Bureaucrats as "Social Engineers":

Federal Welfare Programs in Herbert Hoover's America

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Abstract. Historians interested in 20th century American *reform* often seek to analyze the *ideologies* of political leaders separately from the *institutions* that these same leaders created. Such emphases on ideas, as opposed to actions, has, for example, led "revisionist" American historians to argue that the presidencies of *Herbert Hoover* and *Franklin D. Roosevelt* were "conceptually continuous." Our examination of the major *social welfare programs* undertaken by the federal *government* in the 1920s disputes this claim. Examination of the operations of the *federal bureaucracy* instead of the rhetoric of *politicians* demonstrates the existence of decided *policy* differences between the Hoover and Roosevelt eras. "Efficiency" analogues dominant during the Hoover era were replaced with "direct service-provider" approaches which created a clear distinction between private and public welfare programs. Elements of "continuity" between the two eras have been overdrawn. Background is provided for increased understanding of some of the policy implications of America's contemporary welfare debate—particularly about *"rehabilitation"* strategies and/or rationales for action in the social welfare field.

At the end of World War I, federal administrators faced an uncertain future. Mobilization had demonstrated the possibilities of non-market management of the nation's economy, but the Wilson administration proved unwilling to transfer wartime planning into peacetime settings. Washington bureaucrats resumed established roles as expediters and coordinators of actions initiated by states, localities, or private groups—notably businessmen (1).

In the decade following the Versailles Peace Conference, however, federal officials cautiously expanded their social welfare responsibilities. Under the terms of legislation passed during and immediately after the war, modest amounts of federal "matching funds" were supplied to the states to maintain the health of children; to rehabilitate disabled workers; and to create vocational education programs. Previously, war veterans and Indians had been the only recipients of

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federal funds on a regular basis. The 1920s witnessed a growth in federal willingness to supply public monies, through the states, to new welfare clienteles.

The resulting federal welfare programs were administered by tiny bureaucracies of fiscal control. Handfuls of federal officials dispensed funds to illustrate the effectiveness of a small number of welfare activities which were legitimized as profitable investments which increased social efficiency and decreased waste. These new programs did not displace private groups as the chief welfare providers in America's industrial society. In fact, they furthered cooperation between such groups and the State (2).

Herbert Hoover's career exemplified the cooperative aspects of federal welfare efforts in the 1920s. Paradoxically, Hoover saw himself as both a "planner" and as an anti-statist. His idea of the federal government's proper role resembled the administration of an airport hotel and convention center. Private citizens from across the country met at the hotel, discussed their problems, and flew home with the solutions in their briefcases. The government ran the hotel, encouraged people to attend meetings, but was not responsible for interests left unattended. In this manner, public power helped businessmen and others arrive at—and depart with—private understandings.

Hoover, then, believed that the federal government should "serve as a midwife to a new, non-statist commonwealth" composed of private interest groups (3). The private parties involved in the process would then create new organizations and techniques to spread enlightened ideas. These "socially responsible" standards they created would serve as the key element in defining an American social welfare system (4).

I
FEDERAL WELFARE PROGRAMS

UNLIKE MANY of his fellow citizens, Herbert Hoover lived in a logically complete—even insulated—world. Yet even he believed that the federal government owed special obligations to well-defined disadvantaged groups: children and disabled workers in particular. Hoover supported unsuccessful efforts to pass a constitutional amendment banning child labor in the 1920s and assisted the implementation of federal vocational rehabilitation, vocational education, and infant and maternal health programs. These programs represented more than institutional manifestations of Hoover's personal emotions; they also interfaced neatly with the political and ideological environment of the post-war era (5).

Vocational education was the first of the new federal programs. Created by the passage of the Smith-Hughes Act of 1917, federal support of vocational education reflected a longstanding concern to provide training which meshed with industry's growing importance in America's occupational structure. Vocational education, indeed, was generally conceived of by its supporters as a public sector counterpart to the managerial training provided by increasing numbers of corporations and universities in the private sector.

