

UCLA

UCLA Historical Journal

Title

Save the Babies: The Passage of a Federally Supported Maternal and Infant Health Act

Permalink

<https://escholarship.org/uc/item/21w4634t>

Journal

UCLA Historical Journal, 8(2)

Author

Cooper, Donald G.

Publication Date

1987

Copyright Information

Copyright 1987 by the author(s). All rights reserved unless otherwise indicated. Contact the author(s) for any necessary permissions. Learn more at <https://escholarship.org/terms>

Peer reviewed

**SAVE THE BABIES:
THE PASSAGE OF A FEDERALLY SUPPORTED MATERNAL
AND INFANT HEALTH ACT**

DONALD G. COOPER

The United States led the world in industrial production at the beginning of this century; yet, with all its prosperity, America lagged behind other nations such as England, Sweden, France, and New Zealand in maternal and infant hygiene and care. In 1918 somber statistics published by the Children's Bureau shocked the American middle class public. When compared to the twenty other leading industrial nations of the world, the United States ranked eleventh in infant mortality survival and fourteenth in maternal mortality. As a result of the publication of these figures, several prominent women's organizations demanded federal action to alleviate the problem.

Among the leaders of this movement was Jeannette Rankin of Montana, who served as the first woman in the U.S. Congress from 1917 to 1919. In 1918 Rankin introduced the first federal legislative bill to create a federal grant-in-aid program in the instruction of maternal and infant hygiene and care. Her bill called for the appropriation of federal funds to be matched by state funds for the creation of female hygiene and child-health consultation centers.

This article surveys the role of Rankin and other women leaders in the drafting and final passage of a federal bill promoting maternal and infant health. The bill pioneered federal health

Donald G. Cooper received his B.A. degree in History and Political Science, and M.S. in Education, from James Madison University. He also received an M.A. in History from the University of Southern California, where he is currently a doctoral candidate studying Twentieth-Century American History with an emphasis on Ethnic and Women's History.

care legislation for the twentieth century. This initial bill failed to pass in the 1919 session, but gained overwhelming support in 1921. Although other factors such as presidential and media support contributed to the shift in congressional attitudes towards the legislation, the most important development was the newly-acquired political power of women following the ratification of the Nineteenth Amendment in 1920.

Infancy and maternal care in the United States gained momentum after the turn of the century. The first major step was the White House Conference on Child Welfare Standards held in 1909 by President Theodore Roosevelt. This conference urged the adoption of state and national programs for nutrition, child guidance, infant and maternal health, hygiene, and parental education. Roosevelt sent a special message to Congress urging the creation of a children's bureau, and in 1912, the enabling bill passed. Julia Lathrop was chosen as the first chief of the new bureau.¹

The first goal of the Children's Bureau was to investigate the causes of maternal and infant mortality in the United States. The bureau also investigated mortality rates of other countries and actions taken elsewhere to lower death rates. After six years of careful study, the bureau issued its report. Infant mortality rates of the United States were higher than ten other prosperous nations in the world. Within the first year after birth the United States lost one in ten of all babies born. The maternal death rate of the United States proved worse. These rates were higher than thirteen other nations.²

This study indicated a high correlation between income-level and mortality rates. In families with an earned income of \$450 or less, the infant mortality rate was one in six. For those families earning between \$650 and \$850, the rate dropped to one in ten. Finally, in families with incomes over \$1250, the mortality rate was only one in sixteen. Yet, even this rate compared poorly with the figure for New Zealand, whose infant care program produced a mortality rate of one in twenty for families in all income levels.³

The study of the Children's Bureau indicated that most of the nations with low infant and maternal rates had established special programs in hygiene and care. New Zealand had adopted a

government subsidized program of instructive nursing and government maternity hospitals making instruction and care available to all mothers. England had appointed health visitors and created consultation centers for their mothers and supported them through grants-in-aid. Finally, France had a program providing for prenatal and natal care in institutions at public expense one month before and one month after confinement.⁴

In light of these findings, the Children's Bureau and supportive women's organizations concluded that an urgent need existed for federal involvement in maternal and child health. They argued that nations with established government programs had been the most successful in reducing infant and maternal mortality rates. The Bureau and numerous reform-minded women urged the American government to take a similar course of action.

