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# FOUR DECADES OF ACTION FOR CHILDREN

short history of the

**Children's Bureau**

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U. S. DEPARTMENT OF  
HEALTH,  
EDUCATION, AND  
WELFARE

Social Security  
Administration

Children's Bureau



# FOUR DECADES OF ACTION FOR CHILDREN

**a short history of the CHILDREN'S BUREAU**

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TO THE FUTURE

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## prologue

THIS is the story of the Children's Bureau of the U. S. Department of Health, Education, and Welfare from the idea in 1903 to its founding in 1912 and on through the years to the present time.

The Bureau's establishment by the Congress was an expression of a belief on the part of many people that children are the most important of the Nation's resources and that the Government should foster their development and protection by setting up a center of research and information devoted to their health and welfare. From this center would flow knowledge of conditions surrounding children's lives, ideas on how to improve these conditions, and plans and programs for action in their behalf.

The roots of the Bureau go far back into the Nation's history. It drew some of its strength from the early maternal and child health programs beginning in cities. It followed the development of juvenile courts and paralleled mother's aid in the States.

It received strong support from those struggling to protect dependent and neglected children. In its vanguard were the forces opposing child labor. Some of its vitality came from the fertile soil of the settlement house movement.

In a way, the Bureau represented the first stirrings of the people of the Nation in recognizing and seeking ways for the Federal Government to assume some responsibility for the welfare of its citizens.

Before the turn of the century workers in settlement houses in crowded cities had been struggling to meet the social problems growing out of industrialization. Women like Jane Addams, Florence Kelley, Lillian Wald, and Julia Lathrop were keenly aware of what these conditions meant to families and to children for they knew first hand the teeming tenement districts of our great cities. They became adept at making clear concise statements of facts, of arousing communities and States to unwholesome conditions, of making specific proposals for action.

Slowly the conviction came that the problems with which they struggled were not confined to large communities or even to States. They became imbued with the idea that these problems were nationwide and required a nationwide approach. Consequently the early nineteen hundreds saw privately financed national organizations, such as the National Consumer's League and the National Child Labor Committee, established to do something about these problems.

The idea for the Children's Bureau was a logical outgrowth of these developments. The Federal Children's Bureau would provide an avenue of action on a nationwide base for the welfare of the Nation's youngest and most vulnerable citizens—the children.





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## CREATION OF THE BUREAU

PRESIDENT WILLIAM HOWARD TAFT, on April 9, 1912, put his signature to a bill passed by the Congress, creating in the Federal Government a Children's Bureau charged with investigating and reporting "upon all matters pertaining to the welfare of children and child life among all classes of our people."

This was the culmination of 9 years of effort on the part of many citizens and organizations to persuade the Congress to incorporate into the fabric of the Federal Government an agency whose responsibility would be to call to the Nation's attention the conditions affecting the lives of children.

Lillian Wald, a nurse and the founder of the Henry Street Settlement in New York City, was the person who first suggested a Federal Children's Bureau. The time was 1903.

Miss Wald made her suggestion for the Bureau to Florence Kelley of the National Consumer's League and an ardent fighter against child labor. "If the Government can have a department to look out after the Nation's farm crops, why can't it have a bureau to look after the Nation's child crop?"

Mrs. Kelley, herself, as early as 1900, in a series of lectures at various universities and colleges, had proposed what she called a United States Commission for Children, which should make available and interpret the facts "concerning the mental and moral conditions and prospects of the children of the United States," and specifying seven subjects of immediate urgency: infant mortality, birth registration, orphanage,

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It is not only discreditable to us as a people that there is now no recognized and authoritative source of information upon these subjects relating to child life, but in the absence of such information as should be supplied by the Federal Government many abuses have gone unchecked; for public sentiment, with its great corrective power, can only be aroused by full knowledge of the facts.

Theodore Roosevelt, Message to Congress, February 15, 1909.

child labor, desertion, illegitimacy, degeneracy. Thus these two women were jointly responsible for the far-reaching conception of a Federal Children's Bureau.

Later Mrs. Kelley talked to Dr. Edward T. Devine, Columbia University sociologist, who was a fellow-trustee of the National Child Labor Committee, and the editor of *Charities* (later the *Survey Graphic*). He wired President Theodore Roosevelt that Lillian Wald had an idea which he wanted the President to know about.

"Bully," the President wired back, "Come down and tell me about it."

Dr. Devine and Lillian Wald went to Washington and the President promised his support.

With the encouragement of the President, the next 2 years were spent in considering the intent and purpose of a Federal Children's Bureau. It was about this time, too, that the National Child Labor Committee took the Bureau as its main legislative goal and undertook to muster support of community leaders for the measure.

In 1905, Mrs. Kelley published her book *Some Ethical Gains Through Legislation* in which she described the evidence showing why Federal action in behalf of children was needed. Much of this material was used extensively in Congressional hearings on legislation for a Federal Children's Bureau and it did much to gain support for the measure, particularly from women's organizations.

A proposed draft of the legislation was presented at the second annual meeting of the National Child Labor Committee held in Washington in December 1905. (Except for few minor changes in wording, this draft was the same as the later bills introduced into Congress.) The committee met with President Roosevelt and obtained his endorsement of this measure.

Congress was harder to persuade than President Roosevelt had been. Early in 1906, bills proposing a Federal Children's Bureau were introduced in both houses of Congress and annually during the next 6 years (a total of 11 bills, 8 in the House and 3 in the Senate). By this time, organizations of parents, labor unions, health workers, social

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We cherish belief in the children and hope through them for the future. But no longer can a civilized people be satisfied with the casual administration of that trust. I ask you to consider whether this call for the children's interest does not imply the call for our country's interest. Can we afford to take it? Can we afford not to take it? In the name of humanity, of social well-being, of the security of the Republic's future, let us bring the child in the sphere of our national care and solicitude.

Lillian Wald, Congressional Hearings, 1909.

workers, and women were actively supporting the bills for the Bureau.

A new force was brought to bear in 1909. The first White House Conference on the Care of Dependent Children, called by President Roosevelt on January 25 and 26, 1909, recommended that the bill for the establishment of a Federal Children's Bureau be passed: "In our judgment the establishment of such a bureau is desirable, and we earnestly recommend the enactment of the pending measure." In response to this resolution, President Roosevelt sent a special message to Congress urging the passage of this measure. A number of people attending this Conference stayed over to appear at the congressional hearings on this bill.

President Taft endorsed the proposal in 1910: "We have an Agricultural Department and we are spending \$14 million or \$15 million a year to tell the farmers, by the result of our research, how they ought to treat the soil and how they ought to treat the cattle and the horses, with a view to having good hogs and good cattle and good horses. . . . If out of the Public Treasury at Washington we can establish a department for that purpose, it does not seem to be a long step or a stretch of logic to say we have the power to spend the money on a Bureau of Research to tell how we may develop good men and women."

On January 31, 1912, the final bill, sponsored by Senator William E. Borah, was passed by the Senate; on April 2, 1912, by the House. On April 9, 1912, it was signed into law by the President. Congress appropriated \$25,640 for the Bureau during its first year and specified 15 positions in addition to a chief.

The act directed the Bureau to "investigate and report . . . upon all matters pertaining to the welfare of children and child life among all classes of our people." It was especially charged with investigating "infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories."<sup>1</sup>

The act creating the Children's Bureau provided that its Chief should be appointed by the President of the United States, with the advice and consent of the Senate.

An important milestone in legislative history was reached with the passage of this act—a function related to the welfare of children was established as appropriate for the Federal Government.

Previously, Federal "welfare functions" had included such things as provisions for compensation for Federal service such as military service, for veterans and other employees of the Federal Government, and for Indians who were considered a Federal responsibility. The constitutional base for the act was the general welfare clause.

Originally placed in the Department of Commerce and Labor, the

<sup>1</sup> See p. 87 for text of this act.

Bureau was transferred, on March 4, 1913, to the newly created Department of Labor.

For the next 23 years the Bureau was to serve not only as a focal point in the Federal Government for consideration of the needs of children, but also the place to which persons concerned with the welfare of people generally turned for information on families and their social and economic needs.

A great deal of this information collected prior to the early thirties was later used as the base for proposals for Federal action.

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We want a place where the common man can go and get this information, a place that he will think of, the label upon which will be written so large that he can have no doubt in his mind as to where to go to get information relating to the children of the country.

Professor S. M. Lindsay, Columbia University, New York City; Congressional Hearings, 1909.



# THE EARLY YEARS

## (1912-1921)

PRESIDENT TAFT appointed Julia C. Lathrop, close associate of Jane Addams at Hull House, to head the new bureau. With wide statutory authority to investigate and report and a limited budget, Miss Lathrop was faced with the task of laying the path for the Bureau to follow in the years to come.

Her first move was to call together people who had been instrumental in establishing the Bureau to consider priorities in its program. Lillian Wald, Jane Addams, Florence Kelley, Dr. Devine were all members of this group—the first in the long list of the Bureau's advisory committees.

The recommendations of this group charted the course of the Bureau's history—"the length, breadth, and thickness of the Bureau's duties" in Mrs. Kelley's words. The phrase "to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people" was seen for the broad mandate that later years proved it to be.

Infant mortality was considered a subject "fundamental to social welfare, of popular interest, and [a study that would] serve a real human need." This subject should be the starting point for the Bureau's work "with its closely allied interests of child welfare in the home and in the community."

