replace dangerous open well water at each education facility. They also monitored each school’s progress toward constructing a “sanitary closet” on school grounds; the latter became an FCBH mandate for all schools in order for them to open in 1918. Public nurses performed initial inspections of children’s health in the schools and conducted follow-up visits in the students’ homes.³⁰ Their efforts helped reduced the incidence of ringworm, pink eye, and nutritional disorders among school children. Powers remained in this position until 1920 when she resigned to accept a position as a supervisor of nurses with the Winston-Salem City Health Department.³¹

The second decade of the twentieth century saw the institutionalization of public health nursing in Forsyth County, driven by the growing recognition of the role of trained nurses in improving community health. The national level saw the founding of the National Organization for Public Health Nursing in 1912 with Lillian Wald as its President. Its goals were to link the nursing profession with the growing national public health movement and to set national standards in the field. The organization communicated these standards through two publications: the *American Journal of Nursing* and the *Visiting Nurse Quarterly*. The following year, the US Public Health Service (USPHS) appointed its first public health nurse. At the local level, the Metropolitan Life Insurance Company (MLIC) established on March 25, 1912, nursing services in Winston and in Raleigh to provide care for its policy holders and their families with the goal of increasing profits with better morale and less absenteeism.³² In 1914, the first local newspaper coverage of public health nurses appeared. The *Twin-City Daily Sentinel* editors of the newly merged city of Winstons-Salem (1913) covered the need for public health nurses trained in midwifery to help lower maternal and infant mortality.³³

A year later, this newspaper gave considerable support to the notion of public health nurses. Although some people dismissed public health work as one of many “fads” sweeping the nation, the editors argued that it was making “great strides” with public health nurses as central to the mission: “A new and important factor in public work is the public health nurse.” As more cities and towns decided to employ them, their efforts were “indeed proving satisfactory.” The paper quoted a pamphlet from the NC State Board of Health (NCSBH) promoting such work: the “public health nurse is about the most important factor in public health work just at this time,” even more important than the “health officer,” who was necessary, “but when it comes to help—real health service—the visiting nurse is the one in demand.”³⁴ The NCSBH asserted that towns could not function healthily without the vital role played by such nurses: “She is doing more to instruct not only the patients themselves but whole families how to live careful and healthful lives and she’s been a Godsend to mothers with young babies.” Her daily or weekly visits accomplished what the “doctor cannot do,” and her acts were the ones “that count the most with the sick and the helpless.”³⁵ The pamphlet concluded by stating that every town of 5,000 or more should have at least one public health nurse who would work to control tuberculosis, decrease infant and maternal mortality, and provide medical inspections and instruction in public schools.³⁶ While school inspections were already taking place in Winston-Salem, they were privately funded and small in scale. Durham became the first city in the state in 1915 to

have the School Board implement a publicly funded school inspection plan.³⁷ At the state level, the NCSBH surveyed student health and reported dismal rates of tuberculosis, dental decay, and vision problems; their report convinced the legislature to hire the state's first six full-time nurses to inspect school children.³⁸

Public health initiatives accelerated in 1916. By this point nationally, there were 1,992 public health organizations in 1,496 cities and towns with a total of 5,152 public health nurses.³⁹ In North Carolina, the State Board of Health instituted a public health nursing service in conjunction with the Metropolitan Life Insurance Company. This service combined visiting nurses, tuberculosis nurses, and child welfare/mother nurses into one organized public health nursing service. This cooperation between government and private enterprises began at the initiative of Lillian Wald in New York City with the MILC in 1909. In North Carolina, the MILC paid part of the salary of public health nurses in relation to the number of policy holders living in a specific town. In 1916, North Carolina had 112,000 MILC policy holders, leading the MILC to pay 50 cents for every visit made by a public health nurse to a MILC subscriber. The NCSBH's initiative received praise from other state health departments and "noted public health workers" around the nation that congratulated North Carolina on this "progressive step," claiming it was "the most timely piece of public health work the state could have undertaken at this time." Ella Phillips Crandall of New York City, an "authority on public health nursing," praised this new "systemized method of public health nursing" that had proven "efficient in the North and West where it has been more generally employed as public health work."⁴⁰ Public health nurses in this new North Carolina program held their first state meeting on April 6 to 7, 1916. Their objectives were to form a state organization of public health nurses – whether they were called "district nurse, visiting, school or tuberculosis nurse" – and to track and treat tuberculosis among "indigent" patients in the state. Representatives from the NC Medical Society and the State Nurses Association attended, as did public health nurses from Kentucky and Georgia.⁴¹ NC public health nurses looked to Ohio, where 47 of 65 cities with populations between five and twenty-five thousand had public health departments, 40 of which employed public health nurses.⁴²

At the same time at the local level, the city established the Winston-Salem City Health Department, which marked a significant milestone in formalizing public health efforts. Its initial primary goal was to battle the raging contagious diseases in the county. While polio ravaged 203 cities in 1916, especially cities in New York, Massachusetts and New Jersey, Winston-Salem escaped the polio wrath with only one case and no deaths. More cities across the nation reported scarlet fever than polio: 267 versus 203. Winston-Salem fared worse than most areas with 208 cases and five deaths, making it the fifth worst city with a rate of 6.67 per 1,000, and a death rate of 2.0. Smallpox for that year saw 120 cities reporting cases, but Winston-Salem had only one case (.032 per 1,000). Winston-Salem also had no cases of pulmonary tuberculosis (180 cities reported cases) but did have seventy cases and 93 deaths from non-pulmonary tuberculosis (136 cities reported cases). Typhoid ravaged Winston-Salem: with 253 cities reporting cases, Winston-Salem had the third highest rate per 1,000 people (5.745).⁴³ These troubling health statistics led the USPHS in 1916 to send Dr. Joseph J. Kinyoun (1860-1919) to lead the newly established Winston-Salem City Health Department and contain the rampant diseases. Kinyoun had been the founder of the Hygienic Laboratory in 1887, the forerunner of the National Institutes of Health, and was originally from East Bend, NC. His objective was to implement "modern" procedures of disease prevention and public health policies.⁴⁴ He hired

two nurses: Sallie Hardester Cook, R.N, a white woman; and Girlie Jones Strickland, R.N., an African American woman. Their duties included school inspection and control of contagious disease.⁴⁵ Some states refused to allow Black women to sit for the nurse examination while others gave a separate exam and license for Black nurses, but North Carolina was not one of them. In fact, Charlotte Rhone of New Bern, NC, a graduate of Freedman's Hospital in 1901, was the first African American in the nation to take and pass the state licensing exam, just three weeks after the NC law passed in 1903.⁴⁶ While many southern states and cities did not hire Black public health nurses, Winston-Salem did so at the founding of the public health department.

Several factors may explain this difference. First, the segregated nature of the city had led to separate facilities for African Americans. Dr. Humphrey H. Hall, a graduate of Shaw University's Medical School, moved to the city in 1887 and opened the first Black medical practice in 1889. By 1913 he had built the Hall Building, one of the largest commercial buildings in the downtown area. Simon Green Atkins moved to the city in 1890 to become the principal of the Depot Street School, which was the largest Black school in the state. Hall and Atkins worked together to create Slater Hospital, the first Black hospital in the city, funded through contributions Atkins raised, and through donations of money and land from R.J. Reynolds, the city's tobacco magnate.⁴⁷ While the motivation of Hall and Atkins was to provide necessary health care to people in their community, Reynolds' impetus was economic: this hospital could treat his injured or sick tobacco workers, many of whom were Black, and return them to work as soon as possible. Slater hospital also included a nurse training program to address the shortage of Black nurses in the city. Both the hospital and training program opened in 1902.⁴⁸ Business leaders responded positively because of the care now available to a large Black workforce in the city. Other residents welcomed the training program because of the dearth of affordable nursing care: these "colored nurses would fill a great need in this and every community for the reason that they could perform a most satisfactory service and presumably at a nominal rate which would be within the reach of a great many persons who from necessity, would otherwise be deprived of this much desired care and nursing."⁴⁹ In other words, Jane Crow allowed middle class whites to pay Black nurses such a nominal fee that they could afford care otherwise out of their reach with white nurses. Moreover, whites often treated Black nurses in private homes as tantamount to domestic servants.