As was the case with many reforms successfully advocated during the Progressive Era, the vocational education movement depended upon a coalition of business and labor interests for its success. Both the National Association of Manufacturers and the American Federation of Labor cooperated with a pre-war Commission on National Aid to Vocational Education whose very existence owed much to their efforts. The Commission's report, published in 1914, stressed that vocational education conserved labor and contributed to overall economic "efficiency." As such, it was a legitimate recipient of federal funds (6).

The major sticking point in carrying out the Commission's recommendations concerned the propriety of using federal money to finance what many still regarded as a local welfare function. Despite a long tradition of granting federal lands for public schools and agricultural colleges, some congressmen saw federal grants-in-aid as a real threat to local self-sufficiency. They feared (rightly, as it turned out) that creation of an ongoing program of federal grants would be a first step in effecting a permanent shift from local to federal control within the American welfare system.

World War I, however, facilitated the passage of vocational education legislation. Emergency mobilization and a cessation of immigration from Europe heightened the need for trained manpower and made enhanced vocational training programs seem more urgent than ever before. With the strong backing of organized America, Congress legislated federally-subsidized vocational education. War had legitimized an important welfare innovation.

The other two components of the federal welfare system of the 1920s, vocational rehabilitation and infant and maternal hygiene, also owed their existence to a wartime political environment. Civilian vocational rehabilitation marked an extension of state-run workers compensation programs into new areas at federal expense. The argument for rehabilitation programs as a necessary adjunct to workers compensation began with the notion that modern medical technology and vocational training techniques made it possible to do more than compensate the victims of industrial accidents. Much of an injured person's productive capacity could be restored through the use of rehabilitation procedures. Since the injured worker and society at large would reap the benefits of rehabilitation, its costs would be charged to society, or the injured themselves, instead of to the employers—who paid the costs under workers compensation. The injured, however, were likely to be in relatively poor economic condition at the time that their rehabilitation was initiated. So, vocational rehabilitation programs required new sources of public funds.

The founding of the International Association of Industrial Accident Boards and Commissions (IAIABC) in 1913 provided state workers compensation officials with a forum to lobby for public funds for rehabilitation. States responded to these efforts. In 1918, for example, Massachusetts authorized its State Industrial Accident Board to provide vocational training and job-placement services for the industrially disabled. Not satisfied with such scattered efforts, the IAIABC began lobbying for a national industrial rehabilitation law (7).

War facilitated such endeavors. In 1918, Congress passed a rehabilitation law for veterans. Veterans, who had long enjoyed federal "workers compensation" payments in the form of disability pensions, would now receive vocational training from a new Federal Board for Vocational Education and "physical restoration" services from medical agencies designated by the U.S. Surgeon General's Office.

On July 1, 1918, the two full-time employees of the new Federal Board for Vocational Education awaited the first injured veterans. The veterans tore the doors down. By December, 1919, 21,000 were involved in federally-funded vocational training. By August of 1921, this number had risen to 113,000. A total of 296,940 veterans had been declared eligible for such training (8).

The veterans' experience provided the lobbyists of the IAIABC with the opportunity to argue that if federal rehabilitation services were being provided to veterans, they should also be given to those who had served their nation on the home front. Observing the veterans' rehabilitation act in operation, the International Association noted that although the war had shocked the nation into rehabilitating traditional recipients of federal welfare services, an even greater need existed to restore "industry's cripples." This logic proved persuasive enough to enable Congress to initiate a policy of federal grants-in-aid to state bureaus of vocational education to establish vocational rehabilitation programs (9).

A year after ratifying a civilian vocational rehabilitation law in 1920, Congress passed an infant and maternal health program in the form of the Sheppard-Towner Act. This was the last of the three federal welfare programs created during the 1920s. Infant and maternal health was less a product of wartime emergency than either vocational education or vocational rehabilitation; it was a political response to a new force in American politics: women. Sheppard-Towner's provision of federal grants-in-aid for state projects designed to decrease infant and maternal mortality demonstrated congressional responsiveness to its newly-enfranchised constituents (10).

