POPULAR MISCONCEPTIONS OF ORGANIZED SOCIAL WORK

Hilda V. L. Katz

The average person is still skeptical in regard to organized charity. He regards it with distrust, and characterizes all its workings which he does not understand as red tape. Even though he contributes to the local organization, he feels more or less uncertain as to the wisdom of it and continues to hold firm to the belief that individual almsgiving is the only way to dispense charity.

Herein lies the first misconception for him; almsgiving is the only form of relief, according to him, the only thing the very poor need and want is money. And so, when a poor man comes with a hard-luck story, he hands him a few dollars, feels a momentary glow of satisfaction for having done his duty to his unfortunate brother, and then immediately forgets the incident.

Suppose this same poor man came to the charity organization society and told the same hard-luck story—no work, sick wife, a large family—in outline, the same story as has been told hundreds of times before, but when analyzed how totally different each one is from the other. The man's story is heard, and the same day, or at the latest the following day, an experienced organization worker is sent to the man's home. If the worker finds there is urgent need of money for food or rent, temporary financial relief is given at once, which refutes the average man's belief that a family is allowed to starve while the organization is carrying on its investigation. The man, as he has said, has no work. If his idleness is due to slack industrial conditions, and there are no other wage-earners in the family who can add enough to the family income to keep it up to its usual standard of living, the society tides it over with weekly allowances until the man's work starts up again. If his idleness is due to the loss of his job, and he is a reliable man, every effort is made to find him work. If the wife is found to be ill, the worker from the society summons the doctor, who advises hospital treatment; the woman is taken to the hospital, and because her children cannot be left alone, a competent woman is engaged by the society at its expense to take care of the home and children until the wife is discharged from the hospital and able to take up her household duties again. The investigator inquires about the children; the school teachers are interviewed regarding their progress. One of the little girls is backward and must have special coaching if she is to keep up with the class, and the society procures some interested, capable volunteer to help the child in her school work. One of the boys has reached working age and desires to learn some trade, but has not been able to find an opening. A desirable place is procured for him, the manager is interested in his case, and his progress is watched.

Thus the organization interests itself in the whole family and aims to better conditions permanently. The individual giver thinks of nothing but the very present need and considers his duty done, and well done, when he has contributed a few dollars, which, when spent, will leave the family not a whit better off than before. But the charity organization society aims not only to alleviate its physical needs by material relief, but seeks to rehabilitate the entire family and place it on a firmer basis than ever. For the aim and goal of the charity organization society is "not to help the poor in their poverty, but to help them out of it." A few dollars given now and then may help them in their poverty, but it is only the other work—the adequate care of the sick, the attention to the child's mental development, the securing of permanent jobs for the family bread-winners—it is only these things and many unmentioned ones besides that the organization does for its poor that will help them out of it.

But these results cannot be accomplished merely by admitting the poor to the organization's office, listening to the stories in the office, and assisting from that office. There must be investigation of facts and conditions, and it is this part of the charity organization's work which is so misunderstood. Investigation is not primarily to detect fraud and to single out the unworthy cases from the worthy ones. As a prominent social worker has said, "There is no such thing as an unworthy case; if a case is worthy of nothing else, it is worthy of advice." When a patient visits a doctor and describes his ailments, does the doctor accept the patient's diagnosis of his own disease, prescribe medicine accordingly, and dismiss him? No, he listens only to the patient's symptoms, makes his own careful examination, diagnoses the case, then prescribes treatment and keeps a watchful eye on that patient until a complete cure is effected. The analogy is clear. Poverty may indeed be called a disease and an investigation must precede intelligent treatment of the case. Home condition must be studied, the individuals comprising the family must be known, resources within the family itself must be developed, if constructive, upbuilding work is to be done. And that is what investigation is, learning to know the family on the family's ground in order to work intelligently and in cooperation with it for its own good. There is no mystery or red tape to it. It is not a needless prying into the private family affairs of the poor; the investigator is not a cold-hearted, curious individual who forces unwilling confidences, she is an intelligent, sympathetic human being, to whom more often than not, the poor are glad to tell their sad stories, assured, as they are, of the all-too-infrequent sympathetic listener. The result of the investigation is put on the organization's record and is confidential—the record is used only for future reference in dealing with that particular family. Investigation is the vital part of the work of a charity organization society, and it is that which makes it essentially different from unorganized, indiscriminate charity. The individual, dispensing his charity, gives the exact same treatment to every case; that is, money, the amount varying in proportion as the story appeals to him in greater or less degree. To the investigator, however, each family presents a totally different problem, and it is only through her work that these problems are discovered and solved.