Second, Winston-Salem officials used racial fears of poor Black health as a justification to pass the first segregated housing ordinance on July 1, 1912. This ordinance was the result of a growing Black middle class pushing to buy homes in better white neighborhoods. This gradual accumulation of property, symbolically and realistically seen as a definitive step in economic mobility, threatened what historian Elizabeth A. Herbin-Triant calls "middling whites" who feared their property values would decrease because of an "inferior" group moving into the neighborhood.⁵⁰ In addition to employing decreased property value arguments, white middle class property owners argued that the high rates of death and contagious disease among the Black community necessitated a legal separation of the races to protect the white community.⁵¹ Whites ignored the fact that these higher rates resulted from the lack of access to clean water, sewage systems, suitable housing, screens, and paved roads as well as deplorable working conditions in the tobacco and textile factories. Black leaders protested the segregated housing ordinance, leading white officials to attempt to mollify them by pushing through long sought after improvements in Black neighborhoods to give the appearance of separate but equal: some

areas of East Winston finally received paved roads, sidewalks, curbs, and water and sewer connections. These actions – too little too late – did not placate the Black community; they sought and won redress from the courts when William Darnell, a Black homeowner, challenged the racial zoning law. In *State v. William Darnell* (1914), the North Carolina Supreme Court led by Chief Justice Walter McKenzie Clark unanimously struck down the ordinance.⁵² With defacto, but not de jure, segregation in place, many whites supported the growth of Black health professionals to help reduce the perceived health threat of Black neighbors and domestic help. A case in point is Kinyoun's response to the occurrence of polio detected in the city. A Black physician was treating a young boy on 11th Street in the Black section of town. The doctor suspected polio but did not report it until "someone" alerted health officials to the possibility of polio. Kinyoun found the doctor's action in this matter to be "so flagrant a violation of the Ordinance either by intent or through ignorance, it appears that this case should have attention of the law officers of the City." His actions, according to Kinyoun, placed the Black community at risk because the child's sister continued to attend Woodland Avenue school for Blacks, "exposing at least forty persons to the possible direct infection." But more importantly, in his view, was the fact that the doctor's irresponsible behavior placed white people at risk because the child's father "ran a white men's barber shop on Main Street...and the mother was a cook in a prominent family on Cherry Street."⁵³

Despite these unfounded perceived threats from "diseased" Black bodies, financial constraints limited the care available to the Black community. Slater Hospital faced insurmountable fiscal barriers: most patients could not pay for their care, and the city budgeted only \$300 a year for Slater versus \$1200 for City Hospital, the white hospital where most patients could pay if not all then at least most of their bill. Organizers of a Slater Hospital fund raiser, with noted African American violinist Clarence Cameron White as the headliner, appealed in the newspaper to the white community for support: "White people are especially invited to attend."⁵⁴ Despite these efforts, the hospital closed in 1912. Newspapers framed its closing as a positive development given its long financial struggles. Blacks would benefit from a new separate section of a "modern" hospital being built by the newly merged city of Winston with the town of Salem.⁵⁵ This new facility was in part an attempt to make Winston-Salem attractive to Black workers so they would remain in the tobacco factories rather than seek employment in other cities or states: "The new building will give the colored people of the Twin-City as fine hospital facilities as they have anywhere in the South."⁵⁶ The plan included a separate wing with thirty beds for Blacks with two large and two small wards, four private rooms, a kitchen, laboratory, and nurses quarters; a corridor connected the wing to the main hospital, which had sixty beds.⁵⁷ Black doctors protested the lack of a surgical ward with appropriate equipment, and the shortage of Black nurses trained in modern professional care. The nurses who applied for positions were not "graduate nurses" and thus patients did not receive adequate care. The Board of Aldermen called on the hospital commission to address the matter.⁵⁸ The new hospital opened on 15 October 1914 to great fanfare regarding its modern facilities for both whites and Blacks,⁵⁹ with separate but unequal wards.

The attempt to maintain the façade of separate but equal continued as the city faced epidemics in 1916. The Forsyth County Board of Health discussed the lack of facilities to care for the "tubercular poor of the County," and concluded that care for "this class of our citizens is an absolute necessity." The FCBH ordered the Board of County Commissioners to "erect suitable buildings for both white and colored tubercular poor."⁶⁰ They converted the Old East Salem

School building in East Winston-Salem into a quarantine hospital for tuberculosis patients with separate wards for Blacks and whites.⁶¹ With the creation of the Winston Salem City Health Department later that year, Dr. James Joseph Kinyoun spent three months as the Director to “put health conditions in Winston-Salem on a firm footing.”⁶² For scarlet fever patients who could not be cared for at home, he created a quarantine hospital with three buildings: one for white and one for Black patients, with the last cottage for nurses’ accommodations. The lack of a separate building to accommodate Black nurses meant that white nurses Mary Walker and Sarah Hardister cared for the ten scarlet fever patients: five Black and five white.⁶³

Kinyoun then went on to hire the first public health nurses in the city to help address the abysmal health statistics in Winston Salem. His monthly report for June 1916 mentioned 61 deaths: 28 whites and 33 Blacks. He reported 29 cases of measles; fifteen of tuberculosis; thirteen of typhoid; seven of dysentery; four of chicken pox; and one of smallpox.⁶⁴ Sarah Hardister became the first WSCHD “Visiting Nurse” in June 1916 to inspect sanitary conditions and care for the ill in both white and Black homes and schools. Her house-to-house visits investigated the “sanitary conditions within the homes” and provided instruction on how to care for ill family members. This included instructions on how to provide care for the patient when the nurse was not there: to use baths to reduce fevers; to ventilate the room properly; to dispense medications according to instructions; and to provide proper nourishment such as fresh eggs and milk. Because people living on meager incomes often had to choose between healthy foods and medicine, Hardister tried to connect families with charity resources for nutritious provisions. While many people appreciated her home visits and instructions in the “finer arts of preventive as well as curative efforts,” others “showed resentment to the intrusions” and their reception “was anything but hospitable.”⁶⁵ Soon thereafter, Kinyoun hired Girley Lee Jones Strickland, a Black public health nurse who had graduated from the Lincoln Hospital School of Nursing in Durham in 1916. She moved to Winston-Salem because she heard the city “needed a colored public health nurse.”⁶⁶

Strickland assumed her duties in the summer of 1916 and continued as one of the longest serving public health nurses in the city’s history. She was one of the earliest Black nurses to pass the NC state boards in 1917 and became the school nurse for all the Black schools: Depot Street, Oak Street, Woodland Avenue, and Columbian Heights.⁶⁷ She performed home visits and, similar to Hardister, did not always receive a warm reception because “people did not appreciate” her efforts and “frequently resented the suggestions and advice offered.”⁶⁸ Over time, however, both white and Black public health nurses gained increasing acceptance in the community as they “greatly expanded” educational efforts through the distribution of state health pamphlets and especially as they helped address contagious disease.⁶⁹

