

Women, Faith, Healthcare, and Education: The Role of the Methodist Women in Creating Educational and Health Services for Mexican Nationals in the U.S.-Mexico Borderlands¹ⁱ

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Introduction

One of the least researched and much less understood issues facing Borderlands scholars is the role that secular and religious mothers, daughters, sisters, and aunts played in creating cross-border socioeconomic structures that served as the foundations of life along and across the Mexico-U. S. Border (Borderlands). This proposition is not merely an application of a subaltern historical perspective to the Borderlands but a “Call to Action” to place women front and center in this historiography. To achieve this, researchers must broaden their lens’ to reach across disciplinary lines and build a truly cross-border analysis. This is not easy because the international border creates a complexity whose boundaries are fluid and multifaceted while academic disciplines often have margins as rigid as the notion of sovereignty embodied in the political definition of a border. This effort requires that we find ways to transcend the international border to comingle issues such as education, health, and social welfare. That this is daunting, without a doubt; and yet, it is very doable. The big question will be where to look for the details of this story. Sally Haslanger writes “..., women’s contributions to our intellectual history may come in different forms, e.g., in poetry, song lyrics, essays, pamphlets or broadsides” (Haslanger, n.d.). In fact, it is on a broadside from 1917 where we find one of the many salient points in this regard made by Jane Addams: “A city is in many respects a great business corporation, but in other respects, it is enlarged housekeeping.” (Addams, 2020).

This research is a modest contribution to a very neglected element of Mexico-U.S. Borderlands discourse: the role of Protestant women in helping create the public health and education liminal

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space (Rich 1979, Lorde 1984, Davis 1999). U.S. history during the 19th and early 20th centuries is plagued by wars – Mexican, Civil, Spanish-American, WWI, and WWII. Mexican history is similarly pugnacious – the War of Independence, Texas Independence, Mexico War, Franco-Mexican Wars, the Mexican Revolution, and numerous other battles with indigenous tribes in Texas and U.S. incursions. Yet for all the havoc these wars created, there were also periods of economic and social development, albeit with segregating and stratifying results. The one constant factor in this panorama was that women kept the faith, the house, and hence, the Homefront, literally and figuratively.

It is at this bifurcation of causes - domestic and public - that this research focuses its attention. More specifically, the attention is on the Social Gospel Movements of the late 19th and early 20th Centuries, and how they impacted the Mexico-U.S. Borderlands, specifically El Paso, Texas, and Ciudad Juárez, Chihuahua. On one side of the border, these movements were led by liberal Protestant women's outreach in the late 19th and first two decades of the 20th century that included efforts to use biblical and church historical themes as standards by which to measure modern urban industrial capitalist societies (Chicago History Society, 2005). On the other side, Protestant missionary women and Catholic social activist women in Mexico played important roles, pressing for ever greater freedoms for women within an extremely sexist and socially ridged society. These women listened, learned, and acted on their version of the liberal notions imported from Europe and the United States.

Women in the Public Borderlands Space

In the U.S., the two means by which women during this period influenced society and the economy were the Woman's Missionary Movement (WMM) and Settlement Houses. The WMM involved multitudes of women and reached over 140 countries in Africa, Asia, and Latin America. Goff writes that “..it was the largest grassroots movement of women in the world at the turn of the 20th century” (Goff, 2019, p. 10). The interesting thing about research into these women is that their contributions to broader economic outcomes are persistently circumscribed by a lack of vision on the part of scholars. Most research will focus on suffrage, reproductive rights, and access to education, without considering a more holistic outcome. Another perspective is the theoretical anchors that hold the researcher's gaze in a fixed location. To be sure, both the WMM and Settlement Houses movement remained overtly racist and ironically paternalistic in their application of women's virtues. Nevertheless, the progressive agenda of

these mostly single women was the seed of gendered economic growth and development for the Borderlands. In a highly trenchant thesis, Goff writes, "...female Protestant missionaries established schooling for girls well before the development of most-nation states and the world polity," (Goff, 2019) .