Since the charity organization is able to carry on its work so comprehensively and secure more permanent results than the individual with his indiscriminating giving is able to accomplish, the average person may well ask the question "What is to become of that type of kind-hearted individual, with benevolent intentions, who does so much good in his own way? Is he to pass out of existence and give the charity organization a clear field?" By no means. Without him, the charity organization is powerless; without the organization, all the good intentions of the individual are inadequate. Let them work together and the interests of the poor will be looked after better than ever before.

SOCIAL SERVICE IN HOSPITALS

Mary H. Kraus

When a man, woman or little child walks timidly into the free dispensary of a hospital for the first time, he is immediately asked what ails him; does his head ache, or do his eyes bother him, is he nervous or is it because of the pain in his foot that he has come to see the doctor? And accordingly, as he answers, is he given a slip of paper directing him to the department dealing with his particular ailment. He is, speaking in hospital vernacular, assigned to the general medical "clinic," or neurological "clinic," or orthopedic "clinic," as the case may be. Then, his slip clutched tightly in his hand, he seeks out the doctor and the doctor does his best to relieve the patient's troubles; if not at once, he must come again.

Each time he comes, the doctor sympathetically, no doubt, asks him how he feels, notes any improvement or the absence of it that may have resulted since the last visit, and speeds the visitor on his way. That is all he can do. He sees only the man or the woman or the child who comes to see him. Everything else in that patient's life is a blank page to him. The doctor may care about that ignorance, he may even worry about it, or he may not. But, lately, some doctors have cared. They have talked to their visitors, have listened not only to their various physician pains,

but to the stories of hard luck, of money troubles, of family worries, that all unconsciously the patient has poured out into the sympathetic ear of the doctor.

Then, too, the doctor notices, after repeated dispensary visits that the patient has made, that he is not getting at the bottom of the real trouble, else why should the treatment not do for this patient what it does for those patients that come to his office? Why, when he prescribes a diet of milk and eggs for an anaemic girl, does she come back to him still in the same debilitated condition? Why, if she follows his advice, doesn't her condition improve? And then, the startling fact becomes known, she hasn't followed his advice. Why hasn't she, the doctor asks, not a little irritably? Because—and after many attempts—the story comes out. She cannot get milk and eggs. She makes very little in the shop where she works, and that little has to go a long way, of which her part is only a small one. The milk and eggs which she alone needs is given to a half dozen younger and smaller sisters and brothers. Then the doctor realizes the futileness of it all—the almost useless expenditure of his time and energy. He has done nothing. He can do nothing. His very learning mocks him. Thinking it all over, he asks himself the question, "Why did that girl become anaemic, why then the need for milk and eggs?" And thus the doctor is halted in his musings. He doesn't know the girl, her family, her needs and wants, her lack of recreation and play, the gray monotony of her work. "She should never starved herself," says the doctor. "We should have prevented her condition." Prevented it!

That, then, is the keynote of Social Service in Hospitals, the distinctive function of the social worker in the dispensary. It is the aim and duty of the social worker to prevent the possibility of the anaemic girl's visits to the dispensary—to prevent her becoming anaemic.