The efforts of public health nurses in combatting hookworm and typhoid aided in this acceptance. The first hookworm campaign began in 1909 with funding from the Rockefeller Sanitary Commission’s five-year program across eleven states, one of which was NC. The distrust of northern philanthropists led the NCSBH to establish a Bureau for Hookworm Control under state control but funded with Rockefeller money. City and county health departments dispersed educational materials concerning the proper construction of privies, especially around schools, to control the spread of hookworm, and by 1911 established dispensaries to treat local populations.⁷⁰ State educational campaigns about the need to wear shoes, and the partnership between state oversight of private Rockefeller funding to provide for the proper

disposal of sewage, led to a decrease but not eradication of hookworm. When these funds ran out in 1914, the Forsyth County Board of Health recommended that the county commissioners appropriate funds for a joint hookworm treatment and typhoid vaccination campaign. It began June 19, 1916, and ran through August 30. Dr. E.F. Strickland, the county health officer, led the joint campaign with the aid of public health nurses at 24 dispensaries dispersed across the city and numerous surrounding rural areas, including Clemmons, Rural Hall, Bethania, Tobaccoville, and Kernersville. Educational pamphlets urged parents to bring their children to the nearest dispensary to help eradicate these two diseases from the region in the same way that they had been eliminated from the US army and navy. The state contributed funds to the local campaign so that all treatments and typhoid vaccines (produced and distributed by the NCSBH laboratories) were free of charge to all in the community.⁷¹ By the end of the campaign, 904 people had been successfully treated for typhoid, receiving all three necessary doses; 47 had returned for two doses; and 54 for only one dose. For hookworm, health officials used microscopic examinations of feces, finding a 6.64 percent positivity rate, and sent the infected home with free treatments and instructions on proper usage.⁷²

Other educational efforts assisted in the acceptance of public health nurses. The Graduate Nurses' Association sponsored the first public lecture on public health nursing on February 28, 1916, held in Winston High School's auditorium on North Cherry Street. The key note was by Ella Phillips Crandall, executive secretary of the national organization of Public Health Nurses, who was touring the South to increase regional interest in the public health nursing movement.⁷³ The local papers published 277 articles in 1916 on the expanding responsibilities of public health nurses in trying to control disease in the local community.⁷⁴ These "modern" public health nurses could play a much larger role than "the old-fashioned visiting nurse who visits and nurses the sick, poor patient in his own home." The public health nurse still performed the role, but also served as a "social worker...an infant-welfare nurse, a tuberculosis nurse, a sanitary inspector, a truant officer, or any half-dozen other offices she may be called to fill." She was "social as well as medical, preventative as well as curative."⁷⁵ The "greatest value" of the public health nurse was "not her curative work but her preventive work. She educates and creates conditions that make for health."⁷⁶ The public health nurse went into the homes of patients suffering from tuberculosis. She could teach "the entire family how to care for the sick members, and how to protect themselves from danger of contagion" by practicing proper quarantine procedures.⁷⁷ She was also crucial in teaching pregnant women "how to care for herself and her baby, both before and after birth," and especially on the importance of breastfeeding infants for proper nutrition and to help avoid infantile diarrhea from contaminated milk supplies.⁷⁸ The WSPHD joined the national "Baby Week" campaign during which public health nurses targeted women on the "care and treatment of babies" including how mothers should feed and bathe babies to reduce infant mortality.⁷⁹ Fathers had no place in this gendered campaign to educate women on their health responsibilities to their families. Any illness or death of infants fell squarely on mothers. Newspaper editors proclaimed that "half" the infants who had died "could have been saved by proper precautions" to new and seasoned mothers alike.⁸⁰ Infant mortality was a particular concern of Kinyoun. He critiqued the consistent disproportionate stillborn deaths among Blacks. In July of 1916, the city had 69 births, 45 white and 24 Black, with ten stillborn births, all among Black women. "This large number occurring among the negro population," Kinyoun argued, "shows something is radically wrong in either the care of the mother before birth or during birth." His racism was apparent in his attribution of blame to "illiterate" and "intensely ignorant" Black midwives. He

believed the negative health outcomes for Black infants could be addressed with more doctors overseeing births – a fact he acknowledged was impractical because of the paucity of physicians in the area – and with more public health nurses making pre- and post-natal visits to pregnant women.⁸¹

Kinyoun's term came to an end in October of 1916. He believed he had placed the WSPHD on firm footing, "laying the foundation of a system which can be built upon as the occasion requires" and in accordance with the "growing needs of the City of Winston-Salem."⁸² While he had achieved much, more needed to be done, especially with recalcitrant parents. Public health nurses in particular needed to convince parents that asymptomatic children were a "menace to others" because they could still spread diseases such as diphtheria and typhoid in the community. The public health nurse, in his view, could gain the trust of parents and help convince them to abide by public health measures to protect their neighbors.⁸³

These expanded responsibilities of public health nurses were both cost-effective and costly. The public health nurse saved the community money by "preserving the health of those members of our community who are now well, but are likely, either through ignorance or some other underlying cause, to lose their health and so become a burden to society."⁸⁴ The Board of Health realized that "money invested in a campaign of this kind pays."⁸⁵ It looked to the example of Durham, N.C., pointing out that it had saved over \$100,000 from the employment of eight public health nurses to curb the spread of tuberculosis, typhoid, and diarrhea, the latter of which decreased by 33 percent. These eight nurses had been hired by a mix of public and private entities.⁸⁶ Durham also curbed disease by hiring a milk and meat inspector as well as a full-time health officer.⁸⁷ In Winston-Salem, the expanded duties strained the two public health nurses. The WSCHD hired two more public health nurses in 1918 (but did not mention race), and the Wayside Workers raised money from various charitable and religious organizations to hire more nurses to help in the Salem wards.⁸⁸ Throughout the city, residents "manifested... much interest" for the public health nurse. The idea of employing them was "rapidly growing in popularity," and would lead the region to embrace public health as a "progressive step" in a modern public health approach.⁸⁹

Public health nurses and nurses in general both locally and nationally considered themselves to be professionals in this new "modern" health care system. Some male authorities, however, took issue with including nurses as part of the medical profession. A case in point was Abraham Flexner, of Flexner Report fame, who argued they were trying their best to "improve the status of her vocation," but their work was "neither original nor final." Their role was as "arm to the physician," and while "instrumental," in the end, the doctor "observes and decides." The nurse "carries out his orders" and "subordinates loyally her intelligence...to second his efforts."⁹⁰ This gendered notion of women as mere assistants who willingly suppressed their intellect to superior men did not go unchallenged. For example, Emily C. Covert, a graduate of the University of Minnesota's nurses' training department, used Webster's definition of a profession to defend the nursing profession.⁹¹ She labeled Flexner antiquated in his opinions. Perhaps such views, she argued, were true when nurses learned as apprentices from doctors, but they now learned from nursing schools, many of which were connected to colleges and universities. Many public health nurses offered "original work," especially in the fields of school and rural nursing, and most did not work with doctors but instead with teachers and school boards. She concluded that nursing was the "application of many sciences: dietetics, hygiene,

pedagogy, psychology, sociology, bacteriology, etc. Nursing is a profession, for it is based on a body of organized and tested knowledge....” In time, she asserted, “even Mr. Flexner” would admit that nurses belonged in the “realms of the learned professions.”⁹² Covert’s views reflected many commentaries. Numerous health advocates believed that the public health nurse was the “most single factor in effecting opportunity for health,” and that the greatest hindrance to advancing a public health agenda was the lack of professionally “trained women.”⁹³

This shortage became apparent as the United States entered World War I. Approximately 21,500 white women, including Covert, served in the US Army Nurse Corps in military hospitals both abroad and stateside. Regulations required that these women be unmarried, between the ages of 25 and 35, white, and graduates of nurse training schools.⁹⁴ While nationally roughly one hundred Black doctors and twelve Black dentists served in the US Medical Corps, the government excluded Black nurses because a 1911 American Red Cross policy barred them due to supposed difficulty in providing segregated housing for them. Although the National Urban League, National Association for the Advancement of Colored People, and individual Black leaders protested this discrimination, the policy remained in place throughout the war.⁹⁵ Thus the war did not impact the duties of Black health care workers in Winston-Salem.