In the case of settlement houses, both in England and the U.S., these were typically located in poor urban neighborhoods where the organizers could reach women and their children through daycare, kindergarten, healthcare, and education. Initially, the social advocates behind these houses were well-educated, mostly White upper-middle-class women for whom participation in urban public life was limited. The U.S. economy was growing in the lead-up to WWI, but women remained outside the public space and economic markets. According to research, half of the settlement houses, particularly the smaller ones, had religious sponsors and comparatively small programs. More research into these "smaller" activities is needed because those settlements founded in Boston, New York, and other large cities are better researched and tended to avoid religious orientation to not offend the neighborhoods they inhabited. As these ideas migrated to the Southwest, they came with the same ideas but did have a religious foundation, albeit a type of frontier religion.

The nature and composition of the early settlement houses north of the Mexico- U.S. Borderlands changed as U.S. urbanization and development changed. For example, the construction of additional highways to help transport goods, services, and workers led to the elimination of neighborhoods and the displacement of groups of people. The neighborhoods in eastern cities and the Midwest, where some settlement houses thrived, saw their clientele move with the times as Blacks and Mexican Americans moved away from the border (Chicago History Society, 2005). South of the border, the Catholic Church was a dominant social force in Mexico but, as this research will show, Protestant ideas and voices emerged and sometimes melded with Catholic activism as an important social alternative in Northern Mexico.

Methodist Theological Orientation

This section presents a summary of the Methodist theological orientation appertaining to the Mexico-U.S. Borderlands. "Place" is important in these types of analyses because the origin of ideas such as the Social Gospel Movements (SGM) was in England and, later the Northeastern United States (Boston and New York). As SGM moved across the Atlantic to North, Central, and South America, adherents added and transformed these movements to suit their local reality.

This is true of activities along the Mexico-U.S. Border in places like El Paso – C. Juárez. This may be understood as part of the long arc of Catholic and Protestant dialogues that date back to the Reformation. Bruni, *et. al.* (2013) write:

“And we cannot understand the Middle Ages, the Reformation or Modernity, unless we take into account the numerous intersections between grace and money.” More to the point, it is the Protestant Reformation and the Catholic *Controriforma* that lead us to modern thought.” (Bruni, 2013, p. 1)

Grace and money are a reference to the emergent capitalist economy and its role in dislocating religious life from economic life. Modernity includes the notion of individuality and individual agency, a cornerstone of the movement away from religious doctrine.

The Methodist theological perspective is part of the Protestant movement *writ large*. However, it is more about the method than the systematic theological understanding of Christian life and faith. Founders John and Charles Westley were known for their “method” of practicing their faith, which included abstention from “amusements” (drink, etc.), and frequent visits to the sick, the poor, and the imprisoned. Their movement originated at Oxford University, a Church of England educational institution. Members of Wesley’s group or “club” were labeled “Methodists” because they opted to study scripture in a “methodical” way, taking communion, fasting twice each week, and eventually adding social work to their devotional habits (First United Methodist Church, n.d.). In addition to evangelism, modern (early) Methodism emphasized charity and support for the sick, the poor, and the afflicted through the works of mercy. The practice of these ideals is embodied in the establishment of hospitals, orphanages, soup kitchens, and schools all in the name of Christ's command to spread the gospel and serve all people (Watson, 2014).

Wesley proposed three rules: (1) to do no harm, (2) to do good and (3) to attend upon all the ordinances of God, including worship, searching the scripture, personal and family prayer, fasting, and the sacraments. Practicing these means of grace empowers us to live as United Methodist Christians. (UMC, 2016)

Mexican Biblical scholar, Gonzalo Baéz Camargo (1975) writes that Methodists have not been necessarily concerned with systematic theological formulations. This has not, of course, discouraged sound theological work among Methodists, but it has not resulted in giving

theological formulations the degree of priority they have in other denominations (p. 117). This leads Baéz Camargo to conclude that there has not been a strong Latin American contribution to Methodist or general theological thought. Nevertheless, such ideas have been imported from other denominations, including Roman Catholicism, like "Theology of Liberation." Finally, he writes, "Perhaps the main contribution that Latin American Methodism has already made is its strong emphasis on *evangelism*." (p.118)."