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An English poet has lately said that pity is a rebel passion; that it does not fear the forces of society but defies them; that it often has ruthless and stern ways, but that at last it is the Kingdom of Heaven working within us. The justice of today is born of yesterday's pity. . . . This bureau is an expression of the Nation's sense of justice. It will need, as perhaps no other Bureau of the government will need, the continuance of the popular pity which demanded and secured it.

Julia Lathrop, National Conference of Charities and Corrections, 1912.

For the Bureau, the years between 1912-21 were spent in—

Getting investigations underway and reporting on the social, health, and employment problems of the Nation's children.

Gathering and analyzing data on infant and maternal mortality and morbidity.

Collecting data on the growth of infants and young children.

Developing a plan for action that culminated in 1921 in a grant-in-aid program for maternity and infancy.

## All Children

"The final purpose of the Bureau," the first Chief declared in her first annual report, "is to serve all children, to try to work out the standards of care and protection which shall give to every child his fair chance in the world. It is obvious," she said, "that the Bureau is to be a center of information useful to all the children of America, to ascertain and to popularize just standards for their life and development."

So it was from the beginning, the Bureau's program reflected its concern for the well-being of all children.

### Infant and Maternal Mortality Studies

The Bureau's first piece of work was the *study of why babies died*. In 1913 as a Nation, we did not know accurately how many babies were born each year, how many died, or why they died. It was estimated that about 2,500,000 children were born each year and that about 300,000 babies died before they were a year old—a rate of about 124 per 1,000 live births.

To determine the reasons for the high death rate, investigations were conducted by staff members of the Bureau in nine representative cities.

In describing these early studies of infant mortality, the Chief of the Bureau said, "It was an entirely democratic inquiry, since the only basis for including any family within it was the fact that a child had been born in the family during the selected year, thus giving a picture not of a favorable or an unfavorable segment of the community, but of the whole community." In each area studied, the history of every baby born was traced from birth through the first twelve months or as long as the baby lived in that first year.

These studies, the first of their kind ever undertaken by any Nation, showed that the greatest proportion of infant deaths resulted from remedial conditions existing before birth. Death rates of babies went down as fathers' earnings went up. Breast-fed babies had a better chance to survive the dangerous first year than bottle-fed babies. A baby with his mother in the home during the first year of life had a better chance than a baby deprived of his mother's care. Illegitimacy played an important role. Sanitary conditions were important and "community action can remedy many conditions dangerous to infants."

Now these findings seem commonplace. Then they were revolutionary.

The report of the first of these studies, showed that an attack on the problem would require work on many fronts. What measures had proved effective? What, ineffective? This was information essential to moving forward.

Accordingly, between 1914 and 1922, the Bureau published reports on the kinds of preventive measures already in use by public and private agencies in the United States, in several countries in Europe, notably Great Britain, and in New Zealand.

Next the Bureau studied *the deaths of mothers in childbirth*. Most of the early deaths of babies were known to be due to premature birth, congenital debility, or injury at birth, all of which were closely related to maternal care. Infancy could not be protected without the protection of maternity. The means for this protection lay in the instruction of the mother, supervision before the birth of her child, and suitable care during confinement.

The high incidence of maternal deaths uncovered led to inquiries on how these might be reduced. These investigations dealt with the kind of measures used by certain other countries where rates were lower, legislation for the control of midwives, the extent and cost of maternity care.

Between 1915 and 1921 infant mortality fell substantially (24 per cent). The largest decrease took place among infants 1-12 months old. The decrease in the cities was more marked than the decrease in the rural areas.

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Children are not safe and happy if their parents are miserable, and parents must be miserable if they cannot protect a home against poverty. Let us not deceive ourselves: The power to maintain a decent family living standard is a primary essential of child welfare. This means a living wage and wholesome working life for the man, a good and skillful mother at home to keep the house and comfort all within it. Society can afford no less and can afford no exceptions.

Julia Lathrop, National Conference of Social Work, 1919.

While the infant mortality rate (76 per 1,000 live births) was the lowest ever recorded in the United States, the rate was still higher than rates for many other countries. Deaths in early infancy due to premature birth, congenital debility, and birth injuries changed little.

With the social and economic factors contributing to infant and maternal mortality fairly well recognized and some ways of dealing with the problem in view, the Bureau began putting the facts before the public. Each year reports were issued on the incidence and trends in these deaths in various sections of the country and in various population groups as shown by the Census Bureau data. By pointing out the blackspots, the Bureau hoped to stir State and local action.

These early studies had repercussions far beyond the Bureau. They gave great impetus to the drive for improved sanitary conditions in towns and cities and for extending the pasteurizing of milk. They were used as an argument for minimum wage legislation and for widow's pensions. They resulted in improvement of measures for safeguarding infant and maternal health in many States and communities.

### **Pamphlets for Parents**

In the Bureau's first annual report the Chief stated that the Bureau wished to publish pamphlets on subjects of interest to the public. "It has naturally begun its first series of pamphlets . . . with the questions affecting the youngest lives of the Nation . . . pamphlets dealing with the home care of young children, beginning with one on prenatal care."

The first of these bulletins for parents *Prenatal Care* was published in 1913. The demand for this pamphlet quickly established the public interest in this type of publication.

When *Infant Care* was published in 1914, it was considered a daring venture. The Federal Government had been helping farmers for years with bulletins on crops and livestock, but to tell mothers how to care for their babies was startling to many people.

In publishing *Infant Care*, the Bureau's Chief said, "There is no purpose to invade the field of the medical or nursing profession, but rather to furnish such statements regarding hygiene and normal living every mother has a right to possess in the interest of herself and her children."

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The practical wisdom of those who created a special bureau addressed to the great task of ascertaining true democratic standards for the nurture and protection of the Nation's children is already justified by the public response to the bureau's small performance. It is now for the Bureau to develop through its appointed method of investigation and report a service which in the course of time shall be worthy of its opportunity.

Julia Lathrop, 1914 Report of the Children's Bureau.

"Mothers will do better when they know better" was the faith behind this publishing venture.

Much of what is in the first edition of *Infant Care* gives the clue to why it created something of a stir in its day, and why it became popular. It was crusading work, a pamphlet leveled against the ignorance and superstition of the time, against unhealthful living conditions—it was a plea for sunshine, pure water, milk certified to be clean, and the like.

There was in the first *Infant Care* plenty of advice that is still sound today. "All babies need mothering and should have plenty of it;" "Harsh punishment has no place in the proper upbringing of the baby."

Soon after the issuance of *Infant Care*, a demand for it arose in an unexpected source—the Congress. Congressmen began sending the names of their constituents to the Bureau with a request that *Infant Care* be sent to them. In 1921–22, the Bureau set up a systematic scheme for the distribution for Congressmen.

In June 1919, an advisory committee of pediatricians representing organized medical groups was set up to advise the Bureau on its publications for parents. This committee has reviewed and approved all publications for parents since that time.

In the years ahead, *Infant Care* became the Government's best seller; going through 10 editions with a total distribution by 1955 of 34,617,841.

## **Birth Registration**

To the Bureau the registration of births was basic to all public work for the health and welfare of children—and its first bulletin and one of its earliest efforts were in this area. The actual investigating was done by committees of women—in most instances members of the General Federation of Women's Clubs—who took small local areas with which they were familiar and selected the names of a certain number of babies born in the year 1913, then found out whether the births had been recorded. This study resulted in the establishment of a "birth registration area" in 1915, including 10 States and the District of Columbia; by 1933, it included all States.

The Bureau recognized the immediate significance of birth registration for school entrance and leaving, for work permits and youth employment and for accurate records of infant and maternal mortality.

## **Baby Week and Children's Year**

Another direct outgrowth of the Bureau's infant mortality studies was the nationwide observance of baby week in March 1916 and May 1917, sponsored by the Children's Bureau and the General Federation of Women's Clubs.

In stating the reasons for these campaigns, the Chief of the Bureau said, "There are many million fathers and mothers in the United States who have never read a statistical table and never will. Yet hidden within the figures of the Bureau's reports on infant mortality . . . lie stern facts about the dangers which beset American babies. . . . If the Bureau is to investigate and report as the law directs, then it must try to find ways of reporting that will be heard by the whole public which it was created to serve . . . baby week emphasizes the constructive side of *Infant Care*. It addresses not only individual parents but communities."

In closing her account of the first Baby Week the Chief of the Bureau said, "The Baby Week of 1917 is to be held early in May. May Day has a long and pleasant tradition among all English-speaking children. It might well be chosen by their elders as a day which should be not only a festival but also year by year a celebration of some increase in the common store of practical wisdom with which the young life of the Nation is guarded by each community."

In 1924, this suggestion became a reality in the United States. May 1 was designated as child health day and has been so observed since.<sup>2</sup>

Baby Week, in turn, led to Children's Year during the second year of World War I, in April 1918. The Bureau with the approval of President Wilson, proclaimed "Children's Year"—a campaign to arouse the Nation to the importance of conserving childhood in times of national peril. The Woman's Committee of the Council of National Defense cooperated with the Bureau in this campaign.

Age, height, weight standards for children were compiled from the weighing and measuring of thousands of youngsters during this campaign. One aspect of this campaign was a Back-to-School drive "adopted to decrease child labor."

The activities of Children's Year reached out over the country—17,000 committees and involved 11 million women—to a degree entirely new and greatly strengthened nationwide understanding of child health and welfare as a national issue.

## **Child Welfare News Summary**

In 1919, the Bureau began issuing in mimeographed form its first periodical, a *Child Welfare News Summary*.