Black public health nurses on the Homefront concentrated on the number one killer in the country and Winston-Salem – Tuberculosis. This raging disease had overflowed state TB institutions, leading to a national movement calling on counties to open facilities. In North Carolina, the State Sanatorium for the Treatment of Tuberculosis had, since its first day, been “crowded to its utmost capacity,” leaving “thousands of others” with no access to treatment and care. Those most in need were people “without means” who were “dangerous and public nuisances” because they “carelessly spit and cough, spreading infection not only to their immediate families, but to the public at large.”⁹⁶ Wilmington and New Hanover were the first two counties in NC to join the national bandwagon, with Forsyth as the third. The Forsyth County Board of Health ordered the Board of County Commissioners to “erect suitable buildings for both white and colored tubercular poor.”⁹⁷ The Forsyth County Tuberculosis Sanatorium opened on Liberty Street in 1917 to all races, albeit in segregated wards. Dr. A.C. Bulla, County Health Officer, praised the new forty-bed facility as “modern in every particular,” and claimed it demonstrated the “progressiveness” of the county to help lead the state in this “modern” tract. In 1918, they admitted a total of 63 patients: 30 white and 33 Black; 20 of these patients died, five white and fifteen Black.⁹⁸ Although Bulla did not comment on this racial disparity in deaths, presumably Black patients were disproportionately socioeconomically disadvantaged and suffered from comorbidity factors. The work of the TB hospital grew quickly, with 116 patients cared for in the first six months of 1919 (the records did not mention a racial breakdown).⁹⁹

In addition to tuberculosis, the Board of Health also resolved that the County Commissioners appropriate funds to carry out typhoid and hookworm campaigns as well as comprehensive school inspections. Typhoid dispensaries in summer 1918 vaccinated 574 people in 37 sessions with the new one-dose Lip typhoid vaccine, although they also had the old three-dose vaccine available for the few people who resisted the updated version. For hookworm, they treated cases with drops of Oil of Chenopodium.¹⁰⁰ Public health nurses helped carried out a survey of all 108 “white and colored schools” in the county, examining location, buildings, grounds, water supply and sewage disposal.¹⁰¹ Schools, according to Dr. Bulla, were the key to the success of

public health work because “all health work is educational.” He argued that community ignorance of health standards as well as “persuasion and force” on the part of officials to achieve goals posed the greatest “barriers to public health work.” Community resistance to health campaigns could be overcome through education by public health nurses who had the trust of parents; these health professionals could therefore bring “more satisfactory results.” Their health exhibits, talks to students, public lectures, home visits, and distribution of health literature were crucial to “the success of a health department.”¹⁰²

Public health nurses also helped organize the first free dental care to school children in Forsyth County. The State Board of Health provided the funding to hire dentists on a trial basis in the fall of 1917 to provide free care to children under the age of twelve. They held 37 clinics in twelve locations to ensure children from the region had access to them. Many children had “never seen a dentist” and expressed fear that s/he would be “the most cruel person on earth.” Yet many children attended nevertheless, with some driving over ten miles in covered wagons. Public health nurses helped convince parents of the importance of such care. The success of the trial led to a permanent program in 1918 carried out in schools. Dentists, assisted by public health nurses, treated 96 percent of children they examined; the most common procedure was tooth extraction followed by fillings, cleaning, abscessed teeth, and pyorrhea. The total cost of treatment was \$282.42, significantly less than the estimated \$1,284.00 had this work been done in a private dentist office.¹⁰³ One barrier to the continued success of this “campaign for clean teeth” was the cost of toothbrushes and paste: public health nurse Mayme Lynch found the price of these items “was so large” that it “discouraged the children and the parents” from conforming to her oral hygiene instruction. In 1922, Owens Drug Company donated five thousand toothbrushes and five thousand packets of toothpaste to be distributed in the county schools. Lynch claimed that this donation would help ensure an emphasis on daily hygiene for children.¹⁰⁴ This emphasis on dental care fit within the progressive reformers’ agenda on health and hygiene: bad breath led to more noxious smells in the classroom as well as the spread of germs; the daily brushing teeth and body washing should be instilled in young children as habit. Dental care also coincided with progressive ties to the eugenic movement: good teeth equaled good health, which made for strong citizens. The need for better oral health in the nation became clear when tooth decay and missing six or more molars accounted for thirty percent of those declared unfit for military service during World War I. The American Dental Association supported the notion of clinics in schools as a means to reach children at a young age, instill the habit of good dental hygiene, and encourage a lifetime of visiting dentists in the private sector once they completed their schooling.¹⁰⁵ As with trends in other parts of the nation, some local dentists resented this county free dental program in the public schools because it posed a threat to their private practices.¹⁰⁶

Another new program at the county level involved targeting children with impaired bone structures. Pointing to new “medical science,” health officials explained that treatment of orthopedic cases at a young age led to much higher success rates than delayed attention in adulthood. The FCBH urged all parents to bring their children to Saturday morning clinics. In addition the FCBH sent Lynch to homes throughout the county with the goal of “rounding up all such cases” for treatment at the FCDH. Health officials reported “remarkable cooperation”: in the first few weeks, twenty-five children had received treatment with guidance from Dr. R. A. Moore, a local bone specialist. Doctors and nurses at the FCBH were “very anxious” to assist “all

the unfortunates” in the county and promised them “the same treatment as if they were in some of the largest hospitals” in major urban areas.¹⁰⁷

At the city level, R.L. Carlton replaced Kinyoun as the head of the WSPHD and pushed for more to be done to combat death and disease in the Black community as well as poor rural areas. In April 1918 alone, forty people had died of respiratory disease, 32 of whom were Black.¹⁰⁸ This fear of disease spreading into white communities led to a campaign to remind the city of the 1907 segregated streetcar ordinance. Black nurses could only ride in white designated streetcars if they were “in charge of a sick or infirm white person.”¹⁰⁹ When the Influenza pandemic hit in 1918, Carlton forbid the annual “Negro Fair” be held for fear of flu spreading quickly among Blacks and their white employers.¹¹⁰ The Board of Health then ordered all public schools be closed on October 28, 1918, and worked with the “Negro District Nurse” to control the flu’s spread in the east side of the city.¹¹¹ The WSPHD hired two more public health nurses in 1918 (no race was mentioned), and the Wayside Workers raised money from various charitable and religious organizations to hire more nurses to help in the Salem wards.¹¹² The Winston-Salem chapter of the Red Cross worked with the Forsyth County Health Department to hire a Red Cross nurse to expand public health nursing in the rural districts of the county.¹¹³ Throughout the city and county, “much interest” was “manifested” in public health nurses. The idea of employing them was “rapidly growing in popularity” because their work was leading state officials to embrace public health as a “progressive step” in a modern public health system.¹¹⁴