More and more do doctors realize the value of preventive medicine. "In the outpatient department of the Massachusetts General Hospital the cases of eighty girls were investigated, and it was found that out of the eighty, fifty-two, or 76 per cent., of these girls suffered from preventable disease due to faulty hygiene, medical, social or both." This is taken from their report. The problems of these girls, then, are surely as much those of the social worker as the doctor. The work of each goes hand in hand and the training of each is needed to make correct diagnoses. The medical diagnosis is of little value without the social one. Medical work and social work fit into each other; more and more does the physician realize that he is handicapped without a better and clearer knowledge of his patient's life, his occupation, his successes and failures, his worries, and that when he does begin treatment, his scheme is more or less useless in the face of a social maladjustment that is more pressing than the physical disabilities of the patient. The doctor soon learns, if he has not already, that information that the patient who comes to him suffering with tuberculosis lives in small, unventilated rooms, sleeps with windows tightly fastened, and is a constant menace to the rest of his family and to the community. The patient will not tell the doctor, all this; the doctor must see these things for himself. The doctor is a busy man, his threshold is crowded with the poor and the sick and the suffering and even if he would, he has not the time to be a social worker. His training, moreover, has been along other lines. So, in his helplessness, he needs assistance, he needs other hands and other eyes and other minds to help him out of his difficulty, to help him out of the hole that he has discovered in his medical work.

There are holes in medical work until they are filled up by knowledge of the patient's home, his surroundings, his ambitions, and his finances. For this knowledge the doctor must go to the social worker, trained in knowing how to detect discrepancies in the home, trained to pick out the salient facts of the patient's life that tend toward health or its destruction. It cannot rest with the medical man to make a social diagnosis or to detect among the many people who come to the dispensary those who need social service. A social worker should be in the clinic to meet the patients, and to be there if necessary, and finding out just who needs her assistance. Of course, even in this, the social worker will need the assistance of the doctor. This means true co-operation. If the social worker in the hospital does nothing else, she can "start things." She can search out the dark places, she can smooth over the rough places in the doctor's work and in the patient's life.

Aside from these, there are other most decided problems. There is the problem of the unemployed, and the problem of the convalescent.

But, it is asked, is that the work of a hospital? Yes, surely it is. The patient whom accident or disease has deprived of a leg or an arm needs assistance in adjusting himself to new conditions, to different employment, perhaps, than he had before. Someone must stand back of him, helping him on his way, making it as easy as possible and keeping him on the way to be a useful member of society. There is great work to be done with the handicapped, but that is too big a subject to be discussed summarily in this paper. The adjusting of those deprived of the natural aids to life and work and happiness has endless possibilities.

For the very sick, the best work that they can do is to get well, and once well to regain their places in the working world. But there are many times when convalescence is slow and deterred, when the tediousness of getting well is harder to bear than the pain of being sick, when to lie abed with no thoughts but of their own miseries and unhappiness is a poison more corroding to the sick than any the chemist could compound. It is then that the social worker finds a task awaiting her. She can be kept busy finding light employment for the eager, nervous hands to do. Often it is to make bandages and sponges for the doctors, again it is to help a mother fashion baby clothes for the little stranger that is on its way; still again it is to coach a girl or boy whose long illness is keeping him behind in his studies, and who would, may be, without such gentle help and pushing leave school altogether.

Often a doctor prescribes surgical appliances, bandages, or supports, which will help in the recovery of the patient, who, through carlessness or lack of means, disregards the doctor's advice. It is distinctly helpful to both doctor and patient to have a worker who will interest herself in just such cases and will impress upon the patient the need of such appliances. She can also help in acting as a banker for the small weekly payments on these necessary aids, or she may put the patient in touch with agencies which will supply these things to him free. And having obtained these appliances, etc., she must see that the patient uses them.

Social service has not been welcomed in all hospitals, neither have all the doctors seen the need or recognized the good work of such a department. Yet, that, fortunately, is not the last word, as there are many men in the medical fraternity who are keenly alive to the great worth of a social service department in a hospital. There needs to be co-operation between doctors and nurses on the one side, and the patient and his various ills on the other; and the social worker is the mediator in all the difficulties and differences that arise. Without the help, however, of doctors and nurses, and without their ready sympathy and co-operative spirit, the social worker can do little. She can do little good to anyone, and a great deal of harm to herself.