The three new welfare programs undertaken by federal administrators were modest in scope. In 1924, four physicians, a nurse, an accountant, a secretary, and a stenographer composed the entire staff of the Washington office of the infant and maternal health program. As late as 1928, 96 percent of total federal welfare expenditures went to war veterans. The remaining 4 percent of expenditures—totalling $30,000,000—represented "less than 6 percent of the comparable [public welfare] spendings of the country as a whole." In 1928, federal bureaucrats disbursed only $1,585,000 to promote vocational rehabilitation and infant and maternal health combined. A federal government which spent nine *cents* per capita on civilian welfare expenditures in 1913, spent only 25 cents per capita fifteen years later (11).

Barriers to the expansion of direct federal welfare activities remained strong. All the welfare programs created during the 1920s operated on the principle of federal grants-in-aid to the states. This meant that state governments, which had to match federal grants dollar-for-dollar, spent the increased welfare appropriations. Each of the programs involved state provision of services to welfare recipients. These people received advice or training from a professional counsellor or teacher, not money from the federal government. Further, all federal welfare programs relied on private labor markets for their ultimate effectiveness. Welfare recipients could remain on the rolls of programs such as vocational rehabilitation for only a limited time period. No expectation existed that the federal government would provide continuing protection against life's hazards. In fact, federal programs did not even guarantee that all who could benefit from them would do so. Federal programs served more to demonstrate the social effectiveness of a particular welfare activity, such as rehabilitation or the pasteurization of milk for infants, rather than to provide permanent federal support for these activities.

With all these limitations, the new programs did escalate the level of Washington's social welfare responsibility. No longer would the federal government be limited to supervising state minimum standard laws or providing for its own wards such as soldiers and Indians. Beginning in the 1920s, Washington began to become a source of funds for states to initiate new welfare activities.

II

THE FEDERAL PROGRAMS IN ACTION

THE NEW FEDERAL PROGRAMS, then, occupied a unique place within America's social welfare system. The twin elements of cooperation and efficiency characterized government welfare activities and linked federal programs with the informal web of activities undertaken by trade associations and other private interest groups. Federal vocational education officials worked with organized business to improve the efficiency of employees. The infant and maternal health program, for its part, brought officials of private public health associations to communities to explain the latest in medical and sanitary technique. Federal rehabilitation administrators urged their peers in the states to undertake "organized cooperation" to "secure in each community, city, or county, some clearing agency which will take the responsibility of locating, reporting, and investigating cases." State agencies might establish rehabilitation councils and place "the president or secretary of a manufacturers association, a Rotary, or a Kiwanis Club" in charge of them (12).

Along with such cooperative activity, each of the federal programs struggled to meet the decade's standards of efficiency in conducting its internal affairs and external activities. The well-run public program was perceived to resemble the well-conducted business: it performed its operations at the least possible cost, and created products society valued. This desire for program efficiency through businesslike administration was the characteristic which most clearly defined the 1920s style of public welfare.

In the case of vocational rehabilitation, the drive for efficiency on the part of public administrators was so influential that it transformed the program into something quite different from the public service envisioned by its creators. As the program became more and more committed to efficient administration, it moved further and further away from its original mission of cooperating with state-run workers compensation agencies to rehabilitate industrial accident victims. By the end of the 1920s, indeed, workers compensation and vocational rehabilitation had evolved into completely separate programs. Their separation illustrated the differences between Progressive Era and New Era social welfare programs (13).

When the vocational rehabilitation program began in 1920, federal and state administrators stated its objectives in both humanitarian and economic terms. The program's virtue lay precisely in the fact that it combined the humanitarian and the cost-effective rationales for the treatment of the disabled. It cost less to cure a disability than to support one; and rehabilitation promoted a "fitness to work" which was one of the preconditions of both economic efficiency and personal satisfaction.

Within a few years, however, the rhetoric used to justify the vocational rehabilitation program changed. The efficiency objective was more explicitly emphasized. Program officials now argued that the "efficiency problem" should determine the course of social policy. This view meant that program activities should be considered in terms of "securing the greatest social return for a dollar expended" (14).

The triumph of a cost-benefit approach caused growing friction between the workers compensation and vocational rehabilitation programs. This phenomenon occurred despite the fact that workers compensation officials in IAIABC, more than any other group, had pressured Congress to start a federal vocational rehabilitation program. The vocational rehabilitation law, in fact, mandated that each state furnish a plan of cooperation between its rehabilitation and compensation agencies as a precondition for receiving federal aid. The Federal Board for Vocational Education, which administered the rehabilitation program, reiterated that "the work of vocational rehabilitation is supplementary to that of compensating injured workers" (15).