The important role nurses fulfilled in infectious disease, epidemiology, maternal and child health, school clinics, and community sanitation practices highlighted the need to hire more staff to expand these programs at the state and local level. A shortage of graduate nurses, however, was a problem. The North Carolina State Board of Health encouraged more women to pursue this profession. They publicized three scholarship opportunities that could help the state “to compare favorably with that of other states”: first, the National Organization of Public Health Nursing had raised \$150,000 for scholarships; second, the MLIC made funding available; and third, the State Federated Women’s Clubs offered three grants.¹¹⁵ In 1919, the North Carolina Public Health Department hired six nurses¹¹⁶ to examine students in grades one through six in schools across states; these nurses visited each school every three years to check for dental decay, proper growth, infections, and tonsillitis. Between 1919 and 1921, they inspected 92,566 students, and staffed clinics to provide immunizations, dental care, and tonsillectomies. They also offered educational lectures to parents on hygiene and health measures they should follow in their homes. The state health department worked with the American Red Cross to establish a Bureau of Public Health Nursing and Infant Hygiene in Raleigh with Rose Ehrenfeld as director to decrease infant and maternal mortality by improving their access to health care.¹¹⁷ In 1921 the state used the matching federal funds available through the Sheppard Towner Act to improve public health and to restructure the Bureau of Public Health and Infant Hygiene into the Bureau of Maternity and Infancy with an increased task of educating and supervising midwives in “modern” methods of delivery.¹¹⁸ That same year, Carrie Early Broadfoot, R.N., established the Colored Graduate Nurses’ Association of North Carolina (CGNA-NC).¹¹⁹

One of the issues the CGNA-NC faced was discriminatory pay for African American women. The Winston Salem City Health Department hired two additional nurses in 1919 and four more in

1920 to assist with school inspections and with tuberculosis control; funding came in part from the sale of Easterseals. The 1920 Christmas Seal Campaign in Winston Salem raised \$3,800, part of which paid the salary of two nurses. The pay, however, was inequitable based on race: the Black nurse earned \$100 a month while the white nurse earned \$150. The 1921 and 1922 Campaigns again raised funds to pay two salaries and the discriminatory pay continued: \$1200 for a Black nurse but \$1500 for a white nurse per year. Despite the difference in pay, officials claimed they both did the same “modern health crusade work” of teaching school children healthy habits “to make their bodies resist disease.”¹²⁰ Yet Black health nurses had additional expectations placed on them. The city’s white power structure perceived African Americans as a threat to the health of white citizens. Leaders expected Black public health nurses to prevent the diffusion of disease from Black communities to white: “The white persons of Winston-Salem are menaced so long as the tremendous colored tuberculosis problem exists.”¹²¹ As with the justification for segregated housing earlier, city officials again blamed Black bodies for spreading disease among whites. This led to another attempt to implement *de jure* housing segregation: Mayor James G. Hanes on January 17, 1922, brought a resolution to segregate the city “as a great step toward the prevention of racial trouble in the city,” as well as of disease spreading to white communities.¹²²

Despite such racism, Blacks did benefit from some advancements in the 1920s. The City Hospital expanded the Black wing in 1922 and employed four Black nurses: Daisy B. Teer, Alma Ballantine, Anna Saunders, and May Henry. City Health Office Dr. Carlton publicly praised the work that Black public health nurses accomplished in the community with their monthly visits to Black schools and homes. One nurse, most likely Annie Keith Brown,¹²³ made 176 health calls in the month of May, examining 75 school children; visiting sick school children in their homes; visiting the homes of school children missing from class; making pre and postnatal visits to mothers and well-visits to newborns; meeting with midwives to keep them up to date with the latest public health measures; and drawing blood for Widal tests for syphilis.¹²⁴ Notwithstanding the discriminatory pay African American women received, they made sufficient salaries to be economically independent. Brown, for example, was able to purchase a lot on Cameron Avenue in 1926 for \$100.¹²⁵ Similarly, Lucy A. Dillard, hired as a public health nurse by the City Health Department in 1924, bought a lot on Booker Street for \$375. She was a graduate of St. Agnes Hospital School of Nursing in 1923 and passed the NC Boards the same year.¹²⁶ With property ownership generally viewed as racial privilege reserved for the white middle and upper class, the fact that these women owned property symbolized their professional status and economic stability. The opening of the Safe Bus Company in 1926 as a Black-owned business in Winston-Salem allowed these and other Black public health nurses to travel with dignity to schools and homes for their health visits, and improved accessibility to essential services in underserved neighborhoods.¹²⁷ Safe Bus Company, aptly named to suggest the dangers Blacks faced in white-run public transportation, altered the dynamics of daily life during a period of deeply entrenched segregation; it went on to become the largest Black-owned transportation business in the nation.¹²⁸

The decade ended with Black activists led by African American Dr. W.H. Bruce petitioning for better public health at the county level. While three Black public health nurses – Girley Jones Strickland, Annie Keith Brown, and Lucy A. Dillard – worked in the city, Blacks living outside Winston-Salem city limits lacked access to public health. In response, Dr. J. Roy Hege, the director of the Forsyth County Board of Health, successfully appealed to the Commissioners for

budget appropriations in 1928 to hire a full-time Black public health nurse for Forsyth County to serve Black districts in Kernersville, Walkertown, Rural Hall, Old Richmond-Bethania, Reynolda, and Lewisville-Clemmons. Mary Peoples (aka Peebles) visited each district twice weekly, including visits to the schools and providing infant and maternal health care. Hege praised her work for filling a great need in the county and bringing “large returns” to the community. The press deemed her “infant and maternal hygiene work in the county” to be “effective” in lowering death rates in these six districts.¹²⁹

The 1920s witnessed significant expansion and professionalization of public health nursing in Forsyth County, reflecting broader national trends. Public health nurses played a crucial role in campaigns against tuberculosis, immunization plans against smallpox and diphtheria, and educational programs on nutrition and hygiene. Even national experts praised these public health steps. Dr. S.J. Crumbine, managing director of the American Child Health Association in New York, inspected the Winston Salem City Health Department and labeled it as “one of the best and most thoroughgoing in this section of the country.” Crumbine credited the nurses’ work to stimulate the community to take part in “protecting and promoting their own health interests.” This “public health nursing staff” was the “real backbone of the health department” for they were the ones who went into the schools and into the homes and “who guard the health of the city by placarding homes where contagious or infectious diseases are confined.” They were the ones who examined “the pupils for diseased teeth, defective eyes, defective hearing, adenoids, enlarged tonsils, other diseases of nose and throat,” and remained diligent in their search for “any signs of scarlet fever, diphtheria, whooping cough, measles, mumps, and other contagious and infectious diseases.”¹³⁰ These women risked their own health and safety to help ensure the well-being of the community.

The decade ended with the devastation brought by the Great Depression. The economic calamity strained public health resources but also highlighted the importance of public health services in maintaining community well-being. Public health nurses were at the forefront of providing care to the increasing number of families in need. Yet financial constraints in Forsyth County led to reductions in staff. Despite the high praise Mary Peoples had received from local and national public health leaders, when the Depression hit in 1929, she was the first public health nurse Dr. Hege of the county health department fired. The “substantial reduction in the Health Department’s appropriation” led officials to eliminate the only county Black public health nurse. The Black community protested this firing on several grounds. First, the Black death rate was twice as high as whites, a fact that white officials constantly emphasized when assigning blame for disease, but now ignored when financial constraints loomed. Second, Black citizens paid taxes and thus deserved a public health nurse who understood them and worked with them. Third, Dr. R.S. Hairston and Dr. W.J. Bruce, two African American doctors, argued that Peoples’ work had been “entirely satisfactory”: she was “popular and her work efficient among the colored people of the country;” her work among 1,400 school children was crucial to their vaccinations; and her “maternity-infant hygiene work” was successful. Firing her would be a “backward step” in the recent progress made in reducing abominable death rates in the Black community. Dr. Hege attempted to ward off charges of racism and placate Black health officials. Hege insisted that his decision “was not a discriminatory one, since seven nurses retained could do the work by dividing” Peoples’ case load among them.¹³¹ What Hege did not explain was why he could not fire one of the white employees, divide up her work among the remaining whites, and allow Peoples to continue her work among the Black community.