At first this summary was prepared chiefly for the information of

<sup>2</sup> Herbert Hoover, then president of the American Child Health Association, obtained President Coolidge's approval of a plan to establish May 1, 1924, as a day for community action for the American child. The first presidential proclamation of May Day as Child Health Day was issued by President Coolidge on April 28, 1928. On May 18, Congress by joint resolution designated May 1 as Child Health Day. In 1935, when the American Child Health Association went out of existence, the Conference of State and Provincial Health Authorities asked the Children's Bureau to assume the responsibility for May Day.

the Bureau's staff. Gradually the mailing list was expanded to include State and local people who were working closely with the Bureau; the list at its peak included 1,200 people. Beginning in 1921—and continuing until 1932—this summary was issued 3 times a month. Between 1932–35 it was issued irregularly and in 1936, replaced by the Child (now called Children).

## **Second White House Conference**

Children's Year, in turn, culminated in the 1919 White House Conference on Standards of Child Welfare. A small meeting of specialists in Washington was held first, followed by regional conferences around four main topics; protection of the health of mothers and children, the economic and social base for child welfare standards, child labor, and children in need of special care.

## **Public Protection of Maternity and Infancy**

As a result of the information obtained through the infant and maternal mortality studies, the Chief of the Bureau drew up and published in her 1917 report a plan for the "public protection of maternity and infancy."

A program for the United States should include: "Public health nurses, for instruction and service," "instruction covering the field of hygiene for mothers and children," "conference centers affording mothers a convenient opportunity to secure examination of well children and expert advice as to their best development," "adequate confinement care," "hospital facilities made available and accessible for mothers and children."

The Bureau's first Chief was in great demand as a speaker—and because the protection of maternity and infancy lay close to her heart—it was the topic she most often selected beginning in 1919. For example, when on July 5, 1919, she spoke before the convention of the National Education Association at Milwaukee, we find her saying, "We cannot help the world toward democracy if we despise democracy at home; and it is despised when mother or child die needlessly. It is

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Democracy is that form of government and spirit among men which actively insists that society must exist to give every human being a fair chance. . . . A fair chance for everyone does not begin with adult life nor with infancy. Its mysterious springs are more and more swathed in mystery as we push backward from the man, the youth, the child, the baby to the endless line of the generations out of which each living being emerges in turn. But our responsibility is only with today; tomorrow will take care of itself, as did yesterday.

Julia Lathrop, National Conference of Social Work, 1919.

despised in the person of every child who is left to grow up ignorant, weak, unskilled, unhappy, no matter what his race or color."

The campaign for the measure, sponsored largely by groups of organized women, was a long and arduous one. Finally on November 19, 1921, the Maternity and Infancy Act (Sheppard-Towner Act)<sup>3</sup> was passed by both the House and the Senate. It was signed by President Warren G. Harding on November 23, 1921. The act included a 5-year limit on the authorization for the appropriation.

### **Kentucky Nutritional Survey**

At the request of the Kentucky State Board of Health, the Children's Bureau in 1919 undertook an intensive nutritional survey of a district in the mountainous section. The study covered an area of 30 miles, and included 123 families containing 256 children between 2 and 11 years of age. There were two distinct aspects to this survey—a study of the children themselves in order to determine their physical condition, and an investigation of all factors responsible for producing this condition. Fully one-third of the children were rated as poor in nutrition.

During these years, there were, of course, many other studies concerning the health and welfare of *all* children. Recreation, standards for rural child welfare, allowances for dependents of enlisted men, economic aspects of child welfare, children in the island possessions—all were subject to study. But here, in this account, we have included only those which represented "firsts" or were of great significance to the coming years.

## **Special Groups of Children**

During its first year (1913), the Bureau began the first of a long series of studies of the health, economic, and social needs of special groups of children.

The first annual report pointed out that, although it was "the final purpose" of the Bureau "to serve all children . . . this purpose, in the minds of those who drafted the law, by no means overshadowed the needs of those unfortunate and handicapped children. . . . It is a matter of common experience that the greatest service to the health and education of normal children has been gained through efforts to aid those who were abnormal or subnormal or suffering from physical or mental ills. . . . Thus all service to the handicapped children of

<sup>3</sup> For a detailed description of the provisions of the Sheppard-Towner Act see p. 87, App.



the community—an immediate service properly demanded by the popular conscience—also serves to aid in laying the foundations for the best service to all the children of the Commonwealth.”

During this early period studies of special groups of children included:

Standards of living for children in families receiving public aid.

Children deprived of parental care.

Child labor.

Mothers in industry.

Day care.

Juvenile courts and juvenile delinquency.

Institutional care.

Feebleminded children.

Illegitimacy.

Only a few of these studies—the most far-reaching—can be reported here.

## **Mother's Aid**

The White House Conference on Care of Dependent Children (1909) fired the opening gun in a long campaign for mother's pensions. The Conference, recognizing that large numbers of children were being placed in institutions by widows or mothers who were forced to go to work to support their families, passed a resolution stating "Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons."

It was 2 years, however, before the first mother's pension law was actually passed. Illinois led the way with its Funds to Parents Act in 1911; also in the same year, the legislature of Missouri authorized Jackson County (Kansas City) to provide mother's pensions.

Soon after its establishment in 1912, the Bureau began receiving inquiries about mother's pension laws. In 1914, the Bureau made the first of a long series of studies of mother's aid, including a compilation of the history and laws relating to mother's pensions in the United States, Denmark, and New Zealand and began advising with States on such plans. In the next 2 years, 21 States passed some kind of mother's aid law. By 1920, 40 States had done so.

The 1920 report of the Bureau pointed out, "Most of the States (40) have now recognized the principle that children should not be taken from their mothers because of poverty alone. The rapid growth of the mother's pension movement is indicative of the belief, generally held, that home life and a mother's care are of paramount importance

. . . the amounts in general are inadequate . . . it is most desirable that the Bureau make a complete study and report of the administration of mother's pension laws. . . ."

### **Institutional and Community Care of Neglected and Dependent Children**

The Bureau's earliest studies of the institutional care of children concerned the care of "mental defectives." The Bureau of Education (the present Office of Education), the Public Health Service, and the Children's Bureau cooperated in a study of the medical and social conditions of the feeble-minded in Washington, D. C., and in Delaware in 1914-15.

The District of Columbia study concluded, "We must, of course, remember that a considerable number of these persons may well remain in their own homes. . . ." Others show "only too plainly the steady wastage, the individual suffering and degeneration, the burden to families, the handicap to the school system . . . resulting from the lack of proper provision for those suffering from mental defect."

During 1917-18 the Bureau launched a long-range, countrywide series of studies of State and local provisions for the care and protection of dependent children including both foster family care and institutional care.

### **Unmarried Mothers and Their Children**

In its early studies on infant mortality, the Children's Bureau found that the babies of unmarried mothers had a mortality rate about 3 times as high as the rate for babies of legitimate birth. For example, in Baltimore in 1915 almost one-third of the babies of unmarried mothers died before the age of 1 year. The most important single reason was shown to be the early separation from the mother and the resulting feeding difficulties. Another was the high rate of mortality of babies cared for in institutions.

To the Bureau, it became clear that the baby's first need was for his mother and his chance for life depended to a large extent on meeting this need.

This knowledge led directly to a long series of studies of illegitimacy.

The Bureau studied the experience of agencies dealing with the problem of the illegitimate child in a number of cities and the obstacles the laws raised to the development of sound casework procedure for insuring to these children a reasonable chance for success in life.

In the years between 1913-16, the Bureau held conferences in five cities—Boston, Philadelphia, Cleveland, Cincinnati, and Milwaukee—with "associations" dealing with unmarried mothers and children.

In 1918, the Bureau issued a bulletin on the Norwegian Castberg

laws bearing on the rights of children born out of wedlock and in 1919 a report on *Illegitimacy Laws of the United States and Certain Foreign Countries*.

Following the completion of these studies, two regional conferences were held in Chicago and New York in February 1920, under the auspices of the Bureau, for discussion of legal measures for the protection of these children. Representatives from 35 cities took part in the conferences, and resolutions were adopted voicing a consensus on the basic principles of such legislation.

The National Conference of Commissioners of Uniform Laws was asked to draft a model law for the legal protection of children born out of wedlock. After 2 years of work, a uniform illegitimacy act was approved in 1923 and became the basis of the laws in several States.

## **Juvenile Courts and Juvenile Delinquency**

During the hearings on the need for a Federal Children's Bureau, concern with juvenile courts and juvenile delinquency was an ever-present theme. Consequently very early in its history the Children's Bureau turned to investigations and consultation in this area.

The first work was in connection with a committee appointed by the Attorney General of the United States in 1914 to undertake a revision of the juvenile court law of the District of Columbia. The Chief of the Bureau was a member of this committee.

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When I read the records of twenty years ago when the Bureau was becoming organized and the first projects undertaken, I have always found fresh evidence of [Julia Lathrop] her wisdom and . . . skill. . . . With statutory authority to undertake a vast program of research and public education, but with a very limited appropriation, it was necessary to select carefully those first projects. It would have been the line of least opposition for the Bureau to have concerned itself exclusively with the treatment of symptoms of social disorders as they affected children rather than the discovery of causes; to have sought only methods of providing for the dependent and delinquent, and to have ignored the basic reasons for the suffering of children; to have attacked the problems of the few and the exceptional, rather than those which must be solved before one can help to lift the level of life for all children. From the beginning, Miss Lathrop's program of work for the Bureau set up prevention as the goal. She held that, as a democracy, the United States must seek continually new ways of insuring the optimum growth and development of all American children, but the existing temporary importance of palliatives was never ignored. The slow scientific accumulation of fundamental, basic information about children and child life was begun in no narrow or timid spirit by Julia Lathrop. She was prepared to go wherever the interests of the child might lead her and to accept whatever conclusions flowed from an honest interpretation of facts assembled with meticulous accuracy.