La mayoría de los misioneros estadounidenses que arribó a México en la primera década egresó de varias instituciones de instrucción superior con una fuerte base teológica. Entre estas instituciones, donde se impartían numerosas profesiones liberales, se encontraban la Divinity School de Yale, la University School of Theology de Boston, la Theological Seminary de Princeton y especialmente para la imes destaca la Southern Theological School de Louisville. Dicha formación fue empleada por la ime en la publicación de artículos en el *eaci* y para impartir clases en las escuelas de instrucción primaria y superior que paulatinamente se abrieron en el periodo 1874-1910 (Vega y Ortiz Beaz, 2012).

This research differs because the Latinas were active in more than just evangelism. They became partners in the healthcare and educational projects by living next to and learning from the women of the settlement movements.

In Mexico and other parts of the Hispanic world, Baéz Camargo (1975) points to Methodist parochial schools as "...the forerunners of the national rural education movement (p. 112).". His research shows that Methodist educational institutions were sprinkled throughout Mexico, and Central and South America. For example, there were two institutes in Puebla, two high schools in Pachuca, Palmore College in Chihuahua, which is particularly relevant for this research, and the Velasco Institute in Queretaro. Care for the sick in the form of clinics and hospitals in cities such as La Paz, Bolivia, and Chihuahua, Mexico, while help for the poor and works of mercy could be found in Santiago, Valparaiso, and Concepcion, Chile, and La Boca Mission in the heart of Buenos Aires' slums (Baéz Camargo, pp. 113 -114).

The role of women in the Methodist Church begins with Susannah Wesley. However, across the Atlantic, of interest is how women became integrated into the male-dominated Methodist Missionary work. In this case, this research must note the Methodist Church's role in hosting the

Women's Rights Convention at Seneca Falls, New York in 1848. This was a watershed for the U.S. women's rights movement. Additionally, it is important to point out that Isabella Bomefree, otherwise known as Sojourner Truth, joined the Methodist Church and became an itinerate Methodist minister as well as a suffragette. The Temperance Movement led by Frances Willard, Mary McLeod Bethune, and Jessie Daniel Ames, a graduate of what is today United Methodist-related Southwestern University in Georgetown, Texas, was among the courageous suffragists. The lifelong Methodist played a key role in getting Texas to become the first state in the South (and the ninth overall) to ratify the women's vote. A few months later, she became the founder and first president of the state League of Women Voters. Mary McLeod Bethune is best known as a champion of African American education (Church, n.d.).

The year 1878 is a watershed for Methodist women. That year, the [Methodist] *Discipline* stated, "In view of the fact that in most heathen countries women are only accessible to teachers of their own sex, the women of the Methodist Episcopal Church (ME or MEC), South, are hereby authorized to organize special Missionary agencies ... "(p. 211). Here we find the beginning of the women who would later form Friendship Square in El Paso, Texas, where education and healthcare would emerge as key factors in the local economic empowerment of Mexican women on both sides of the border. First came the Woman's Department of Church Extension in 1886, which soon changed in 1890 to the Woman's Home Missionary Society (p.212). State and local institutions, especially those serving women and children, have long been supported by the "home mission" side of the missionary organizations. Many services in mostly Black communities were provided in Bethlehem Centers, so named by a black woman leader of the home mission board who pointed out that the star of Bethlehem shone on all races alike. Settlement houses were developed in Dallas by the City Board of Missions in 1902 and were the second in the nation to focus on particular points of need within the total urban setting. The first person to serve as a deaconess was Estelle Haskins, later a staff member of women's work in the M.E. Church, South. She found that there were 25 saloons within a radius of six blocks of her settlement house (p. 214). A descendant of this institution is today's Wesley-Rankin Center, still receiving support from the national board for work with a largely Latin American clientele. Today the Methodist Home in Waco, the Methodist Mission Home in San Antonio, and the Lydia Patterson Institute in El Paso are but three of the Texas "home mission "centers still in existence (Wasson, p. 213).