Presumably white public health nurses could enter Black schools and homes in ways that a Black public health nurse could not do in white schools and homes. This discriminatory treatment confirms the 1935 study conducted by researcher Estelle Massey Riddle, an African American woman employed by the Rosenwald Fund: if a county had limited funding for public health nurses, officials would hire whites regardless of the percentage of the population that was Black in a given county.¹³² While Forsyth County adhered to this practice, the Winston-Salem City Health Department bucked this trend: it retained its Black public health nurses despite cutbacks in the annual budget. This difference could be explained by economics: there may have been a great concern for the health of Black tobacco and textile workers as well as of other urban Blacks employed in white homes as nurse maids, domestics, chauffeurs, and gardeners. The irrational fear of perceived “diseased” Black bodies may have been greater in a congested urban setting reliant on Black labor than in the more sparsely settled county areas. As the decade of the 1930s came to a close, numerous public and private organizations had taken to employing public health nurses. The city health department had fifteen public health nurses: twelve whites and three Blacks. The MLIC employed 27 nurses, two of whom were African American, to cover 23 towns in North Carolina. Industrial plants across the state hired nurses. In Winston Salem, the RJ Reynolds Tobacco Co. employed nine nurses, one for each plant on site, as well as two full-time physicians. Hanes Cotton Mills, a much smaller enterprise, hired one nurse. The Winston Salem City Health Department had eleven full-time public health nurses, two of whom were African American, all under the supervision of Miss Percy Powers, R.N.; Powers answered to Dr. R.L. Carlton, the City Health Officer of the Winston Salem City Health Department. These rapid developments over a short period showcased Winston Salem as a modern city, influenced by progressive reform impulses, industrialists’ desire to be part of the New South, and Moravian beliefs in “good works,” all of which led to donations of money to found schools, hospitals, charities and public health services for both Black and whites. Blacks, for their part, pushed the city and county officials beyond their concern for the region’s image and stable workforce to implement more services for the Black community, services that did help reduce Black mortality.

These advancements allowed Mayor Richard J. Reynolds, Jr., to produce a video in 1942 hailing Winston-Salem as a progressive leader in the South. He touted the city’s high percentage of home ownership; economic strength in raw materials, industries and banking; transportation; and education, including a four-year medical school. Health was where the city truly shined. Nearby farms that produced eggs, milk, fresh meat, fruits and vegetables led to well balanced nutrition for citizens. Forsyth County had “for a number of years...ranked among the first counties in the United States at the annual health contest conducted by the American Public Health Association.” City clinics provided healthcare to all regardless of race, and large industries such as RJR Tobacco maintained their “own modern and well-staffed medical departments for their employees.” School children benefited from “regular health examinations” and three city hospitals offered premier health care. Three training schools provided the nurses needed to staff hospitals, clinics, and school programs.¹³³

Public health nurses in Forsyth County and its largest city, Winston Salem, played a vital role in advancing this progressive program of public health during the early twentieth century. Their history demonstrates a period of significant growth, professionalization, and adaptation to changing public health needs. They dedicated their careers to caring for underserved members of their communities. They conducted home visits, provided health education, and worked to

prevent the spread of infectious diseases. The contributions of public health nurses during this era laid the foundation for more comprehensive modern public health practices and continue to influence public health initiatives in the twenty-first century. In 2024, for example, the Forsyth Connects program through Novant Health had ten full-time nurses who provided in-home visits to all new parents and offered advice and services from breastfeeding and postpartum depression to securing safe infant car seats and cribs. About eighty percent of parents accepted the in-home services of Forsyth Connects; each new family benefited from between four to seven in-home visits over an eighteen-month period.¹³⁴ These nurses, similar to public health nurses a century earlier, provided emotional support and educational needs of new parents trying to cope with the stress involved in infant care. Ann Caulkins, Senior Vice President of the Novant Health Foundation, found that Forsyth Connects resulted in “higher quality postpartum medical care, more positive parenting, reduced anxiety for families, and less infant emergency medical care,” all of which give a “great start in life for newborns.”¹³⁵ Similarly, public health nurses a century earlier were able to address pressing health challenges, improve community health outcomes, and establish a legacy of dedicated public health services.

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⁴² "Discussion of Children's Societies, Industrial Hygiene and the Juvenile Courts," *The Twin-City Daily Sentinel*, 12 May 1916, 2.

⁴³ "The Notifiable Diseases: Prevalence during 1916 in Cities of 10,000 to 100,000," *Public Health Reports* 32.34 (August 24, 1917): 1346-77; "County Physician's Monthly Report," *The Western Sentinel*, 2 May 1916, 1.

⁴⁴ "Dr. Kinyoun Given 60 Days Additional Leave of Absence," *Winston-Salem Journal*, 8 August 1916, 1; David M. Moren and Anthony S. Fauci, "The Forgotten Forefather: Joseph James Kinyoun and the Founding of the National Institutes of Health," *mBio* 3.4 (2012): e00139-12.

⁴⁵ Report, 1931, State Archives in Raleigh, History of Early Public Health Nursing in Forsyth County, <https://nursinghistory.appstate.edu/history-early-public-health-nursing-forsyth-county>. Accessed 30 November 2023.

⁴⁶ "Charlotte Rhone," North Carolina Nursing History, <https://nursinghistory.appstate.edu/biographies/charlotte-rhone>. Accessed 4 August 2024; Pheobe Pollitt, "Charlotte Rhone: Nurse, Welfare Worker, and Entrepreneur," *American Journal of Nursing* 115.2 (2015): 66-70.

⁴⁷ <https://www.digitalforsyth.org/photos/stories/early-hospitals>, Accessed 28 October 2018.

⁴⁸ <https://www.digitalforsyth.org/photos/stories/early-hospitals>, Accessed 28 October 2018.

⁴⁹ "The Slater Hospital," *The Union Republican*, 10 August 1905, 6.

⁵⁰ Herbin-Triant, "Race and Class Friction," 535. For more on Black property ownership in North Carolina, see Robert C. Kenzer, *Enterprising Southerners: Black Economic Success in North Carolina, 1865-1915* (Charlottesville: University of Virginia Press, 1997), 24-27.

⁵¹ "Segregate Negroes in East Winston," *Winston-Salem Journal*, 14 June 1912, 1; "Segregation in Whole City," *Winston-Salem Journal*, 6 July 1912, 1; "Race Segregation," *The Union Republican*, 20 June 1912, 6. White elites did not have the same property value concerns because Blacks could not afford to move into wealthy neighborhoods.

⁵² *State v. Darnell*, 166 N.C. 300, 81 S.E. 338 (NC 1914); "Negro Wins Segregation Suit," *The Mountain Scout*, 22 April 1914, 2. "Segregation Law," *The Union Republican*, 16 April 1914, 1. The Supreme Court struck down residential segregation ordinances based on citizens' rights to own and sell property. See *Buchanan v. Warley* 245 U.S. 60 (1917).

⁵³ J.J. Kinyoun to the Board of Aldermen through the Health Committee, 2 October 1916, FCDPH.