Grace Abbott, National Conference of Social Work, 1932.

In 1914 the Bureau also undertook a study of the children before the courts in Connecticut. Material for the study was obtained through interviews with public officials, through visits to courts and institutions, and through the examination of court and other public records.

In 1918, the Children's Bureau issued a report on juvenile delinquency in certain countries at war. And, at about the same time, the Bureau also studied delinquency in the United States during wartime based largely on the opinions of judges of juvenile courts. Among its causes were: "high wages paid child workers and the resulting tendency to extravagance," "the social unrest that is everywhere manifest," "the craving for adventure," "the entry of mothers into industry."

Also, in 1918, the Bureau, through a questionnaire survey, attempted to secure general information on the extent and development of the juvenile court movement. On the basis of this study, an estimated 175,000 children were brought before courts in 1918. Of these, approximately 50,000 came before courts not adapted to handling children's cases.

A field study of children under 18 years of age who had violated Federal laws in 1918 and 1919 showed that violations of postal laws and interstate commerce laws were the most frequent. The study clearly showed the lack of adaptation for handling children's cases in the usual Federal procedures.

The field work for a study of the organization and methods of 10 juvenile courts was completed in 1921, and revealed a great diversity in organization, methods, jurisdiction, and procedure. As a result of the interest of judges and probation officers in this study, a 2-day conference on juvenile courts was held in Milwaukee in June 1921, under the joint auspices of the Children's Bureau and the National Probation Association.

As an outgrowth of this conference, the Children's Bureau set up a committee to work out standards. Two years later these standards were published by the Bureau—and for two decades or more represented a high point in the field.

## **Child Labor**

The early studies of the Bureau in the field of child labor were forecast in the congressional hearings for the proposed Federal Children's Bureau. Many of those fighting for the Bureau did so on the ground that such an agency would turn the spotlight of public opinion on child labor.

The Children's Bureau began its work in this field by the compilation of State child-labor laws and an analysis of available statistics in 1913. A series of studies of administration of these laws and of employment certification systems followed. They furnished a constructive, practical base for advances in child-labor standards, both at the Federal and State level.

Beginning in 1916 the Bureau undertook a whole series of studies of the conditions under which children worked in specific industries and occupations. These studies were of a new human kind. The boys and girls who worked—their homes, their work places—were visited by members of the Bureau's staff.

Through the eyes of the Bureau, the United States began to see the long procession of her toiling children—grimy, dirty boy workers in mines picking slate from coal; small children working far into the night in tenement homes on garments or artificial flowers, where home was a workshop; groups of small children toiling in fields under a hot summer sun setting onions, picking cotton, topping beets; children picking shrimps and working in canneries; youngsters working at machines in factories.

The result was the first child-labor law of 1917 and the administration of this law was given to the Bureau. After 9 months, the law was declared unconstitutional. Later, as will be shown, this decision was reversed.

During this short period the machinery for the Federal Government's first attempt at a nationwide regulation of child labor was set in motion. So effective did the methods and procedures worked out with States for the enforcement of the measure prove, that they were the basis for the later Federal measures for the regulation of child labor, including those under the Fair Labor Standards Act, 1938.

The first years of the young Children's Bureau were spent reconnoitering in the area assigned to it by the Congress. In a very real sense, the Bureau's early studies represented a probing into subjects included in its legislative mandate. Gradually as the paths by which the Bureau could move forward in investigating and reporting "upon all matters pertaining to the welfare of children and child life" became clear, the Bureau advanced on its mission.

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Important as are the immediate services of a juvenile court to the children who are daily brought before it for protection and guidance; painstaking as are the court's methods of ascertaining the facts which account for the child's trouble, his family history, his own physical and mental state; hopeful as are the results of probation; yet the great primary service of the court is that it lifts up the truth and compels us to see that wastage of human life whose sign is the child in court.

Julia Lathrop, Introduction, *The Delinquent Child and The Home*, by Sophonsiba P. Breckinridge and Edith Abbott, 1916.

# YEARS OF ECONOMIC CRISIS

## 1921-1933

THE PERIOD BETWEEN 1921-33 opened with a mild depression, followed by a short middle period of great prosperity, and closed with a great depression—all events that affected the Bureau's work.

In August 1921, Grace Abbott succeeded Julia Lathrop as Chief of the Bureau. She had come to the Bureau to administer the new child-labor law in April 1917.

During these years, the Bureau's investigating and reporting activities expanded and deepened—and in addition the Bureau had the administration of a grant-in-aid program. But the whole tenor of the Bureau's investigations changed in 1929-30—the depression and its effects occupied the center of the Bureau's efforts—and the grant-in-aid program was terminated.

During these years the foundation was laid for the children's programs under the Social Security Act (1935) by the Bureau's administration of the Maternity and Infancy Act and its studies of child welfare, and care for crippled children.

The work in the States under the Maternity and Infancy Act, a direct outgrowth of the Bureau's early studies of infant and maternal mortality, went on for 7 years and then ended. But with the advent of the Social Security Act in 1935, the Bureau once again had the administration of a maternal and child health program.

Among the studies carried forward by the Bureau were the following:

Infant and maternal mortality.

Child growth, health, and nutrition, especially the prevention of rickets.

Services for crippled children.

Child labor.

Child dependency.

Foster care.

Children of working mothers.

Mother's aid.

Children born out of wedlock.

Adoption.

Recreation.

Mental defectives.

Juvenile courts and juvenile delinquency.

Domestic relations or family courts.

Public and private programs for child welfare.

Economic handicaps and the effects of the great depression on children, and measures for mitigating them.

On the basis of these studies and through its administration of the Maternity and Infancy Act from 1921-29, the Bureau was in a position to make strong presentations to the President's Committee on Economic Security in 1934 and to the Congress in 1935 on next steps in protecting the health and welfare of children and mothers, and later to Congress on the need for regulating child labor.

### **1930 White House Conference**

The 1930 White House Conference on Child Health and Protection was called by President Herbert Hoover "to study the present status of the health and well-being of the children of the United States and its possessions, to report what is being done, to recommend what ought to be done, and how to do it." For 16 months prior to the Conference in November 1930, 1,200 experts devoted themselves "to study, review, and fact-finding."

The Conference as a whole assembled in Washington, November 19 to 22, 1930, with 3,000 in attendance.

The final reports of the Conference consisted of a series of 32 volumes and were a contribution of unique value to those concerned with the well-being of children.

## **All Children**

The Bureau's second Chief in looking back through the Bureau's first decade in the report for 1922 said: "There has been an increasing appreciation of the importance of technique in the field of child care; of linking up the State with the local administrative machinery and of including in the field of interest *all* the children of the community.

The medical profession is giving more consideration to the social and economic aspects of child health, and the social workers have learned the importance of a physical diagnosis before determining social treatment. . . . The Children's Bureau does not claim responsibility for these changes. It can, however, be said that its investigations furnished the facts on which action was frequently based, and because of the cooperation of experts in child welfare, public and private child-caring agencies, and women's organizations, the bureau has been able to focus national attention on some of the most important aspects of child care."

### **Administration of the Maternity and Infancy Act (Sheppard-Towner Act)**

Everywhere in accordance with the spirit and intent of the Act, the States took on the most difficult work as their responsibility. The work was largely educational in character. Methods of preventive care that had been developed in large cities were tried in or adapted to smaller cities or rural areas.

Some of the more important features found in many of the State programs were these:

1. Conferences with mothers held by specialists in maternity and child health with the object of trying to help mothers appreciate the need for good care and what its essentials were; and in some States the distribution of supplies to mothers unable to go to hospitals for confinement so that adequate and sterile materials might be available at their homes.
2. More maternity, infant, and child health centers; nutrition classes, dental hygiene work for mothers and children; more public health nurses and physicians, particularly in rural areas.
3. Education of mothers in the essentials of maternity and infant hygiene through correspondence courses, and of young girls through classes for "Little Mothers."

New and interesting work among midwives was done. Little attention had been paid to the midwife in the United States. Our census figures, which showed approximately 5,000 midwives practicing in various States, seemed to indicate that the midwife was not an important problem in this country. Suspecting otherwise, the Bureau sent out a questionnaire.

On the basis of this questionnaire, the Bureau estimated that 45,000 midwives—not 5,000—were practicing in the 41 States from which information was secured and that this number was probably



below the correct total. The percentage of births attended by midwives in some States was large.

In nearly all the States in which midwives were practicing, efforts were made to improve their services rather than to outlaw them.

The midwife was an interesting figure with many strange and time-worn superstitions which were hard to eradicate and replace with scientific knowledge. One midwife in a southern State explained seriously that she was taught her method "by the Spirit." Another midwife in another State described her profession as "ketchin' babies." Almost always the midwife had some strange concoction in which she placed implicit faith. In one group, one of the favorite devices was the brewing of strange teas, teny, pennyroyal, muddauber, this last made of the nest of a wasp found in the barns under the eaves.

The Act provided that the plan should originate in the States and be carried out by them. A Federal Board of Maternity and Infant Hygiene composed of the Chief of the Children's Bureau, the Surgeon General of the Public Health Service and the Commissioner of Education was given authority to approve or disapprove of State plans, but the act specified that the plan must be approved by the Board "if reasonably appropriate and adequate to carry out its purposes."