In the forefront of this effort was Jeannette Rankin. In 1916 she became the first woman elected to Congress at a time when only eleven states allowed women the right to vote or hold office. Rankin ran on a progressive Republican platform calling for women's suffrage and protective legislation for women and children.⁵ After her election, Rankin wrote to the Children's Bureau seeking to discover what they were accomplishing to relieve the hardships of women. She requested a study of the maternal and infant mortality rates for Montana. The subsequent report revealed that "while the average maternal mortality for the nation was high, the average in . . . isolated Western districts was even higher."⁶ Rankin learned through the Bureau's national report that the high infant mortality in rural areas was due to three major problems. First, rural mothers lacked adequate information concerning prenatal and natal care. Second, rural districts lacked doctors and visiting nurses, and third, most infant deaths were due to gastric and intestinal diseases which resulted from improper care and feeding.⁷ After carefully reviewing the national report of the Children's Bureau and Montana's state report, Rankin introduced into the Sixty-Fifth Congress H.R. 12634 on June 26, 1918. Meanwhile, Julia Lathrop of the Children's Bureau had persuaded Joseph Robinson, an Arkansas Democrat in the United States Senate, to co-sponsor the bill to insure a nonpartisan piece of

legislation. As a result, the bill became known as the Rankin-Robinson bill.

The Rankin-Robinson bill called for cooperation between the states and the federal government in the promotion of maternal and infant care in the rural districts and instruction in maternal and infant hygiene. Congress was asked to appropriate \$480,000 in 1919 and each successive year thereafter as grants-in-aid to the individual states irrespective of the number of rural inhabitants, with each state receiving \$10,000. An additional \$1,000,000 in 1919 was to be allotted to the states based on the relationship of their rural population to the total population of the United States based on the 1910 United States Census. The states with larger rural populations were scheduled to receive a greater allotment of the federal funds for maternal and infant hygiene and care. In order for any state to receive this additional federal allotment, however, it had to appropriate an equal sum. The amount of federal money appropriated in successive years would progressively increase to the maximum sum of \$2,000,000 by 1924.

Each state was required by the Rankin-Robinson bill to establish a board of maternity aid and infant hygiene. This board was to work closely with the chief of the Children's Bureau in establishing a program "for instruction in the hygiene of maternity and infancy through public-health nursing, consultation centers, and other suitable methods and provisions of medical and nursing care for mothers and infants at home or at a hospital when necessary, especially in remote areas."⁸ The state board consisted of the governor, a physician from the state board of health, a representative of the nursing profession, and a representative of the teaching profession from the state university or state college of agriculture. This state board was to determine how it would implement the act and submit a detailed state plan to the Children's Bureau for approval. Finally, the state board was permitted to use the state university, land-grant college, or other educational institution to provide extension courses in hygiene and infant care in the rural areas.

When newspaper reporters asked Rankin why she had introduced this bill, she responded, "It is quite obvious that the national welfare demands

that these children shall live and that their mothers shall live in health and vigor to help them grow into robust men and women."¹⁰ Rankin and other supporters for the bill developed the "Save the Babies" Campaign slogan to help secure the passage of the bill and the creation of the state child hygiene or child welfare divisions to receive the federal funds. "In 1917 only eight states had child-welfare divisions, but by 1920 thirty-five states had a child hygiene or child welfare division."¹¹ Thus Rankin and other supporters helped to create the apparatus necessary for implementing the bill once it was passed.

The Rankin-Robinson bill advanced to the House Committee on Labor for hearings on January 19, 1919. Rankin presented a brief synopsis of the bill to the committee members. At the end of her presentation, she introduced Caroline Fleming, the assistant chief of the Children's Bureau, who presented a brief for the maternity and infancy bill. The committee heard speakers from the American Federation of Labor, the Children's Bureau, and physicians from numerous state public health departments. Each spokesperson expressed the need for the bill, and how other nations had lowered their mortality rates with a nationally-funded hygiene and care program. These leaders urged the immediate adoption of the bill. The measure was reported out of committee favorably, but the session ended without any further action in March, 1919.¹²

Congressional leaders and supporters of this bill for maternal and infant hygiene and care were aware that many areas of the United States had established programs before the study of the Children's Bureau. In fact, New York City, Boston, and Philadelphia had established municipal agencies such as child-hygiene bureaus or had private organizations such as the Maternity Center Association providing health services before 1917. Those urban centers performed the same functions as described in the Rankin-Robinson bill with considerable success. A report by the committee on statistics of the Maternity Center Association of New York City stated, "Only 86 of the babies born alive in the 4,496 confinements, died in the first month after birth. In the city at large about 1709 such deaths occurred."¹³ The reports of these urban centers justified the passage of the Rankin-

Robinson bill for the rural areas where resources and funds were not available. The urban areas proved that a systematic and coordinated maternal and infant health program would reduce mortality rates.