In one of the Federal Board's annual reports, it illustrated how the relationship between vocational rehabilitation and workers compensation should proceed. A piece of wood flew into a young carpenter's eye, blinding him in that eye. Since the accident occurred at work, the carpenter received medical treatment for his injured eye through workers compensation. At the same time, the state's rehabilitation agency helped the carpenter retain the vision in his remaining eye and counselled him on ways to adjust to his impairment. The Federal Board found the carpenter's case "particularly interesting" since it demonstrated "where the work of the bureau of rehabilitation takes up what is left incomplete by the workmen's compensation bureau" (16).

But a part of the Federal Board for Vocational Education's interest in the carpenter stemmed from his uniqueness. Few other workers compensation recipients made such a smooth transition from compensation to rehabilitation. If, for example, the carpenter had been injured in Georgia in 1921 he would have had to come to the attention of one of the state's two vocational rehabilitation caseworkers—only one of whom worked full time. The process of rehabilitation itself was a painstaking matter of direct interviews between the client and the counsellors. "There is no such thing as rehabilitation in general," the federal office noted, "It is always rehabilitation in particular." Because of rehabilitation's nature, each counsellor could handle only 75 to 100 cases at any one time. In Georgia the two counsellors managed to see only 207 people in fiscal year 1921. If the carpenter was one of the lucky 207, he was still faced with formidable barriers before actually receiving rehabilitation. The counsellors might tell him that he was "not susceptible" of rehabilitation (as they told five other people that year), or that he was not eligible for program services.

In fact, of the 207 people who managed to see the State of Georgia's rehabilitation counsellors in fiscal 1921, only 12 received some form of vocational training and only three eventually obtained a job as a result of that training. In fiscal 1922 the story was the same. The same two counsellors saw 66 new cases. Three of these were deemed not eligible; eight were deemed not susceptible; and twenty decided to reject the agency's services. Despite the cooperation of private charities, the Red Cross, the State Board of Health, and the Georgia Industrial Commission, the Georgia rehabilitation program hardly made a dent in dealing with the disability problem in the state—whether such disabilities originated from industrial accidents or from any other source (17).

The situation was not much different in other states. The State of New York depended upon two full-time directors and ten other employees to run its rehabilitation program. In fiscal 1921, they closed 46 cases. Four of these cases rehabilitated themselves; 17 cases rejected the agency's services; and five were declared not eligible for services. In the nation as a whole, state vocational rehabilitation programs consistently rehabilitated less than a third of the people who applied for their services (18).

Federal welfare bureaucrats tried to put an optimistic gloss on affairs. By the end of the 1920s, they simply stopped issuing statistics on the numbers of people turned away by state rehabilitation agencies. The statistics concentrated instead on the number of people such agencies had successfully rehabilitated. During the 1920s, this annual calculus of felicity reached a high of 5,852 cases in 1925. By the Federal Board's own admission, this accomplishment came at a time when between 50,000 and 70,000 potential rehabilitation cases were being created every year (19).

Because of limited staff, funds, and influence, the Washington office of the federal rehabilitation program could do little to improve the situation. An average of six people worked in this office during the 1920s—five of whom spent most of their time on the road. One federal regional supervisor was in charge of overseeing program operations in the states of Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, and Virginia. The chief responsibilities of the federal office for vocational rehabilitation were to inform Congress of the program's progress in the states and to fight to maintain its small congressional appropriation (20).

Even these modest tasks proved difficult to accomplish for a program which, throughout the decade, never managed to spend all its annual allotments. This failure stemmed from the requirement that states receiving federal grants for vocational rehabilitation match Washington's contributions dollar-for-dollar. As the federal office explained: "There are some states in which the rehabilitation program has not been sufficiently developed to require the expenditure of all available funds." Congress became so annoyed that in the first half of fiscal 1925 it simply failed to appropriate any money at all for rehabilitation. Federal rehabilitation officials, however, refused to intervene in state programs in order to get them to put up more money. "Each state," the Washington office announced, "has its own problems and must establish its own policies and procedures in order to deal with its problems effectively" (21).