In all of the 45 States cooperating under the act between 1921 and 1929, with the exception of four, the administration was lodged in the State Department of Health. Each State drew up its program on the basis of its own needs.

Several surveys of the work carried on under the maternity and infancy act were made by outside agencies.

The Elizabeth McCormick Memorial Fund of Chicago after a study of activities under the Sheppard-Towner Act in nine States (1928) said: "The Elizabeth McCormick Memorial Fund . . . is convinced that a fine piece of work is under way and that a great need exists for State programs of maternal and infant welfare. . . . It is evident to us as a result of this survey that the States have not been hampered by Federal administration, but they have profited greatly by the pooling of experience through conferences arranged by the Children's Bureau and by advice received from the Bureau."

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If a declaration of independence were to be written today, American women would ask that in the enumeration of the objects for which governments are instituted the welfare of children should head the list; and the American men would agree. It is time that with characteristic American directness we undertake to realize that object now.

Grace Abbott, Annual Report of Children's Bureau, 1923.

The American Child Health Association and the Maternity Association of New York after a joint survey of the work carried on under the maternity and infancy act (1928) speaking particularly of the decreased death rate of mothers in rural districts, said: "In view of the fact that practically all of the work . . . has been in country districts, it is fair to assume that some of that reduction may be due to this campaign. In the States whose work is reported here, it was undoubtedly a factor. Everyone shows a lowered rate."

In January 1927, Congress continued the act for 2 years—that is until June 30, 1929—when it ceased to operate.

But even though the appropriation for the Sheppard-Towner Act was not renewed by Congress, the influence of the Bureau's work for maternity and infancy lived on. Upon this foundation was erected the cooperative Federal-State program for maternal and child health under the Social Security Act (1935), when Congress gave the Children's Bureau more ample funds than ever before for infancy and maternity work. And on this foundation, too, was created the Emergency Maternity and Infant Care program for the wives and babies of enlisted men during the Second World War.

### **Control of Rickets**

The Children's Bureau was directed by its organic act to investigate "diseases of children." One of the first diseases selected for study was rickets, which was known to so impair the nutrition and resistance of the child's body to infection that it opened the way to pneumonia in its severest form accompanying measles, whooping cough, and respiratory diseases and increased materially the death rate from these diseases.

The Bureau not only investigated the facts about the incidence of the disease but it selected a typical community and showed what could be done by any city to meet the problem.

The year was 1924. The community selected was New Haven, Conn. The study was done in cooperation with the Pediatric Department of the Yale University School of Medicine and the New Haven

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We approach all problems of childhood with affection. Theirs is the province of joy and good humor. They are the most wholesome part of the race, the sweetest, for they are fresher from the hands of God. Whimsical, ingenious, mischievous, we live a life of apprehension as to what their opinion may be of us; a life of defense against their terrifying energy; we put them to bed with a sense of relief and a lingering of devotion. We envy them the freshness of adventure and discovery of life; we mourn over the disappointments they will meet.

President Herbert Hoover, 1930 White House Conference.

Department of Health. The work was under the direction of Dr. Martha M. Eliot with the guidance of Dr. E. A. Park, Professor of Pediatrics.

The demonstration was in two parts: First, the prevention of rickets by means of sunbaths and cod-liver oil among babies born in the district selected for study; and second, the study of older children in the district to determine the amount of rickets already present.

All babies born in the district were examined regularly and X-ray records made of bone growth, so that doctors might have this data to guide them in diagnosis and treatment. The study went on for 3 years. Results showed that simple measures could be taught to mothers and that these were successful in preventing rickets and making babies healthier.

The Bureau still had some questions as to the correct interpretation of certain X-ray signs used in the diagnosis of mild rickets, so it was decided to study a group of babies and young children who had lived continually in a tropical climate.

Accordingly, a study of Puerto Rican children was undertaken in order to study the X-ray appearance of the bones of these infants with those of babies living in temperate climates.

## **Maternal and Neonatal Mortality**

The extent and factors contributing to infant and maternal mortality had been studied during the very early years of the Bureau. During this period the Bureau undertook more extended investigations of the causes of this mortality.

In 1927 and 1928, the Bureau appointed an advisory committee of prominent obstetricians and made a large field study of the causes of maternal death and the conditions associated with it. This study covered the deaths of about 7,500 women attributed by the Bureau of the Census to puerperal causes. These were not selected cases. Every such death occurring over a 2-year period in 15 States and over a period of 1 year in 2 States was investigated.

Just what did such a study involve? A look at some of the field reports showed that it meant riding mule-back over remote trails in the Kentucky mountains, driving over the endless Western prairies, visiting big hospitals in crowded cities and the cabins of granny midwives in the far South. It meant going anywhere and everywhere that the records showed a mother had died and filling in a detailed schedule with information which might throw light on the cause of her death.

Startling facts were revealed by the study. A large proportion of women had had little or no prenatal examination by a physician. Others had little or very poor care. A large proportion of the deaths were "due to controllable causes." The highest percentage of the

deaths—40 percent—were due to sepsis and nearly half of these were caused by abortion; 30 percent were due to some presumably toxic condition.

Close on the heels of this study came similar investigations by the New York Academy of Medicine and the Philadelphia Medical Society, reporting similar results—about 65 percent of deaths of mothers in childbirth were preventable.

Beginning in 1928 the Bureau cooperated with the Yale University School of Medicine in a study of the *causes of neonatal morbidity and mortality*. The report stated: "more careful prenatal care . . . would probably reduce the number of premature deliveries, but there are still many gaps in the knowledge of complications of pregnancy resulting in premature delivery . . . there is little doubt that many premature infants' lives would be saved if modern methods of care were available in every community."

### **Families and Children and the Depression**

A major task of investigating and reporting on the "welfare of children and child life" undertaken by the Bureau during these years related to the effects of economic depression on families and children.

At first the depression was thought of as a calamity that would be over in a few months. Government officials and executives of industry tried to reassure a bewildered people. "Prosperity," they told the press and the public, "is just around the corner." If only people would not get alarmed, this temporary storm would pass and all would be well.

Only slowly was the depression recognized for what it was—a long time deepening crisis demanding the most sincere and courageous attempts to safeguard the economic and social life of individuals, families, and communities.

During the great depression, the Bureau studied:

The effect of unemployment on families and children.

The facts about the extent of relief.

The inadequacies of a relief program financed by private charity and local public funds.

The lot of youth hopelessly trekking back and forth across the country looking for work.

From time to time in the years since its founding, the Children's Bureau had made studies of children in families of breadwinners employed in occupations which, because of the migratory or seasonal nature of the work or the development of single industry communities or for other reasons presented special problems in living conditions

and community relationships. But in 1929, the focus shifted to what unemployment and inadequate relief meant in the lives of children and their families.

In 1921-22, the country experienced an industrial depression of short duration. And during this time, the Bureau undertook its first study of *the effects of a period of unemployment upon children*. The findings based on results from two cities showed frugality in food to the point of actual privation, extreme economy in clothing and household supplies, reduction in housing costs by seeking cheaper quarters or taking in lodgers. Children frequently left school and mothers their homes for work at low wages.

This study was to serve as the touchstone for much of the Bureau's work during the great depression beginning in 1929. Children, the Bureau knew, suffered "not temporary but permanent losses" during a period of industrial depression—and this knowledge, in a sense, forearmed the Bureau as to the tasks it would need to undertake during a prolonged depression.

In the fall of 1930, President Hoover's Emergency Committee for Employment asked the Bureau to make *surveys in various coal mining communities* to determine the extent of the need for relief and resources for meeting it.

Long before 1929, the depression had come to the mining villages. The use of machines in the mines threw men out of work and carried widespread unemployment beginning as early as the midtwenties.

All of these county studies presented variations on the same unhappy theme. The resources for relief of the suffering in these communities—in many of which unemployment had been regarded as serious as early as 1927 and had reached unheard of proportions by 1931—were few and entirely inadequate. If hunger and further evictions were to be prevented, outside assistance was imperative—without such assistance suffering would be intense.

The reports of the Bureau's investigators gave vivid pictures of the conditions among the unemployed. In describing the situation in a Pennsylvania county, the report said, "Many of the small communi-

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In the past, and at present, a large part of the burden of . . . unemployment has fallen not on industry and not on the community, but on the backs of little children. These children passing through any particular stage of child life lose forever those benefits which come from having enough to eat and a happy home free from that harrowing anxiety of not knowing how food and heat and clothes and shelter are to be received. No child should suffer this anxiety in the United States.

Grace Abbott, National Conference of Social Work, 1922.

ties are half deserted. Both private and company-owned houses . . . are, as a rule, in very bad condition—sagging porches, glassless windows boarded up, everything in a state of decay. The general impression of decay and ruin is felt even in the larger towns. It is reflected in the attitude of the people, businessmen, church workers, petty officials, miners who feel that things are going from bad to worse. They readily admit that many people are suffering a slow form of starvation because even the partially employed men cannot earn enough to feed their families adequately.”

During these years the Bureau was issuing each month the only *national relief statistics* then available. On July 1, 1930, it took over a project of the National Association of Community Chests and Councils for the registration of social statistics. Monthly reports from 6,832 agencies in 38 cities included the local public and private family relief agencies, mother’s aid, and agencies for transients.