With such evidence and support, the Rankin-Robinson bill did not pass the Sixty-Fifth Congress. Many factors need to be taken into consideration. What was the attitude of the President of the United States towards the bill? What were the feelings of Members of Congress, and did women have any political power to move the bill?

Many years later, Rankin said the bill did not pass "because you know nothing constructive is done during a war."¹⁴ The progressive reforms of the turn of the century had come to a halt due to America's entrance into World War I. American interest shifted from social reform into active support for winning the war. Another factor contributing to the failure of the bill was the defeat of Jeannette Rankin in November, 1918. Her term of office ended on March 3, 1919. With only three months remaining in her term the Committee on Labor conducted its hearings, Rankin placed her remaining energy in securing the passage and ratification of the Susan B. Anthony Suffrage Amendment, which gave women the right to vote. Therefore, she did not have the time to devote a great effort towards the passage of the maternal and infant health bill.

Moreover, President Woodrow Wilson gave little encouragement for the passage of the bill. At the White House Conference on the Standards of Children Welfare in 1919, he urged "certain irreducible minimum standards for the health, education, and work of the American child."¹⁵ This was his only comment towards the Rankin-Robinson bill. He refused to give the endorsement needed for its passage in Congress.

The majority of Congress was unconcerned about the issue of maternal and infant hygiene and care. Women did not possess the right to vote and were unable to influence the Congress into acting. At this particular moment, health concerns were not the leading priority item for American women. In 1919 women spent their energy securing congressional passage and state ratification of the Nineteenth Amendment.

A newly-elected Republican Congress convened in April, 1919. During this Sixty-Sixth

Congress, Senator Morris Sheppard (D-Texas) and Congressman Horace Towner (R-Iowa) resubmitted the maternal and infant hygiene bill. The measure was no longer called the Rankin-Robinson bill; rather, it became known as the Sheppard-Towner bill. This measure called for the appropriation of \$4,000,000 to provide matching grants to states in addition to the \$10,000 provided by the federal government to each state to start the program.¹⁶

Prominent women's organizations like the National League of Women Voters and the National Consumer's League endorsed the bill. During the summer of 1919 these organizations urged the national parties to endorse the Sheppard-Towner bill in their platforms. The Democratic, Socialist, Prohibition, and Farmer Labor parties approved the proposal.¹⁷ The Republicans did nothing, but their presidential nominee, Warren Harding, supported the measure. In fact, in his Social Justice Day speech on October 1, 1920, Harding said: "We all know that we face tasks of social justice which we must undertake with dispatch and efficiency. Who can suggest one of these tasks which can supersede in our hearts, or in the ranks which foresight and wisdom will give, that of the protection of maternity?"¹⁸

Since women now possessed the right to vote due to the passage of the Nineteenth Amendment, "the bill became the first goal of the newly enfranchised women and took precedence over all other efforts."¹⁹ The twenty leading women's organizations came together under the Women's Joint Congressional Committee. The purpose of the WJCC was to lobby for the Sheppard-Towner bill. The member organizations drummed up the grassroot support through meetings, leaflets, newsletters, and the passing of resolutions and petitions.²⁰

Meanwhile the Sheppard-Towner bill lay in the House Committee on Interstate and Foreign Commerce from May through December, 1920. The supporters for the bill began to mount an active campaign for its passage. Good Housekeeping became impatient and declared, "Herod is not dead, and urged women to besiege Congress with telegrams and letters."²¹ Indeed, Congress was besieged with an avalanche of mail demanding the passage of the bill. These tactics worked. The House Committee on Interstate and Foreign Commerce began hearings on the bill in December.