This early opportunity for women to participate in the building of the local economy was soon thwarted with the passage of the Hill-Burton Act of 1946, also known as the Hospital Survey and Construction Act, which emphasized the building of community hospitals with support from the federal government (HRSA, n.d.). The initiative under the Truman administration provided grants for the construction and loans for hospitals. The bill codified the idea of “separate but equal” (Harvard, n.d.)ⁱⁱWith Hill-Burton, one encounters the institutionalization of healthcare by the nation-state. Interestingly, the Act included provisions for no discrimination and minimum requirements for uncompensated care. However, the law included very little accountability. Biomedical research expanded through funding from the National Institutes of Health, leading to new breakthroughs in treatments, and by 1965, Medicare expansion encouraged spending on hospital care rather than the community care embodied in the work of Newark Maternity Hospital and the complex known as Friendship Square. This changed the landscape for local community care as dollars increasingly went towards hospitals and doctors became more specialized.

The question of public health along the border was formalized in 1943 at the first meeting of the Border Health Association. However, the focus was on epidemics and extreme issues such as tuberculosis. In one exchange at the second meeting, Mrs. Kibbie remarks:

“Dr. McIntyre, I am neither a doctor nor a public health nurse, but I do feel that I know something about the Latin Americans in Texas and the problems with which they are confronted. In my opinion. To state that the high incidence of tuberculosis among Latin Americans in Texas is due to the fact that they are “Mexicans” shows lack of knowledge, insight, and analysis. In any consideration of the prevalence of, or the susceptibility to, tuberculosis among Latin Americans, we need to study very seriously and take into consideration all the economic and living conditions among our Latin American working class, which contribute so materially to the prevalence of this disease among them, and for why certain are not altogether to blame.” (p. 6.) To this Mrs. Gaddy, Executive Secretary of the El Paso Tuberculosis added that in her study of the disease dating back to 1892, she found no evidence of TB in the Spanish-speaking populations (p 7).

Nevertheless, Mr. Bascom Johnson, a convener of the Border Health Alliance meeting continued on the themes of prostitution and tuberculosis. He added that the discussion should address Red Light Districts which were transitioning to toleration, registration and periodic examination of

prostitutes. These policies had previously proven “ineffective social disasters for many young girls and also led to international traffic in women and girls. Juarez, Bascom Johnson expounded had experimented with Red Lights and then changed to repression of prostitution (Conference, 1944) In one final interjection of note, Mrs. Alicia Barry said, “Laymen and technical men alike are aware that in hospitals, clinics, and soup kitchens, we are treating results of poor housing, poor nutrition, poor health education, lack of intelligent understanding of the inter-relationships of all groups when it comes to health” (p. 59 1943).ⁱⁱⁱ

In short, systemic changes lead to payments for care favoring services through the Veterans Administration, or to specialists via the National Institutes of Health (NIH). The growing and evolving health insurance plans paid more for procedures (Penn Wharton Online). One could be led to think that this long-term change in health services was an urban phenomenon, but rural areas led the way for health insurance. The Great Depression precipitated a decline in hospital care and interestingly, it was Texas teachers who started the first insurance programs in 1929. Known as the “Baylor Plan,” since it was named after the Baylor official in charge of several units of the Baylor Hospital in Dallas. Teachers were offered health insurance coverage for \$6 per year, which eventually resulted in the creation of Blue Cross as a tax-exempt entity. The great innovation was that everyone paid the same price in the community (Momanyam V, 1994).