Soon after this, President Hoover’s Emergency Committee for Employment asked the Children’s Bureau to expand the reporting of relief to all cities of 50,000 or over. (The Bureau continued the collection of these relief statistics until 1936 when it was taken over by the Social Security Board to form the basis of the statistics on public assistance issued monthly ever since.)

As these monthly reports came in, the staff of the Bureau watched the number of families on relief grow until, by March 1932, there were one million families on relief in 124 cities and the relief bill for that month came to more than \$28 million. The bonus march on Washington, riots in Detroit, Cleveland, and elsewhere gave dramatic force to the tragic situation which was everywhere becoming worse.

In the fall of 1931, Senator Robert M. LaFollette of Wisconsin and

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Without apology, then I ask you to use courageously your intelligence, your strength, and your good will toward children in the progressive removal of the economic barriers which have retarded the full development of children in the past. There will, I warn you, be discouragements and disappointments. But the cause of children must always triumph ultimately. New standards of what constitutes scientific care and new knowledge as to what are the social needs of children will develop. The important thing is that we should be “on our way” toward adequately meeting their needs. Perhaps you may ask, “Does the road lead uphill all the way?” And I must answer, “Yes, to the very end.” But if I offer you a long, hard struggle, I can also promise you great rewards. Justice for all children is the high ideal in a democracy. . . . We have hardly as yet, made more than a beginning in the realization of that great objective.

Grace Abbott, *The Economic Basis of Child Welfare*, Commencement Address, New Jersey College of Women, June 1934.

Senator Edward P. Costigan of Colorado introduced a bill providing Federal appropriations of \$500 million for relief to be administered by the Children's Bureau. Although the hearings showed a clear picture of the great distress in all parts of the country, the bill was defeated in Congress in February 1932.

Finally, Congress passed the Emergency Relief and Construction Act of 1932 which authorized the Reconstruction Finance Corporation to make available to the States \$300 million "to be used in furnishing relief and work relief to needy and distressed people and in relieving the hardships resulting from unemployment."

By the winter of 1932, the Bureau knew reductions in State appropriations for child health services had become serious, indeed. In October 1933 a *National Conference on Child Health Recovery* was called by the Secretary of Labor on the suggestion of the Bureau to consider plans for stimulating nationwide interest in the health and nutrition of children in families affected by the economic depression. A program designed to locate undernourished children and to develop means of overcoming malnutrition by more adequate feeding and medical care was recommended by the Conference.

As a follow-up on this program, the Federal Emergency Relief Administration requested the Children's Bureau to act as consultant in organizing special statewide nursing projects under the direction of State health departments, in which unemployed nurses were paid from Civil Works Administration funds. Physicians on the staff of the Children's Bureau visited every State to assist them in working out practical programs.

Still another result of the Bureau's emphasis on child health recovery was the *school-lunch program* carried on under the auspices of the Federal Emergency Relief Administration.

Many adolescents during the depression found home life, under conditions of unemployment and meager relief, intolerable. *Great numbers of young people—both boys and girls—had taken to the road during the fall of 1931.*

In the spring of 1932, field workers from the Bureau undertook to find out the facts. They visited St. Louis, Kansas City, St. Joseph, Birmingham, New Orleans, El Paso, and points in Oklahoma, New Mexico, Arizona, California, and Utah. They talked with all sorts of persons who had direct contact with boys and girls on the road, including "workers in agencies supplying the wanderers with food, shelter, and other services, interested and sympathetic police officers, trainmen and special agents of the railroads."

Since most of the communities through which the transient army passed were unable to meet the needs of their own unemployed adequately, in community after community, the transient youth found himself an unwelcome visitor, regarded with dislike and suspicion. A

dish of beans, a place to sleep on the jail floor, and an urgent invitation to leave town by morning was his lot everywhere.

In 1933, the Chief of the Bureau at a congressional hearing advanced an idea that was later reflected in the establishment of the Civilian Conservation Corps and the National Youth Administration. "The experience with work camps in which there is an opportunity for training in a wholesome environment had been excellent. There ought to be opportunity for vocational classes and for work relief in the cities and towns."

*The Conference on Present Emergencies in the Care of Dependent and Neglected Children which met at the Children's Bureau* in December 1933 grew out of a request to President Hoover by the Child Welfare League of America. This conference reported that unprecedented family destitution, reduction in State and local appropriations, in private contributions and endowment funds, had endangered the welfare of many children.

In 1933, the Children's Bureau cooperating with the Bureau of Labor Statistics and the Women's Bureau undertook still another study--*the effect of the depression on the standard of living of families of railway employees*.

Between July 1929 and April 1933, two-thirds of the families had suffered reductions in income of at least 20 percent and one-half of at least 30 percent. During 1932, only 18 percent reported an income of as much as \$1,750 and 10 percent had received as little as \$500.

How had the railway men and their families lived on these lowered incomes? Diets had been reduced to a level at which nutritional needs were not being met. This showed especially in a marked decrease in the use of milk which is customarily used as a rough yardstick in measuring the adequacy of children's diets.

## Special Groups of Children

The Bureau's horizons on studies of special groups of children, widened considerably during this period (1921-33). Indeed they were extended so greatly that the line between special groups and all children became very hard to draw. Many of these studies led to conclusions affecting the standards of care for all children. And the converse was equally true. Disadvantaged children were children first--and handicapped youngsters, second.

### State and County Organization for Child Welfare

From the first the Bureau had been concerned with the welfare of rural children. The early studies of infant and maternal mortality,



child dependency and "feeble-mindedness" had all pointed to the unevenness and, in some States, total lack of facilities and services for rural children.

Beginning in the early twenties the Bureau began its studies of child welfare activities in the States, particularly in rural areas.

These were undertaken at the request of a number of State departments of welfare and children's code commissions who were asking for an evaluation of "administrative methods insuring reasonable standards of service for children in smaller towns and rural communities."

Early in 1924, at the request of the Georgia State Department of Public Welfare and the Georgia Children's Code Commission, a study was made of the care available to dependent, neglected, and delinquent children in 30 counties in Georgia. Here work had not been organized on a county base and in many counties services were completely lacking, with serious loss to the children.

Brief studies in selected counties of Minnesota, North Dakota, South Dakota, North Carolina, Pennsylvania, and New York were undertaken beginning in 1925 with a view to determining the methods of organization and the results obtained in States doing pioneer work in the development of a countywide child welfare service.

These reports included a description of the organization of the State departments concerned with child care and protection and of the county agencies provided under the terms of the State laws, together with first-hand observations in several counties in each State.

Finally on February 15, 1929, representatives of State departments of public welfare came to the Children's Bureau for a conference on child dependency and protection. Among the representatives of the 32 States who attended were directors of State departments of welfare, members of State boards, and staff members engaged in some particular aspect of work for dependent children.

The group discussed the scope of child-welfare activities of State departments, county welfare problems, the supervisory work of State departments, provisions for the care of dependent children, and minimum statistics that should be obtained by State departments from child-caring agencies and institutions.

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The old conception of even-handed justice that each offender should receive exactly the same treatment is not the test of justice in the juvenile court. . . . In the juvenile courts children are all treated alike only when each is treated in accordance with his needs.

Grace Abbott, *The Child and the State*, Vol. II, 1938.

A new conception of the duties of State departments of public welfare seemed about to be born—a conception that held great promise for the welfare of rural children. These departments were now concerned “not only with custodial care or institutional training schools but with the prevention of social breakdown and the care in their homes of many for whom the only treatment in the past has been institutional isolation.”

In North Carolina, Minnesota, Virginia, and Alabama a broad program of public welfare or child welfare work according to a statewide plan was being put into operation. In California, Georgia, North Dakota, Pennsylvania, South Dakota, and West Virginia a program of social welfare was being advocated by the State department although not as yet in a uniform statewide plan. County care and supervision of dependent, neglected, delinquent, or defective children, with more or less close cooperation of the State department was underway in Arizona, Arkansas, Indiana, Michigan, New York, and Ohio.

“While the more populous communities find it possible and economical to provide their own specialists, the rural counties must look to the State for psychiatric help with problem children . . . for the expert in recreation and in social casework to assist in the handling of individual cases as well as in the development of a local service program.”

These county and statewide studies of child welfare work provided the base for the proposals for grant-in-aid funds for child welfare services under the Social Security Act.

### **Mother's Aid**

Much of the work of the Bureau for mother's aid during this period was directed toward improving its administration in the States.

In 1922, the Bureau sponsored a small conference of experts on mother's aid to discuss casework standards, supervision, and other problems. The first attempt to procure a national picture of those benefiting by mother's aid laws was made in 1921 and 1922. The reports showed 45,825 families receiving aid in 1921.

The Bureau published a study in 1923 of reasons why mothers of young children found it necessary to apply for public aid. The death of the father of the family was the compelling factor in three-fourths

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Children, it should be repeated, are not pocket editions of adults. Because childhood is a period of physical and mental growth and development . . . , a program for children cannot be merely an adaptation of the program for adults.

Grace Abbott, *The Child and the State*, Vol. II, 1938.

of the cases; in about one-fifth, it was the father's inability to work because of illness or other incapacity.

In 1926, the Bureau issued *Public Aid to Mothers of Dependent Children*. The bulletin summarized the history of the legislation, its status in 1926, the problems connected with its administration and supervision, and how the amount of the pension was determined.

Under the State mother's aid laws counties were either required or permitted to set up the system since the laws adopted were mandatory or permissive. Many counties never made any mother's aid grants. In 1931, the Children's Bureau reported that out of 2,723 counties authorized by State laws to grant mother's aid, only 1,578 reported that mother's aid was being granted. In 1931, 93,620 families with 253,298 dependent children were known to be receiving aid. The Bureau estimated that probably more than twice that number were eligible for aid but were not receiving it.