The Sheppard-Towner bill began to move steadily forward in Congress toward passage in December, 1920. In the Senate debate, Senator Sheppard informed his colleagues that the bill was endorsed by nearly every women's organization of importance in the country such as the League of Women's Voters, the National Federation of Women's Clubs, and the Women's National Republican and Democratic committees. He stated that the bill was not a radical departure in American government, but simply provided federal and state cooperation in maternal and child hygiene. Further, he argued that the idea of grant-in-aid for the states was not a new concept. States received this type of federal funding for land-grant colleges, agricultural experiment stations, vocational education, and highway construction. Sheppard also pointed out that no department would be created, but it combined serving federal officials into a single board for administration of the program. Sheppard concluded his explanation of the bill by reading the letters of twenty governors who endorsed the measure. The bill passed the Senate quickly with little opposition.²²

The House Committee on Interstate and Foreign Commerce began its hearings on the proposal. Again an endless procession of witnesses favorable to the bill testified before the committee members. One of those witnesses was Jeannette Rankin. She informed the committee of the pressing need for this legislation, particularly in the rural western areas of the country. "The women of this country are behind this bill," declared Rankin. "They realize that they need it. It is the greatest need that they have felt and is the first need expressed by the voting women of this country."²³ Witness after witness restated her argument for the passage of the bill. The House Committee on Interstate and Foreign Commerce approved the bill during the last week of December. The only modification was a decrease in appropriation from four million dollars to one million dollars.²⁴

The Sheppard-Towner bill proceeded to the House Rules Committee where it died. P.P. Campbell (R-Kansas), Chairman of the Rules Committee, refused to release the bill to the floor of the House. He claimed the calendar was already crowded with too many appropriation bills.²⁵ Thus the bill failed to pass the Sixty-

Sixth Congress. Women were shocked and demanded that President Harding do something. He informed the women organizations that he was sure the bill would pass by July, 1921, during the next session of Congress.²⁶

President Harding called the Sixty-Seventh Congress into a special session to deal with the tariff and other budget matters in April, 1921. In his address before Congress, Harding stated: "I assume the maternity bill, already strongly approved will be enacted promptly, thus adding to our manifestation of human interest."²⁷ The supporters of the Sheppard-Towner bill had persuaded him to single out the bill for passage in his message to Congress. They feared the measure would be ignored unless the president spoke for it.²⁸

Sheppard and Towner resubmitted their bill in April. The Senate passed the measure once again on July 22, 1921, by a vote of 63-7. But, the bill appeared doomed in the House. Samuel Winslow (R-Massachusetts), Chairman of the House committee on Interstate and Foreign Commerce, opposed the bill. He had been an ardent anti-suffragist. For months he delayed the passage of the bill by refusing to hold any hearings on it. He hoped to stall the bill long enough for the opposition to mobilize to block its passage. Harriet Upton, Vice-Chairman of the Republican National Committee, and other women leaders began to put pressure on Harding to dislodge the measure. Women, now that they had the vote, were to be reckoned with. Harding persuaded Winslow to begin the hearings on the bill on July 12.²⁹

Winslow had been able to stall the bill until the mobilization of the opposition. The three leading opponent groups were the American Medical Association, the medical liberty organizations, and the National Association Opposed to Woman Suffrage, the last known as the Women Patriots.

The medical liberty organizations opposed any state regulation of medicine, such as licensing of doctors and medical schools, vaccinations, or quarantines. These societies opposed the Sheppard-Towner bill simply because they saw the measure as an attempt by the American Medical Association to use state power to eliminate the medical liberty organizations from practice.³⁰ Ironically, these organizations and the AMA were against the same bill but for different reasons.

The Woman Patriots were anti-suffragists who opposed the bill in part because the suffragists

endorsed it. These women condemned the plan as a part of a bolshevist conspiracy. Epithets such as Russian, socialist, and bolshevistic were hurled at the Sheppard-Towner bill by this reactionary group of women who claimed that the Children's Bureau was nationalizing children.³¹

But the strongest opposition came from the American Medical Association. The AMA called the measure a form of state medicine that interfered with the private practice of the doctor. The Journal of the American Medical Association stated clearly in May, 1921, the arguments against the Sheppard-Towner bill. The journal argued that public health work was a function of the state and local government. Therefore, the funding for such work should come from state and local funds and not from the national government. Moreover, the AMA opined that no emergency existed for maternal and infant care. They claimed there were no reliable statistics to prove the high mortality rates. Finally, the journal concluded that public health measures such as the care of maternity and infancy should be under the U.S. Public Health Service rather than the Children's Bureau of the Department of Labor.³²