The vocational rehabilitation program, therefore, reached so few people and was conducted on such a small scale that each successful rehabilitation resembled a demonstration or pilot project more than it formed part of an ongoing social process. Rehabilitation was not conceived of as a social service in which the federal government helped finance the nation's disabled citizens; it was a sporadic, widely dispersed activity which rationed its available resources to dramatize its welfare potential. Through the vocational rehabilitation program, state and federal bureaucrats publicized an efficient way of dealing with welfare problems in much the same way as the Department of Commerce publicized a new production technique. In both cases, the private sector had the obligation, a moral obligation reinforced by its cost-reducing, efficiency-promoting possibilities, to spread this technique across the entire spectrum of the nation's industrial order.

III

THE 'PROFITS' FROM GOVERNMENT 'INVESTMENT'

IT WAS PRECISELY THIS pilot project, efficiency-oriented nature of the vocational rehabilitation program which obliterated any chances for a cooperative relationship between it and the workers compensation programs established during the Progressive Era. In the states of California and Ohio, for example, workers compensation officials viewed the arrival of vocational rehabilitation optimistically—in the belief that rehabilitation would serve an adjunct role in improving compensation procedures. The California workers compensation bureau dumped 1,580 cases into the new rehabilitation agency's lap. Of these, only 280 reached the stage of vocational training. Meanwhile, Ohio workers compensation authorities were having their own troubles. Data that they accumulated on the origins of rehabilitation clients in their state showed that only a third of the caseload in Ohio's rehabilitation bureau came from the workers compensation agency. National statistics told the same story of declining interest in compensation clients on the part of rehabilitation agencies. Less than half the individuals successfully rehabilitated in 1927, 1928, 1929, and 1930 had disabilities which originated in employment accidents (22).

The growing separation between the caseloads of workers compensation and vocational rehabilitation agencies reflected important differences between Progressive Era and New Era welfare practices. Like other Progressive Era programs, workers compensation asked private employers to meet a set of industrial standards and to pay for the increased costs, if any, themselves. By contrast, vocational rehabilitation spent money from the general revenue of the public sector to demonstrate rehabilitation's utility. Workers compensation functioned automatically as a no-fault insurance fund. An injured employee received his compensation with little or no state intervention. Rehabilitation, however, depended for its effectiveness on intensive interaction between a state official and a disabled person. Rehabilitation, in short, was intrinsically a matter of state intervention; workers compensation was not. Not limited by the level of public appropriations, workers compensation programs could expand to encompass all industrial activity. Tightly bound by state and federal budgets, rehabilitation agencies could only go as far as their program funds allowed them to go. Unlike workers compensation, vocational rehabilitation programs had to demonstrate that they put the taxpayers' money to good use. Vocational rehabilitation programs were deemed "efficient" because, in the long run, they returned more to society than they cost. Despite the best intentions of Congress and government officials, therefore, the very structures of vocational rehabilitation and workers compensation programs doomed them to become isolated from one another (23).

Once separated from workers compensation, vocational rehabilitation developed its own image: one which underlined the close ideological fit between public and private sector welfare activities throughout the 1920s. According to the ideology that justified the vocational rehabilitation program, it generated economic returns by acting like a profit-making loan company. Vocational rehabilitation agencies loaned a disabled person vocational training. The person then repaid the loan in the form of taxes which reflected his or her new productivity. A similar analogy was applied to vocational education by the public bureaucrats involved in financing it. The infant and maternal health program was rationalized in only slightly different terms: in preventing babies from dying and by preserving the health of their mothers, public officials were strengthening the nation's reserves of human capital and, by only a slight extension in reasoning, increasing total national output as well. Although each of the three federal welfare programs created during the 1920s cost government money in the short run, they saved the public money in the long run. As such, these federal welfare programs exemplified smart business practice (24).

The cost-benefit approach undertaken by public authorities demonstrated the strength of the link between the welfare operations of private businesses and the federal and state governments. To show how large the government's profits were under New Era welfare programs, officials in Washington and various state capitals adopted private sector accounting techniques. The efforts of W. F. Faulkes, a director of the State of Wisconsin's vocational rehabilitation program, proved particularly memorable. Faulkes refined his calculations down to the penny. The program that he administered cost $11,659.36, increased total earning power by $1,722,419.76, and produced a net gain of $1,610,760.40 for the state.