Health and Education

The role of education in family life cannot be left aside in this discussion. The significance here is that it is not only the child-parent relationship but the role that the state and society play in this facet of human development. This is not limited to a history of the educational system or teacher training but rather how the regional context shaped these outcomes. It is the face-to-face contact between the Methodist women and the local communities that are the leading edge of economic encounters including economic development (Cole, 1962). This microlens focuses on the transmission of economic ideas with far-reaching consequences. In his research, González (Gonzalez, n.d.) takes on the task of understanding what circumstances existed in northern Mexico that allowed Protestant teachings to penetrate what was a Catholic stronghold. What new ideas were introduced by the Protestants in contrast to long-standing Catholic teachings? González writes:

“Del mismo modo, se debe establecer una conceptualización de educación con orientación protestante, entendida como una instrucción de carácter religiosa, pero

impregnada de valores característicos del cristianismo reformado como: la sola fe, sola gracia y sola escritura. Justo en las particularidades anteriores radicaron importantes divergencias en contenido curricular respecto a una instrucción católica o incluso una instrucción laica, en las cuales se ahondará en próximos apartados.” (p. 207)

Gonzalez offers that the success of liberalism opened the door for Protestant ideas in Mexico (Satian, 2004). In the case of Mexico, liberalism loosened the grip of Catholic education. This process went hand-in-hand with the process of nation-state building in Latin America in general. Notwithstanding, Catholic influence also played an important role in independence movements in Latin America including Mexico. Again, González explains:

“Benito Juárez, que junto con Melchor Ocampo y Sebastián Lerdo de Tejada iniciaron el proyecto de instaurar el liberalismo en México, eliminar la influencia católica en la instrucción del ciudadano no era casualidad, pues la ideología liberal señalaba que la educación se convertía en una de las panaceas del progreso moral, político y económico de las sociedades que aspiraban a ser modernas; para ello, la educación tenía que ser laica y controlada por los Estados incipientes, bajo la idea de formar a los ciudadanos que la nación requería. apoyo de los Estados Unidos, por lo cual no es de extrañar que en cuanto el vecino país del norte se vio libre de su Guerra Civil, se encontró en plenas condiciones para apoyar al gobierno. Para 1860, aproximadamente, llegó la nueva religión a Monterrey. Cabe señalar que, a diferencia del catolicismo, el dogma protestante que arribó de los Estados Unidos no suponía un frente unificado.” (p. 210).

Apart from the methodological practice of their faith and evangelical orientation, Methodists also brought with them a particular social engagement that focused on individuals of limited means, lack of food, health, and education. This gave them an advantage as they created health clinics and educational opportunities for women and children (p. 216). Gonzalez writes that the utilitarian orientation of the Methodist project focused on the formation of useful individuals who could contribute to the building of a new society. This was in contrast to the Catholic pedagogy of memorization and abstractions (p. 219). In fact, the first centers of learning in Mexico included language education which eventually led to important advantages in Mexican business outcomes. This leads to the conclusion that Methodists in Mexico quickly found that education would lead to religious reform and social and cultural change (228). Ruíz writes, “There are numerous passages and photographs in the Houchen collection that provide fodder for

sarcasm among contemporary scholars. As a Chicana historian, I am of two minds. I respect the settlement workers for their health and child-care services, but I cringe at their ethnocentrism and their romantic idealization of "American" life. Yet, before judging the maternal missionaries too harshly, it is important to keep in mind the social services they rendered over an extended period of time, as well as the environment in which they lived. For example, Houchen probably launched the first bilingual kindergarten program in El Paso, a program that eased the children's transition into an English-only first grade. Nor did Houchen residents denigrate the use of Spanish, and many became fluent Spanish-speakers themselves. The hospital and clinic, moreover, were important community institutions for over half a century." (Ruíz, 1991, p. 42)

Methodist Women in the Economy of the Borderlands (the halo effect)

Economics, politics, and nationalism are not easily disentangled from religious movements in Latin America, in general. One could even argue this is true in the U.S. To be sure, the Angle-American evangelical movement wanted to reshape Mexican children and women to fit the U.S. vision of the world and its capitalist needs. In the language of economics, this translated into the spirit of capitalist endeavors which were Protestant male dominated.