⁵⁴ "Matters Handled by the Winston Aldermen," *The Western Sentinel*, 31 January 1911, 5; "No Action was Taken," *Winston-Salem Journal*, 4 March 1911, 1; "Slater Hospital Re-Opened," *The Union Republican*, 9 March 1911, 6; "Benefit Concert for the Slater Hospital," *Winston-Salem Journal*, 19 May 1911, 3.

⁵⁵ "New Chairman Hospital Board," *Winston-Salem Journal*, 31 May 1913, 5.

⁵⁶ "Hospital for Colored People," *The Union Republican*, 8 May 1913, 6.

⁵⁷ City of Winston-Salem Government Meeting Notes, 3 March 1914, 11-73, 27 August 1915, 11-382, and 28 January 1916, 11-445 <https://www.cityofws.org/DocumentCenter/View/2718/Winston-Salem-1913-to-1919-PDF>, Accessed 15 October 2021; "Hospital for Colored People," *The Union Republican*, 8 May 1913, 6; "New Chairman Hospital Board," *Winston-Salem Journal*, 31 May 1913, 5; "Richard Joshua Reynolds Had Interest of People," *Winston-Salem Journal*, 14 May 1924, 6.

⁵⁸ "Colored Physicians Want Operating Room," *The Sentinel*, 18 December 1915, 10.

⁵⁹ City of Winston-Salem Government Meeting Notes, 3 March 1914, (11-73); 27 August 1915 (11-382); 28 January 1916 (11-445) <https://www.cityofws.org/DocumentCenter/View/2718/Winston-Salem-1913-to-1919-PDF> Accessed 15 October 2021.

⁶⁰ Minutes of Forsyth County Board of Health, 24 January 1916, FCDPH archives.

⁶¹ Minutes of Forsyth Country Board of Health, 4 June 1916, FCDPH archives.

⁶² "Dr. Kinyoun Given 60 Days Additional Leave of Absence," *Winston-Salem Journal*, 8 August 1916, 1; David M. Moren and Anthony S. Fauci, "The Forgotten Forefather: Joseph James Kinyoun and the Founding of the National Institutes of Health," *mBio* 3.4 (2012): e00139-12.

⁶³ "Nice Isolation Hospital Ready," *Winston-Salem Journal*, 25 May 1916, 8.

⁶⁴ J.J. Kinyoun to the Health Committee of the Board of Aldermen, 7 July 1916, FCDPH.

⁶⁵ J.J. Kinyoun to the Health Committee of the Board of Aldermen, 7 July 1916, FCDPH; Percy Powers, "Public Health Nursing in Winston-Salem," *Winston-Salem Journal*, 1 May 1930, 16.

⁶⁶ Ibid.

⁶⁷ Mary Briscoe was the first Black woman to pass the NC State Boards in June of 1916. Briscoe graduated from St. Agnes School of Nursing in Raleigh. The State Boards that year took place in Winston-Salem. Local press coverage seemed supportive of her. John J. Green wrote a letter to the editor praising her: "She is a deserving woman from every view. Her spirit seems to be in keeping with the spirit of the school she represented." "First Colored Nurse to Pass State Board of N. Carolina," *Winston-Salem Journal*, 1 June 1916, 2.

⁶⁸ Powers, "Public Health Nursing."

⁶⁹ *Sixteenth Biennial Report of the North Carolina State Board of Health, 1915-1916* (Raleigh: Edwards & Broughton Printing Co., 1917), 14.

⁷⁰ Benjamin Earle Washburn, *A History of the North Carolina State Board of Health, 1877-1925* (1966), 6, 48. When Rockefeller turned his attention to international hookworm eradication programs, he looked to the NC model as the way to proceed. See Anne-Emanuelle Birn, "Revolution, the Scatological Way: The Rockefeller Foundation's Hookworm Campaign in 1920s Mexico," in *Disease in the History of Latin America*, edited by Diego Armus (Durham: Duke University Press, 2003), 158-82.

⁷¹ Minutes of Board of Health Meeting, 4 June 1916, FCDPH; "Joint Campaign Will Be Waged," *The Winston-Salem Journal*, 15 June 1916, 5; *Sixteenth Biennial Report of the North Carolina State Board of Health, 1915-1916* (Raleigh: Edwards & Broughton Printing Co., 1917), 11.

⁷² J.J. Kinyoun to the Board of Aldermen Through the Health Committee, 1 August 1916, FCDPH; "Report as Made by County Health Officer," *The Twin-City Sentinel*, 4 September 1916, 9.

⁷³ "Miss Crandall to Lecture," *The Twin-City Sentinel*, 26 February 1916, 10.

⁷⁴ Author survey using newspapers.com.

⁷⁵ "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6.

⁷⁶ "What Durham Has Done," *The Twin-City Daily Sentinel*, 13 March 1916, 4.

⁷⁷ "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6.

⁷⁸ "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6.

⁷⁹ "Interest Growing in 'Baby Week' Movement," *Twin-City Daily Sentinel*, 2 March 1916, 7.

⁸⁰ "'Baby Week' Opens Saturday," *Twin-City Daily Sentinel*, 3 March 1916, 2.

⁸¹ J.J. Kinyoun to the Board of Aldermen through the Health Committee, 1 August 1916, FCDPH.

⁸² J.J. Kinyon to the Board of Aldermen Through the Health Committee, 2 October 1916. Forsyth County Board of Health, FDCPH Archives.

⁸³ J.J. Kinyon to the Board of Aldermen Through the Health Committee, 2 October 1916. Forsyth County Board of Health, FDCPH Archives.

⁸⁴ Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6.

⁸⁵ "Interest Growing in 'Baby Week' Movement," *Twin-City Daily Sentinel*, 2 March 1916, 7.

⁸⁶ "What Durham Has Done," *The Twin-City Daily Sentinel*, 13 March 1916, 4. In Durham, the city hired one white and one African American public health nurse; the school board hired one; the Welfare Club of West Durham hired one through charitable donations; MLIC hired one for their subscribers; Durham Hosiery Mill hired one; and Durham Episcopal Church hired one as the "Deaf Mute Welfare Worker."

⁸⁷ "What Durham Has Done," *The Twin-City Sentinel*, 13 March 1916, 4.

⁸⁸ The Wayside Workers raised money from the Moravian Home church, Mission Band, Helping Hand Circle, Willing Workers, Anti-Cants (Sunday School class of girls), and Men's Bible class of Home Sunday school. "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, p. 6.

⁸⁹ "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, p. 6; "Thought for the Day," *The Twin-City Sentinel*, 25 March 1916, p. 4.

⁹⁰ Flexner read this paper before the Conference of Charities in 1915. Emily C. Covert, "Is Nursing a Profession?" *The American Journal of Nursing* 18.2 (November 1917): 107-08.

⁹¹ Covert later served in France during World War I in Unit 23 of the US Nursing Corps. After the war she moved back to her home state of Montana, became the Superintendent of the Labbitt Hospital in Hardin, Montana, and in 1922 won election as the President of the Montana State Nurses Association. "Society Events," *The Billings Gazette*, 20 April 1919, 7; "Hardin Now Boasts Another Hospital," *The Montana Record Herald*, 15 September 1921, 10; "Two Billings Nurses Get Leading Places in State Association," *The Billings Gazette*, 14 July 1921, 1.

⁹² Covert, "Is Nursing a Profession?" 108-09.

⁹³ Rose M. Ehrenfeld, R.N., "The Evolution of Public Health Nursing," *The American Journal of Nursing* 20.1 (October 1919): 14.