The question has arisen as to just who should hold the position of social worker, in the hospital; whether it should be the worker trained along purely social lines, or the hospital nurse trained along hospital lines. That it can be a happy combination of both is the bright outlook of the future. Social work may be a part of the pupil nurse's hospital training, and her eyes and ears will be taught to detect social defects as they are taught now to count the pulse or register the temperature of the patient.

Much has been said of dispensary abuse, of the many who come to a dispensary fully able to pay for treatment, and of the many who stay away unaware of the facilities there for dealing with their sickness and trouble. In passing, I would say that social service in a hospital will do much to right these wrongs, to weed out the undesirable class of patient and to bring to the dispensary an increasing number of people who need help.

I have attempted in a general way to show the value of a social service department in a hospital and to answer the many questions that are asked as to just what is "Hospital Social Service"? What does a social worker do in a hospital? Why is her work necessary? And others of like trend. The future is bright for the hospital that establishes a social service department. Its scope will be broadened and new avenues for good and necessary work will be opened up. The socialization of the work in a hospital will tend to make that hospital a truly social center of right living and an ever-increasing factor in the broader life of a community.

Federation in Brooklyn

In an address before the annual convention of Galician and Bukowinian Jews, Mr. Max Abelman, the assistant secretary of the Brooklyn Federation of Jewish Charities, described the particular situation with which he had to deal. He said in part:

"What is federation? Instead of many organizations competing with each other for patrons and clients, wearing out the resources of the community with indifferent results, the application of sound business principles has established a federated working body, assessing upon the community the cost of its social burdens with directness and economy husbanding the resources thus derived, and exercising in the name of the collective interest a rational sway over individual efforts in a manner that means guidance without interference. Second, what are the advantages of federation?

"It affords a permanent, efficient and practical mode of collecting and distributing contributions given for charitable or philanthropic purposes.

"It discourages the obnoxious practice of selling tickets for the benefit of institutions. It does away with conflict in soliciting membership and contributions. It enables the whole population of a city to gradually affiliate in one central collective organization, and work unitedly for one purpose, and for the general good of all. It relieves the management of each society of financial collecting, leaving the directors and trustees free to use all their time for the carrying on of the internal and executive work of each institution.

"It effects economy in collections, and otherwise, and prevents duplication of work. It enables contributors to decide how much they can afford to pay or may be willing to pay toward the support of all the charities of the city, and to pay the same in one sum for the benefit of all, instead of to preferred individual societies.

"Dr. William H. Allen, director and founder of New York's Bureau of Municipal Research, and director and founder of the New York School of Public Service, says the following in connection with federation: 'Federation is the greatest step the generation has seen in civic and philanthropic effort.'

"In the few years' existence of our Federation, we have actually tripled our receipts. The following figures speak for themselves:

"In 1909 Jewish societies in Brooklyn collected, prior to federation, $64,000.00.

1910—3,767	contributors	paid	$ 90,901.25.
1911—4,014	"	"	101,741.10.
1912—5,348	"	"	132,429.42.
1913—6,885	"	"	157,447.72.

"The question has often been put to me: 'How successful is federation in other communities? The following statistical statement will prove that federation is long past the experimental stage, and is now a great success:

Federated City	Total Amount Subscribed	Number of Annual Subscriptions	Average Subscription
Atlanta	$ 12,098	424	$ 28
Baltimore	88,757	1660	53
Brooklyn	157,447	6885	22
Chicago	454,364	3158	143
Cincinnati	67,175	1500	44
Cleveland	78,108	1809	43
Columbus	6,166	275	22
Des Moines	2,123	75	28
Detroit	29,487	531	55
Dist. of Co'mbia	5,204	307	18
Kansas City	24,459	510	47
Louisville	29,954	800	37
Minneapolis	12,000	400	30
Philadelphia	117,412	2600	45
Pittsburgh	70,800	1080	65
Rochester	6,903	212	32
St. Louis	55,075	1012	54
Sioux City	1,827	112	16

"Figures of other cities are not available at this time."

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