During the depression, mother's aid dwindled. Reports to the Children's Bureau showed that between 1931-33 many counties in many States which had previously granted mother's aid had canceled all grants.

### **Foster-Family Care**

A report on children deprived of parental care and taken under the custody of Delaware agencies was issued in 1921 "Preventive and constructive social work with families and other forms of aid would reduce the number of children removed from their homes for causes associated with poverty," the report concluded.

In 1923, the Bureau issued a publication entitled *Foster-Home Care for Dependent Children* contributed to by 12 authorities in child-caring work, each dealing with a different phase of the problem.

This publication was far ahead of its time—and is still good reading. Many of the ideas advanced are still in the process of being worked into practice.

Field work was also begun on the organization and methods of foster-home care agencies in 10 communities. All of the agencies studied were moving from a strong emphasis "on adoptions and free-home permanent placements" to "stressing the preservation of family ties." But the degree to which they had advanced in this direction varied enormously.

### **Adoption**

A report was prepared in 1924 dealing briefly with the history of adoption legislation in the United States. The principal features of the laws were summarized, together with texts of some of the most recent ones.

"To safeguard the interests of all the parties concerned, the adop-

tion law should provide for investigation of the fitness of the natural parents to care for the child, of his physical and mental condition and his heredity (as it bears on whether he is a proper subject for adoption), of the moral fitness and financial ability of the adopting parents, and in general of the suitability of the proposed home," the Bureau's report stated. "It should also provide for trial placement in the home either before the petition for adoption was filed or before a final decree was granted, and for supervision during this trial period."

## Juvenile Courts and Juvenile Delinquency

In 1923, the Bureau's advisory committee on juvenile courts presented a set of *Standards for Juvenile Courts* at a conference in Washington held under the auspices of the Children's Bureau and the National Probation Association. For more than 20 years these were the benchmarks used in the field to measure progress.

The committee also, with a view to making available comparable current statistics on juvenile delinquency, worked out a plan with the Bureau for the *uniform recording and reporting by juvenile courts* of a few essential statistics.

The plan for reporting of juvenile court statistics of delinquency, dependency, and neglect got underway during 1927. The first year, about 43 courts in 20 States and the District of Columbia reported. The number of courts covered was rapidly increased and from this year on, reports have been issued annually.

Beginning in 1928, studies of the care and training of boys committed to 10 State training schools were started and carried out over a period of several years. (In 1935, a similar study of institutions for delinquent girls was undertaken.)

A summary of *causes, treatment and prevention of juvenile delinquency* was prepared in 1930 for the Commission on Law Observance and Enforcement. Later the committee on delinquency of the 1930 White House Conference on Child Health Protection used this material.

The Bureau of Prisons in 1931 asked the Bureau for assistance in working out a program for care and supervision of juvenile delinquents when returned to their home communities by Federal authorities. The Bureau in furthering this program undertook to investigate and report to the Department of Justice, to United States District Attorneys, and to courts and probation officers regarding State facilities for the care of delinquents.

One of the major efforts of the Bureau during this period was a project on *probation and the prevention of delinquency* undertaken in 1932 jointly with the University of Chicago and the juvenile court of Cook county and carried on until 1936.

Monographs relating to juvenile court work issued by the Bureau during this period covered such subjects as: probation in children's

courts, the legal aspects of the juvenile court, the federal courts and the delinquent child, the Chicago juvenile court, and *the practical value of scientific study of juvenile delinquents*.

## Services for Crippled Children

Popular interest in adequate provision for crippled children had been steadily growing during the years of the Bureau's existence. Early in the twenties, the Bureau began receiving many inquiries about the work done in the various States.

In an effort to meet these inquiries the Bureau in 1925 undertook a survey of provisions for crippled children in 14 States representing different sections of the country and both rural and densely populated regions. The study included an examination in each of these States of laws for the benefit of crippled children and of methods of administration.

Public provisions for clinic, hospital, and convalescent care, and for education and employment service were studied, together with outstanding private institutions and agencies for crippled children. Methods of locating crippled children and preventive measures received special attention.

Later these studies became the basis of the Bureau's recommendation to the Committee on Economic Security for the program for crippled children to be included in the proposed Social Security Act.

## Child Labor

Whether the United States as a Nation was to have the authority to insist upon certain minimum safeguards for working children in every State, east and west, north and south, was a question which became a vital issue to the American people in the early 1920's.

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Sometimes when I get home at night in Washington I feel as though I had been in a great traffic jam. The jam is moving toward the Hill where Congress sits in judgment on all the administrative agencies of the Government. In that traffic jam there are all kinds of vehicles moving up toward the Capitol . . . . There are all kinds of conveyances, for example, that the Army can put into the street—tanks, gun carriages, trucks . . . . There are the hayricks and the binders and the ploughs and all the other things that the Department of Agriculture manages to put into the streets . . . the handsome limousines in which the Department of Commerce rides . . . the barouches in which the Department of State rides in such dignity. It seems so to me as I stand on the sidewalk watching it become more congested and more difficult, and then because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic.

Grace Abbott in *New Measures of Values*, J. Nat. Institute Soc. Sci., 1931-34, 16-19, p. 9-10.

By its decision in May 1922 holding unconstitutional the Federal child-labor tax law, the second attempt to regulate child labor by act of Congress, the United States Supreme Court seemed to make the issue clear. If child labor was to be regulated on a nationwide basis, a Constitutional amendment definitely giving Congress the power to regulate child labor seemed at this time to be the only way.

All through the twenties, the proponents for child-labor legislation waged an epic battle for the passage of a child-labor amendment to the Constitution. Inevitably the Bureau and its studies were drawn into the struggle.

Between 1930 and 1932, when unemployment spread like wildfire, large numbers of employed children were discharged to make room for adult workers. But in 1932 a counter movement occurred to utilize the labor of children for its cheapness. They could be employed for much less than adults. The result was that in certain industries and in certain localities more children were employed than in prosperous times. A children's strike in an Allentown, Pa., factory called national attention to the extremes to which child exploitation had gone.

Throughout the twenties and on into the thirties, the Bureau observed child workers in the United States—the conditions under which they worked and the laws which protected them—children working in the coal mines, children doing industrial home work, children in agriculture and working in the canneries. During the years 1921-33, some 31 reports were made on child-labor conditions. The results of these were placed before Congress in its consideration of the child-labor amendment to the Constitution.

In the many reports of the Bureau were vivid pictures. In Pennsylvania the Bureau investigations found boys as young as 13 working in the coal mines. The easiest and least dangerous work done by such youngsters was to work in the "breakers." Miners of the time had a saying, "You begin at the breakers and you end at the breakers, broken yourself."

These were the conditions under which boys of 13 or 14 years of age were working: "Black coal dust is everywhere, covering the windows and filling the air and lungs of the workers. The slate is sharp so that the slate pickers often cut or bruise their hands; the coal is

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Child labor and poverty are inevitably bound together and if you continue to use the labor of children as the treatment for the social disease of poverty, you will have both poverty and child labor to the end of time.

Grace Abbott, Congressional Hearings on Child Labor Amendment, 1924.

carried down the chute in water and this means sore and swollen hands for the pickers. The first few weeks after the boy begins work his fingers bleed almost continuously, and are called 'red tops' by the other boys."

In the studies of industrial home work, the Bureau found thousands of children bending patiently over beads, snaps, or cheap lace, tediously stringing, pasting, or threading, receiving in turn for the toil which cost them their chance to play, to learn, and to grow, usually not more than 5 or 10 cents an hour. Nearly half of the children were under 11.

In the beet sugar growing sections of the country the Bureau's reports showed that a great deal of the work was being done by children from 6 to 15 years of age under a contract system in which growers hired whole families. Most of the children worked at least 9 hours a day during the rush season. A 14-hour day was not unusual. Working all day in the hot sun, bending over to weed or thin the growing beets, children had little time for food or sleep and no time for play or schooling.

In the oyster and shrimp canneries, small children were often found doing tiresome and dangerous work. In one such community, 64 percent of the children under 16 worked regularly standing in cold, damp, and drafty sheds, doing wet, dirty, and sometimes unsanitary and dangerous work.

The Children's Bureau studies showed that child labor meant less time and slower progress in school. In the coal mining district only 17.4 percent of the working children completed the eighth grade. Of the 694 children from 7 to 13 years of age in the study made in oyster and shrimp canning communities, 41 percent did not even attend school, and of those who attended many also worked, so that they went to school irregularly, and of the children 10 to 15 included in this study, 25 percent were illiterate compared with 2.3 percent illiteracy for the same age group in the United States as a whole in 1920.

Finally, in 1924, the constitutional amendment was passed by the Congress and submitted to the States for ratification.<sup>4</sup>

During the years between 1921-33 the Bureau through its investigations and reports sowed the seeds for the rich harvest of children's programs that came with the Social Security Act in the midthirties.

<sup>4</sup> By 1938, 28 States had taken favorable action but the amendment never received the necessary two-thirds majority. In 1938, the Fair Labor Standards Act, incorporating the major provisions of the amendment, was passed—and later held constitutional.

# THE COMING OF THE MATERNAL AND CHILD WELFARE PROGRAM 1934-1940

THE ACTUAL STRUCTURE for the maternal and child health and child welfare programs under the Social Security Act was erected during the period of recovery from the great depression—and it was here that the Bureau put its major effort during these years.