⁹⁴ Elizabeth A.P. Vane and Sanders Marble, "Contributions of the U.S. Army Nurse Corps in World War I," *Soins: La Revue de Référence Infirmière* (June 2014). Army Nurse Corps Association, <https://e-anca.org/History/Topics-in-ANC-History/Contributions-of-the-US-Army-Nurse-Corps-in-WWI> Accessed 17 July 2017.

⁹⁵ The military made an exception during the 1918 Influenza epidemic and brought in Black nurses to Camp Sherman, which had the highest mortality rate, to care for both white and Black soldiers. These nurses slept in separate quarters. Jones and Saines, "The Eighteen of 1918-1919," 878.

⁹⁶ "County Tuberculosis Sanatoria Coming," *Twin-City Sentinel*, 4 March 1916, 13.

⁹⁷ Minutes of Board of Health Meeting, 24 January 1916, FCDPH archives.

⁹⁸ "Splendid Review of Health Work in Forsyth County During the Past Year Contained in Report of Dr. A.C. Bulla," *Winston-Salem Journal*, 5 January 1919, 5.

⁹⁹ "Statistical Report on County Health Work," *The Western Sentinel*, 18 July 1919, 3.

¹⁰⁰ Minutes of Board of Health Meeting, 4 June 1916, FCDPH archives.

¹⁰¹ "Splendid Review of Health Work in Forsyth County During the Past Year Contained in Report of Dr. A.C. Bulla," *Winston-Salem Journal*, 5 January 1919, 5.

¹⁰² Ibid.

¹⁰³ "Splendid Review of Health Work in Forsyth County During the Past Year Contained in Report of Dr. A.C. Bulla," *Winston-Salem Journal*, 5 January 1919, 5.

¹⁰⁴ "Intensive Campaign for Care of the Teeth," *The Sentinel*, 25 November 1922, 10.

¹⁰⁵ For a discussion of dentists' connection to public school clinics, see Alyssa Picard, *Making the American Mouth: Dentists and Public Health in the Twentieth Century* (Newark: Rutgers University Press, 2013), Chapters 1 & 2. The American Dental Association endorsed dental clinics in public schools until dentistry gained coverage in private Blue Cross Blue Shield plans. At that point, the ADA joined the AMA in opposition to school clinics and national insurance plans. See Picard, *Making the American Mouth*, Chapter 4.

¹⁰⁶ "City Health Officer Says Hogs Must Go," *Winston-Salem Journal*, 9 May 1920, 4.

¹⁰⁷ "County Doing Much Work Among Cripples," *The Sentinel*, 25 November 1922, 9.

¹⁰⁸ R.L. Carlton, Health Officer, to the Board of Aldermen through the Health Committee, 1 April 1918, FCPHD archives.

¹⁰⁹ "Laws Providing for the Separation and Accommodation of White and Colored Passengers Upon Street Cars and for Other Purposes," *Twin-City Sentinel*, 9 March 1918, 9. Same article ran in *Winston Salem Journal*, 10 March 1918, 24 and *Union Republican*, 14 March 1918, 7.

¹¹⁰ Minutes of Board of Health Meeting, 7 October 1918, FCDPH archives.

¹¹¹ Minutes of Board of Health, 28 October 1918, FCDPH archives.

¹¹² The Wayside Workers raised money from the Moravian Home church, Mission Band, Helping Hand Circle, Willing Workers, Anti-Cants (Sunday School class of girls), and Men's Bible class of Home Sunday school. "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6.

¹¹³ "Red Cross Nurse for the Rural Districts," *Winston-Salem Journal*, 10 March 1920, 7.

¹¹⁴ "Annual Meeting Wayside Workers," *Winston Salem Journal*, 12 March 1916, 6; "Thought for the Day," *The Twin-City Sentinel*, 25 March 1916, 4.

¹¹⁵ Ehrenfeld, R.N., "Public Health Nursing," 15-16.

¹¹⁶ Cleone Hobbs of Clinton; Birdie Dunn of Raleigh; Cora Beam of Fallstone; Kate Livingston of Wagram; Flora Ray of Sanford; and Mrs. H.P. Guffy of Statesville.

¹¹⁷ "A History of Public Health Nursing," <https://nursinghistory.appstate.edu/education/public-health>, Accessed 19 April 2022.

¹¹⁸ Report, 1931, State Archives in Raleigh, History of Early Public Health Nursing in Forsyth County, <https://nursinghistory.appstate.edu/history-early-public-health-nursing-forsyth-county> Accessed 30 November 2021.

¹¹⁹ "Nursing News and Announcements," *The American Journal of Nursing* 25.7 (July 1925): 618.

¹²⁰ "Christmas Seal Canvass," *The Western Sentinel*, 2 December 1921, 1; "Financial Report: Christmas Seal Fund," *The Twin-City Sentinel*, 25 November 1922, 17.

¹²¹ Ibid.

¹²² "City of Winston-Salem Government Meeting Notes: 1920-1929," 8.
<https://www.cityofws.org/DocumentCenter/View/2713/Winston-Salem-1920-to-1929-PDF> Accessed 1 August 2023.

¹²³ Although the paper did not cite her name, Annie Keith Brown passed the NCBON exam in 1922 and her short biographical entry cites Winston Salem as the only place she worked. "NCACGN Member Biographies," <https://nursinghistory.appstate.edu/biographies/ncacgn/members>

Accessed 2 August 2023.

¹²⁴ "Fine Record in Nursing Effort: Achievements of Colored Nurse During May," *Winston-Salem Journal*, 5 June 1922, 1.

¹²⁵ "Nissen Buys Property from First Presbyterian Church," *Winston-Salem Journal*, 22 April 1926, 13.

¹²⁶ "Small Number of Deeds Were Filed," *Winston-Salem Journal*, 14 October 1924; "NCACGN Member Biographies," <https://nursinghistory.appstate.edu/biographies/ncacgn/members> Accessed 2 August 2023.

¹²⁷ "News of Colored People," *Winston-Salem Journal*, 6 August 1926, 23.

¹²⁸ "City of Winston-Salem Government Meeting Notes: 1920-1929," 17.
<https://www.cityofws.org/DocumentCenter/View/2713/Winston-Salem-1920-to-1929-PDF> Accessed 1 August 2023.

¹²⁹ "Colored Nurse for the County," *Winston-Salem Journal*, 3 April 1928, 2; "Births Far Ahead of Deaths in Country During Sept.," *Winston-Salem Journal*, 29 September 1928, 20.

¹³⁰ "They Guard City Against a Billion Enemies," *Winston-Salem Journal*, 24 March 1929, 12.

¹³¹ "Negroes Urge Keeping Nurse," *The Sentinel*, 7 July 1930, 8; "Negroes Want Nurse Retained," 8 July 1930, *Winston-Salem Journal*, 7.

¹³² Estelle Massey Riddle, "Training and Placement of Negro Nurses," *The Journal of Negro Education*, 4.1 (January 1935): 42-48; Estelle Massey Riddle, "Sources of Supply of Negro Health Personnel Section C: Nurses," *The Journal of Negro Education* 6.3 (July 1937): 483-92.

¹³³ Mayor R.J. Reynolds, Jr., producer, "Winston-Salem: A Balanced Community," 1942, director Dermid Maclean, script by Nettie Allen Thomas, 22 minutes, YouTube <http://youtube.com/watch?v=Lf10MG72liU> Accessed 15 September 2021.

¹³⁴ "Forsyth Connects," 2017.

¹³⁵ "Forsyth Connects Helps Mothers Across the County," Novant Health Foundation, 20 November 2020.
<https://supportnovanthealth.org/family-connects-helps-mothers-across-the-county/> Accessed 1 August 2024.