The establishment of the Houchen Settlement House and Freeman Clinic (later Newark Maternity Hospital) takes place within a much broader struggle for ideological and economic control. As noted above, the Protestant challenge to Catholic hegemony was an important and destabilizing factor in Mexican domestic and foreign relations, particularly with the U.S. The monopolistic mercantilism of Mexico stymied growth in a world where capitalist growth was spreading its message and methods. The Mexican War and the reformist movement in Mexico put paid to extreme Catholic authority. The battle played out in a very intense form at the frontier between the two countries. Population changes were an important contributing factor. **Table 1** presents data on population changes in El Paso from 1890 to 1960. This research is about big ideas and micro-actions. Still, population changes at the border must be highlighted. The important feature in these data is the ever-increasing population. And since the idea is to focus on cross-border development, we can see that by the 1960s the total population in the region was over 500,000 people.

Table 1. Population of C. Juárez and El Paso, Texas 1890 -1960								
Year	1890	1900	1910	1920	1930	1940	1950	1960
C. Juárez Population	12,000	8,218	10,621	Na	39,669	48,881	122,533	276,995
El Paso Population	10,388	15,906	39,279	77,560	102,421	96,810	130,485	267,687
Sources: <i>Statistical abstract of the United States</i> , Bureau of Statistics, Treasury Department, 74th ed. (1953), p. 22. <i>Texas Almanac: City Population History</i> from 1850–2000. For C. Juárez, “Ciudad Juarez-El Paso, The Formation of A Cross-border Market Mexico-U.S. Economic Relations in Perspective, 1840s-1920s, MPhil Thesis, Belinda Román, London School of Economics.								

Houchen was the Settlement House (1912), and Freeman Clinic offered maternity and post-partum services for the Second Ward of El Paso (known as El Segundo Barrio). “The Women's Home Missionary Society of the Newark, Jersey Conference proved instrumental in raising funds for the construction of both the Freeman Clinic and the Newark Methodist Maternity Hospital. When the clinic first opened its doors in June 1921, all medical equipment - everything from sterilizers to baby scales gifts from Methodist groups across (Ruíz, 1991, pp. 42-3). Vicki Ruíz writes that the settlement house established in 1912 in the Segundo Barrio of El Paso, staffed by Methodist women and one Mexican “helper,” and was designed to provide a boarding house for single Mexican (women) wage earners and to open a kindergarten school (Ruíz, 1991, p. 35). Six years after the establishment, a registered nurse joined the staff. Carr writes that between 1930 and 1957, the maternity hospital delivered over 12,000 babies (also cited in Ruíz) (Carr, 2003-2004). Interestingly, in the U.S. Census, nurses were not considered employees but rather entrepreneurs, which made it difficult to place an economic value on their work expressed in dollars (Heath Resources & Services Administration, 2024).

Snippets of economic (pecuniary) data in previous research studies based on archival data help this research estimate the “Halo Effect.” This concept is being developed by Ram Cnaan, PhD, of the University of Pennsylvania, School of Social Policy, and Practice in collaboration with Partners for Sacred Places and the University of North Carolina Urban Institute. The basic idea is