Primarily, the AMA was against the Sheppard-Towner bill because the organization believed the bill threatened the association's power to establish and maintain complete control over the supply of medical services. As long as the federal and state governments worked as a partner with the AMA in establishing standards of medical training, licensing, and ethics of practice, the AMA permitted the government to intervene. The AMA opposed the government if it attempted to provide medical services or considered any program which might promote a compulsory health insurance.³³

On July 12, Winslow began the hearings of the House Committee on Interstate and Foreign Commerce on the Sheppard-Towner bill. He realized that the bill could be defeated through its opponents. Winslow arranged the agenda so that a predominance of opposition witnesses spoke before the committee. Once again Upton requested Harding to intervene on behalf of the bill.³⁴

The Sheppard-Towner bill finally reached the floor of the House on November 18, 1921. "Actual sentiment among Congressmen probably opposed the bill, but the threat of 20,000,000 organized

women was too much to ignore."³⁵ The WJCC skillfully organized these women. Thousands of letters, telegrams, and petitions rolled into the Capitol demanding the passage of the bill.³⁶ The Republican congressmen looked to Harding for direction. For example, Congressman Graham wrote Harding inquiring what he should do. The following reply from the president's secretary, George B. Christian, Jr., was sent and read to the House during the concluding debates on the bill.

My Dear Mr. Graham: The President has seen your letter of September 30 and has asked me to make a reply and say he has already expressed himself relating to the maternity bill ... He does not think that any new expression is, therefore, necessary, and does not think the situation calls for a special message on the subject. The President has said on several occasions that he has spoken of his favorable attitude, and he has had no occasion to change his mind in that regard.³⁷

The House passed the bill by a vote of 279 to 39 with 113 abstentions. The Sheppard-Towner Act became law on November 23, 1921 with the signature of President Harding.³⁸

Why did the Sheppard-Towner Act pass during this session of Congress? How was the support in 1921 different from that in 1919? What changes were necessary in order for the bill to pass through Congress?

Unlike Wilson, President Harding endorsed the Sheppard-Towner bill. Harding persisted in pushing the measure through Congress. His motives were a combination of humanitarianism mixed with political reality. He knew that a large number of newly enfranchised women voters were yet to be captured by either political party. He believed the passage of the Sheppard-Towner Act would sway these women into the Republican party.³⁹ In 1919, while Wilson was in office, women did not have the right to vote. Therefore, Wilson did not need to appeal to the needs of women.

A second important factor was that the bill was changed in such a way as to appease many of its congressional opponents. For example, the emphasis of the federal government's role shifted

from protection to promotion of maternal and infant health. The state government still retained control of the program. The state legislature implemented the plan through its state health agency, child-welfare, or child-hygiene division instead of establishing a state board as originally proposed in the Rankin-Robinson bill. Finally, the act prevented any person from the Children's Bureau from entering any home or taking charge of any child over the objections of the parents or guardians.⁴⁰ These basic modifications made it possible for Congress to enact a law which provided for instruction in the hygiene of maternity and infancy through public health nurses, consultation centers, child-care conferences, and literature distribution.

But the most important factor in securing the passage of the Sheppard-Towner Act was the newly-acquired political power of women. Unlike 1919, American women had the right to vote in 1921. Congressional elections were only one year away. Congressmen did not know how the newly-enfranchised women would vote. "For years suffragists had promised to clean house when they got the vote, and they claimed that women would be issue oriented rather than party oriented."⁴¹ At the same time the WJCC emerged as a powerful political lobby for women. This organization combined the efforts of leading women's organizations into one united force. In addition to these political efforts, the leading women's magazines - Good Housekeeping, Pictorial Review, McCalls, and Women's Companion - published articles favorable to the Sheppard-Towner bill and urged their readers to write their congressmen demanding its passage. As a result of the mass media, and the WJCC, Congress was pressured into adopting the measure through the thousands of telegrams, letters, and petitions sent by American women. Thus, through a massive network of organization, skilled leaders, and the power to vote, women were able to persuade Congress into approving special legislation for their needs.

The twentieth century saw the emergence of a new, politically-activated and motivated woman who demanded federal legislation for maternal and infant hygiene care. In 1921, women newly armed with political voting power secured the passage of the Sheppard-Towner Act. Its passage was a

turning point in American history in two ways. First, the act represented the beginning of federal support in an American health program. Second, and more importantly, the law represented the emergence of women as a dynamic voting group capable of securing reforms for themselves and their children.