For the entire nation, the gains were equally impressive. The average weekly wage of all persons rehabilitated in fiscal 1924 was $26.07. These rehabilitants would live, on the average, for at least twenty years. In those twenty years, they would collectively earn $147,004,000. In order to generate the impressive sum of 147 million dollars in additional national income, the federal and state governments had spent only $1,124,500. The vocational rehabilitation program for fiscal 1924, therefore, had reaped returns of over 10,000 percent on investment—not bad even by 1920s standards (25).

These fulsome statistics possessed a darker side. The clear desire of many vocational rehabilitation program administrators to turn a profit for society held important implications for the sorts of persons they accepted as rehabilitation clients. It influenced the age, sex, race, level of education, and physical characteristics of the caseload; and it meant that the public sector would provide special help for precisely that group of people with the best chances of receiving help from the private sector.

Like any loan company, in short, government had to take the best risks. People who gave "irrefutable evidence of the economic benefits of rehabilitation" were "young persons with academic training of at least eight years." These same young people had the most productive years remaining to pay off the loan, and young people with education already had a lot invested in their future. It also helped, of course, if the young person being considered for rehabilitation were white and male—since that person would encounter the least prejudice in the job market. Blacks and females, among others, faced a restricted labor market, and would have a comparatively hard time paying off loans (26).

Finally, it helped if the person's disability was comparatively mild. Severely disabled persons were bad rehabilitation risks because they cost more to train and were more restricted in their physical capabilities even after such training. In 1927, for example, one rehabilitation supervisor instructed his employees not to spend money on "shut-in cases" or people confined to wheelchairs, but to concentrate on "better material." One observer in Illinois noted in 1929 that the vocational rehabilitation program there "appears especially desirous of working with young persons and does not wish to take chances on cases in which success is improbable." Such was the New Era welfare system (27).

IV

CONCLUSION

DEPRESSION WIPED OUT the ideological rationale for the social welfare system of the 1920s. The system suffered from the fact that the level of return on the public sector's welfare investment no longer justified spending money on vocational rehabilitation, vocational education, or maternal health. The once-splendid cost-benefit demonstrations undertaken by federal and state bureaucrats now showed, in a depressed economy, that the cost of educating, rehabilitating, or treating welfare clients exceeded the benefits returned to society through these peoples' participation in the labor force. By 1933 the vocational rehabilitation program neared extinction. The Roosevelt administration saved it, but only by diverting emergency funds to "rehabilitate" people on relief. In the first year of the New Deal, it took nearly a million federal dollars to keep solvent the program that had once "paid for itself" (28).

Between 1933 and 1938, federal bureaucrats worked to replace the "social engineering" of the 1920s with different welfare strategies. The process was slow and far from straightforward—as we have shown elsewhere (29). But by 1937 New Deal officials had created a distinctively public approach to social welfare problems, and regarded themselves as administrators of welfare programs which provided federal services directly to the people. Federal bureaucrats even composed an agenda of federal welfare initiatives which included health and disability insurance (30).

Although war delayed the passage of key elements of this new federal welfare system, the public sector's approach to social welfare problems changed substantially between the New Era and the New Deal. After 1937, federal bureaucrats would no longer confine themselves to providing demonstration projects to interested observers in corporations, trade associations, localities, and states. They would, with increasing success, create a world of their own. In this world, New Era equations of welfare and efficiency occupied but a modest place (31).

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29. Edward D. Berkowitz and Kim McQuaid, "Businessman and Bureaucrat: The Evolution of the American Social Welfare System, 1900–1940," *Journal of Economic History,* Vol. 38 (March, 1978), pp. 120–42.

30. *Ibid.* Edward D. Berkowitz and Kim McQuaid, *Creating the Welfare State: The Political Economy of 20th Century Reform* (New York: Praeger, 1980).

31. This process of organizational and conceptual change can be seen with special clarity in the Oral History Project Memoir of I. S. Falk in the Columbia Oral History Project archive at Columbia University, New York.