to estimate the economic impact of religious activities on the local economy. According to Sacred Places, the impact is substantial. The idea is that the activities of religious organizations in terms of social goods and services represent a significant cost saving to the government. Stated another way, if governments were to assume the task of providing the goods and services that religious organizations provide to their communities, the cost would be enormous. So, the pieces of financial information gleaned from prior research help this research estimate a partial economic impact of the settlement house and healthcare activities in El Paso. For example, the start-up financing for Houchen was provided by its namesake, Mrs. Gretchen Rose Houchen (a Chicago school teacher), who invested \$1,000 in the building of Houchen Settlement House, which in 2024 dollars would equal approximately \$18,773.33. The inflation rate between 1930 and 2024 is approximately 1,77.34%. According to a WHM Corresponding Secretary's Report cited in Ruíz, the building cost over \$10,000, despite an original best estimate of \$3,000 made ten years earlier (as reported by Carr, p.118, p. 131). These numbers seem highly improbable in 2024 given that the property value for the location of the maternity ward and settlement house according to today's tax rolls would be about \$1.5 million at a minimum. Digging deeper into the research of Ruíz, we find that letters and reports from Houchen state that prenatal classes, pregnancy exams, and infant immunizations were free but as we see in Tables 2 and 3, there were costs associated with these activities, based on research from the Social Security Administration. Patients paid for medicines at cost, and during the 1940s, \$30 covered the hospital bill. Additionally, we see that an employee at the clinic stated that with \$50, payable in installments, neighborhood women could give birth at "one of the best-equipped maternity hospitals city." Ruíz continues that fragmentary evidence for the period 1930 to 1950 suggests that as many as 15,000 to 20,000 people per year (or approximately one-fourth to one-third of El Paso's Mexican population) utilized Houchen's medical and/or educational services. (Ruíz, 1991, p. 37).

In 1968, Dorothy P. Rice and Barbara S. Cooper of the Social Security Administration published research in the *Bulletin* of the Social Security Administration writing, "... for the first time, historical data is used and presented which allows them to follow the increase in medical expenditures for specific years (1928 – 1968) (Rice, 1968, p. 11.). They estimate that prices rose 7.3 percent annually during the period 1929-1968. From their research, we can begin to understand how the institutionalization and professionalization of the community health services

started by these Methodist women, began their precipitous increases into what we pay today. Rice and Cooper explain that in 1929, 28 percent of \$3.6 billion went to physicians in private practice and 18% for hospital operations. By 1968 20 percent was paid to physicians and 36% to hospitals. Similarly, in 1929, 86% of care outlays went to private but by 1968 the percentage was 68%. In other words, the government has increased its share of care payments. Rice and Cooper's figures for their research were adjusted to the base year of 1968. The amount spent per capita, in constant dollars (1968), tripled from 1929 at an annual rate of 3.1%.

Table 2. Per Capital national health expenditures, 1929 – 1968 (p. 12)

Select Years	1929	1935	1940	1950	1955	1960
Other services	\$0.74	\$ 0.50	\$0.83	\$ 5.93	\$ 7.19	\$ 7.98
Total (1968 dollars)	\$83.93	\$66.59	\$ 84.64	\$ 164.72	\$ 175.66	\$197.25
% of 1968 dollars	1%	1%	1%	4%	4%	4%
Other Converted to 2024 Health Dollars	\$ 6.49	\$4.38	\$7.28	\$52.00	\$ 63.04	\$69.97
Total Converted to 2024 Health Dollars	\$735.93	\$ 583.88	\$742.15	\$1,444.32	\$1,540.25	\$ 1,729.56
CDC Health expenditures (2019 dollars)						\$11,582

Source: Table H ExpType. National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2019. (Rice, 1968)

Health spending in the period between 1929 and 1960 was well below the spending figures we see today. In 1929 per capita spending on health was less than 1% of overall capital spending. These figures are for the nation. Almost 30 years later the spending had increased to 4% but one must remember that this occurred within the increased institutionalization and professionalization of this care. In Table 3 we see the spending on women's and children's spending for the same period. Social spending labeled maternal and child health spending never cleared 0.3 % of healthcare spending in the United States. In many ways, this helps explain why women took matters into their own hands and began creating clinics in places that were considered marginal to the public economic space. Their demands on the economy were marginal.