NOTES

¹Clarke Chamber, Seedtime of Reform: American Social Services and Action 1918-1933 (Ann Arbor: University of Michigan Press, 1967), p. 49.

²Statement of Miss Caroline Fleming, Children's Bureau to House Committee on Labor, Hygiene and Maternity Hearings, 65th Congress, 3rd Session, on H.R. 12634, 1919, p. 7.

³J. Stanley Lemons, The Woman Citizen (Chicago: University of Illinois Press, 1973), p. 154.

⁴Fleming, Hygiene and Maternity Hearings, p.8.

⁵Hannah Josephson, Jeannette Rankin: First Lady in Congress (New York: Bobbs-Merrill, 1974), p. 53.

⁶Statement of Miss Jeannette Rankin to the House Committee on Interstate and Foreign Commerce, Public Protection of Maternity and Infancy, Hearings, 66th Congress, 3rd Session, on H.R. 10925, 1920, p. 87.

⁷Fleming, Hygiene and Maternity Hearings, pp. 7-8.

⁸H.R. 12634, 65th Congress, 2nd Session, 1918, Section 8.

⁹H.R. 12634, 65th Congress, 2nd Session, 1918.

¹⁰Rankin Papers, Series IV, Newsclippings, January-August 1919.

¹¹Lemons, The Woman Citizen, p. 145.

¹²Ibid., p. 155.

¹³Richard Bolt, "A National Program for Maternity Aid," American Labor Legislation Review 11 (March, 1921):63.

¹⁴Statement of Jeanette Rankin in the transcript of oral interview by John Board, Rankin Papers, Series III, folder 204, 34. The reader should note that the war was over by the time the committee began the hearings on the bill. Miss Rankin had introduced the bill (June 1918) before the end of the war, but Congress did not begin action until after the war was over.

¹⁵Joseph Chepartis, "Federal Social Welfare Progressivism in 1920's," Social Services Review 46 (1971):216.

¹⁶Lemons, The Woman Citizen, p. 155.

¹⁷Ibid.

¹⁸Chepartis, "Federal Social Welfare Progressivism in 1920's," p. 216.

¹⁹Lemons, The Woman Citizen, p. 155.

²⁰Ibid.

²¹Ibid. During this session of Congress the House Committee on Interstate and Foreign Commerce held the hearings on the maternity and infancy bill instead of the Committee on Labor. The Republicans had the majority in the House after the 1919 elections. The Speaker of the House, Frederick Gillette, was a Republican from Massachusetts. His state was against the Sheppard-Towner bill. Perhaps Gillette placed the bill in this committee hoping the bill would be defeated, by opposition from Samuel Winslow (R-Massachusetts), who served as a member and later chairman of the committee.

²²United States Congress, Senate, Congressional Record, 66th Congress, 3rd Session, 1920, pt. 60:418.

²³Rankin, Public Protection of Maternity and Infancy Hearings, p. 89. During this session of Congress the House Committee on Interstate and Foreign Commerce held the hearings on the maternity and infancy bill instead of Committee on Labor.

²⁴Lemons, The Woman Citizen, p. 156.

²⁵Ibid.

²⁶Ibid.

²⁷United States Congress, House, Congressional Record, 67th Congress, 1st Session, 1921, pt. 61:7990.

²⁸Lemons, The Woman Citizen, p. 156.

²⁹Ibid., p. 157.

³⁰Ibid., p. 161.

³¹Josephine Goldmark, Impatient Crusader (Urbana: University of Illinois Press, 1953), p. 108.

³²"Sheppard-Towner Bill," Journal of the American Medical Association 76 (May 28, 1921): 1504.

³³Lemons, The Woman Citizen, p. 162.

³⁴Ibid., p. 157.

³⁵Ibid.

³⁶J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920's," Journal of American History 55 (1969):778.

³⁷Same as Note 27.

³⁸It should be noted that 113 Congressmen did not vote for or against the bill. There are

several explanations possible for the large number of non-voting Congressmen. One strong possibility would be that many of these Congressmen opposed the bill but feared they would not be re-elected if they voted against the bill. They may simply have refused to vote so they would not anger the women voters in their district.

³⁹Robert Murray, The Harding Era (Minneapolis: University of Minnesota Press, 1969), p. 408.

⁴⁰United States, Statutes at Large, Vol. 42 (1921), Chapter 135, pp. 224-225.

⁴¹Lemons, The Woman Citizen, p. 157.