Table 3. Total, Maternal and child health (MCHH) programs expenditures under public programs, 1929 – 1968 (p. 5)

Select Years	1929	1934-5	1939-40	1944-5	1949-50	1954-55	1959-60
Total (MCH) (1967)	\$ 6.20	\$ 6.90	\$13.80	\$ 62.10	\$ 29.80	\$92.90	\$ 141.30
Total MCH	\$921.20	\$6,548.30	\$8,795.10	\$9,205.30	\$23,508.40	\$ 32,639.90	\$52,293.30
percent of Total	0.16%	0.11%	0.16%	0.67%	0.13%	0.28%	0.27%

Source: Ida C. Meriam, *Social Welfare Expenditures, 1929 – 1967*,. Social Security Bulletin December 1967. Note that the language is spent on social welfare. (Meriam, n.d.)

The Halo Effect (HE) is a socio-economic multiplier. Assuming that the HE estimated by Dr. Cnaan is appropriate, then the recent research projects under his guidance have estimated the HE to be \$3.39 for every dollar spent urban religious groups and over \$5 for rural areas (Places, n.d.). This figure is for 2016, therefore the HE would need to be adjusted to fit the few figures found in previous research. For example, the \$1,000 invested by Mrs. Rose Houchen would have an HE of \$5.53 in 2024 dollars or less than \$1 back in 1912/13 when the investment was made. A similar calculation could be made for each of the data points found in the research. Even back at the beginning of the Settlement House and healthcare movements, there were multiplier benefits that warrant additional study.

Maternal and child health care is now in the hands of programs such as Medicare and certified community health clinics. According to the Centers for Medicare and Medicaid Services (CMS) one out 4 beneficiaries are in the reproductive years and Medicare finances about 41% of all births in the U.S. In Texas, the percentage is between 47 and 67% (Services, 2024, p. 1). The closest we come to estimating this impact are studies such as the 2022 Partners for Sacred Places and the UNC Charlotte Urban Institute which assessed the economic impact of 87 rural United Methodist Churches in North Carolina on the order of \$735,000 in areas such as community service programs, direct spending, education, and childcare (Places, n.d.) .

Summary

This frontier, border, or fringe area is often the subject of a discourse of contested and violent spaces. Here, the purpose has been to highlight how cooperation; however flawed, and benevolent coexistence, contributed to the nascent border economy. More importantly, this research is hoping to highlight the role that Methodist women have played in building cross-border relationships and developing the socio-economic infrastructure of the Mexico-U.S. Borderlands. This is no easy task because many documents have been lost to time, floods, fires, and war. Information on C. Juárez is difficult to access but possible. This is why the research is ongoing. To be clear, the efforts of the Houchen Settlement House and what became known as the Newark Maternity Hospital were not simply for helping the Mexican poor in El Paso. Women crossed the border with their children and sought healthcare and education. The large numbers reported in the 1940s of 15,000 – 20,000 patients were not simply Mexican Americans crowded into the Second Ward. It was a mix of populations, and this is where the cross-border healthcare economy emerged.

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ⁱⁱ See also P Preston Reynolds, “Professional and Hospital Discrimination and the US Court of Appeals Fourth Circuit 1956-1967” <https://pmc.ncbi.nlm.nih.gov/articles/PMC1448322/> Reynolds PP. Professional and hospital discrimination and the US Court of Appeals Fourth Circuit 1956-1967. Am J Public Health. 2004 May;94(5):710-20. doi: 10.2105/ajph.94.5.710. PMID: 15117685; PMCID: PMC1448322.

ⁱⁱⁱ Remarks of Dr. G.L. Dunnahoo Border Quarantine and Immigration Problems (p. 63) The estimate is that there are 3,000,000 crossings per annum with approximately three groups: local crossers for daily work approximately 3,000, shoppers about 700. Tourists and/or medical treatments, permanent entry to become citizens. Contract laborers of approximately 50,000. (Paso, 1943)

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