On November 23, 1934, President Franklin D. Roosevelt named Katharine F. Lenroot, Chief of the Children's Bureau to succeed Grace Abbott. Miss Lenroot had joined the Bureau's staff as a special agent in January 1915 and had served in the Bureau continuously thereafter.

As the twenties and the thirties passed, it became evident that the facts gathered in studies of special groups of children had wide effect on all children through the development of standards that influenced State legislation and local practice. For this reason in the next two chapters the Bureau's activities are not divided into "all children" and "special groups of children."

The bitter experience of the depression showed how tragically dependent large elements of the population were upon some kind of protection against economic hazards. Since the effects of economic distress bore heaviest upon the children and took many forms, they reached far into the future.

The recommendations presented by President Franklin D. Roosevelt to Congress as a basis for the Social Security Act represented months of study by the Committee on Economic Security—a committee including the Secretary of Labor, Chairman; the Secretary of Agriculture; and the Federal Emergency Relief Administrator.

In the fall of 1934, the Committee on Economic Security asked the Children's Bureau to assemble the facts and make proposals for Federal legislation on children's programs which could be included with proposals being developed by the Committee on unemployment com-



pensation, old age insurance, public assistance for the aged, and general public health.

On the basis of the facts presented by the Bureau and its proposals, the *Committee's report recommended the expansion of the mother's pension system* through Federal, State, and local cooperation in financing and administering this form of aid and Federal aid to the States for the development and expansion, especially in rural areas, of *maternal and child health programs, medical care for crippled children, and child welfare services.*

The Social Security Act was signed into law by President Roosevelt, August 14, 1935, bringing into being these children's programs in the same legislative package with the typical Social Security provisions. Funds became available in February 1936.

Since ultimately a decision was reached that title IV, aid to dependent children, was to be a program of cash payments to mothers of children deprived of their father's support, to which eligible children would have a right by law, responsibility for this part of the Bureau's proposal was placed in the Social Security Board.

Title V included Federal aid for three types of work in the States—maternal and child health, medical care for crippled children and child welfare services—to be administered through the Children's Bureau.<sup>5</sup>

Thus the children's programs under the Social Security Act began in the midst of a great depression and devastating drought—in the days when many teen-agers took the road to relieve their parents of another mouth to feed, when families lacked the basic necessities of life, when young people finishing school faced a bleak and jobless world.

Within a few years, economic depression gave way to defense preparations and unprecedented industrial activity.

## Children's Programs Underway

In getting underway—and in carrying out the three children's programs for which it was given responsibility under the Social Security Act—the Bureau in characteristic fashion turned to advisory groups for advice and guidance.

Advisory groups were immediately set up for each of the programs. For the most part, these were professional people concerned with the technical aspects of the program. An overall Advisory Committee on Maternal and Child Welfare Services including both technical and lay people was established also to make recommendations on overall

<sup>5</sup> See pp. 88 and 90 for legislative language, authorization and appropriations for these programs.

aspects of these programs. In addition special committees on various technical problems of the programs were appointed, e. g., a special committee on maternal welfare; an advisory committee in training and personnel for child welfare.

The soundness of the planning and the dispatch with which the programs got underway bore strong evidence to the value of the advice given to the Bureau by these groups. They made a rich contribution to helping the Bureau chart the course of the children's programs.

## **Maternal and Child Health**

Within 9 months of the time when maternal and child health funds became available, all 48 States, Alaska, Hawaii, and the District of Columbia were cooperating. This prompt action on the part of the States was due in large part to the experience gained during the existence of the Sheppard-Towner Act—an experience that stood the States in good stead.

The funds granted to the States for maternal and child health services were used, under the administration of the State health departments, to pay for physicians, dentists, public health nurses, medical social workers, and nutritionists, to help mothers and children living, for the most part, in rural areas. These mothers and children were reached through prenatal and child health clinics held in centers accessible to them and through school health services. Many others were reached through home visits by public health nurses.

Some few mothers and children were given medical and hospital care, but the program as set up by States in the first years was primarily one to develop preventive health measures and training for professional personnel rather than actual medical or hospital care.

In the years between 1936-40 many changes in program occurred. The scope of service widened to include demonstrations and special projects showing how new knowledge could be put to work. Improvement of maternity care and care of newborn infants was progressive and special programs for the care of premature babies developed as

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The early days of these programs were exciting days—days of long and animated discussion as to what and how programs should be set up, how teamwork among the health staff could be developed, how one group of social work interests—medical social work—could be related to another—child welfare work. These were days of exploring possibilities, days of questioning, days of refreshing advice and aid from people in many professions, days of great satisfaction as we saw functioning programs emerge from planning.

Martha M. Eliot, M.D., Foreword, *Medical Social Services for Children*. Children's Bureau Publication 343, 1953.

training centers. All of the States used some of their funds for the training of professional personnel to provide these services.

From the start the maternal and child health programs under the Social Security Act gave the Bureau an opportunity to work with States in planning special projects and programs aimed at the conditions and circumstances affecting infant and maternal mortality.

As will be described in more detail later, this was possible because the act called for demonstrations to be part of the program in each State and part of the funds given to each State were granted without matching requirements. With these funds the States frequently undertook new work, developed experimental programs that were not possible with their State and local funds.

As an example: special programs for the *care of premature infants* in hospitals equipped and staffed for the purpose were soon developed by several States; these were used as training centers for medical and nursing staff from hospitals in these and other States. The Bureau's consultation services to States on how maternity care and care of newborn infants might be improved were stepped up enormously.

In January 1938, a *Conference on Better Care for Mothers and Babies* brought together a group of men and women, who were actively enlisted in the struggle to make life safer for American mothers and babies.

Early in 1937, the Special Committee on Maternal Welfare appointed to advise the Children's Bureau in its administration of the maternal and child health services under the Social Security Act met to consider problems which had been met up to that time in the maternal and child health services under the Social Security Act. The committee unanimously agreed that extension of services to permit care of mothers at childbirth was an outstanding necessity.

In October 1937, the Bureau called a small conference of representatives of medical, professional, and lay groups concerned with this problem. This group recommended that a national conference be called and served as the planning group for it.

The Conference on Better Care for Mothers and Babies was the result and called together about 500 delegates—health officials and representatives of nearly 100 national organizations, professional associations, and health and social agencies—to canvass the whole problem of maternal care. They came from every State and Alaska and Hawaii.

At the opening session facts presented revealed the size and complexity of the problem in a report entitled *The Need Today*.

Here are a few highlights from this report: "In more than 2 million families in the United States in a single year, the birth of a baby is the most important event of the year, but in more than 150,000 of these families the death of the mother or baby brings tragedy. Committees of physicians in many parts of the country, after careful evalu-

ation of the causes of death of individual mothers, are reporting that from one-half to two-thirds of these maternal deaths are preventable."

Saving the mothers, and making good care available for the mothers would save many babies, too. Great strides had been made in the United States in cutting down the baby death rate. But the babies saved were mostly over one month of age. Almost no progress had been made in saving those who die in the first month of life—no progress at all in saving those who die the first day of life.

The report of the committee on findings, after reviewing the evidence concerning the unnecessary loss of maternal and child life in the United States, the opportunities presented for saving life, the inadequacy of medical and nursing care, and recent advances in provision of such care, found that "preserving the lives and health of mothers and babies is of such importance to all the people that it warrants immediate and concerted national consideration and national action."

At the close of the final session, a small committee called at the White House and presented its report to the President.

With the Social Security Act the Bureau at last had an opportunity to bring together on a permanent base fact finding, consultation, and program planning and assistance to States in developing action in the maternal and child health field.

## **Crippled Children**

The program for crippled children was the first program of medical care based on the principle of continuing Federal grants-in-aid to the States.

This program was particularly significant because of the variety of care that had to be coordinated since the care of children with crippling conditions is complex—medical, health, nursing, medical-social, physical and occupational therapy and psychological services, care in hospital clinics and private offices.

Training for this type of multi-professional work with individual children in group settings such as clinics was necessary and had to be carefully planned for different types of conditions. Gradually the State programs were directed toward one objective—physical, social, and emotional restoration of the crippled or handicapped child.

The first step in the operation of the crippled children's program as set forth by Congress was to find the children. The injunction was unusual. The Federal Government was saying in effect, do not wait for these children who need care to be brought to you; find them—wherever they may be—and bring them in. All States arranged for clinics to be held throughout the State, either on an itinerant or permanent base; diagnostic services were made available to all children. Children were given the full-range of service available under the program.

By April 1, 1937, State plans of services for crippled children under the Social Security Act had been approved for 42 States, Alaska, Hawaii, and the District of Columbia. By the end of fiscal 1938, the program was in operation in every State but one.

These programs were administered in each State by an agency designated by the State—in about two-thirds of the States by State health departments. Each State determined the types of crippling or handicapping conditions to be included in its program.

From the beginning State programs accepted handicapped children who needed orthopedic or plastic treatment. But as additional funds became available, States broadened their interpretation of crippling conditions.

In 1939, Congress made additional funds available for crippled children's services, with the understanding that part would be used to assist States in developing programs for the care of children with rheumatic heart disease. Ultimately special projects were started for the care of these children in some 29 States. The programs started in 1939 and 1940 were the forerunners of many types of special projects that extended and strengthened the crippled children's program immeasurably.

## **Child Welfare**

During several decades prior to 1935, many voluntary agencies and an increasing number of public agencies in many urban areas and a few States developed activities for the care and protection of children who were neglected, abused or abandoned by their families, or whose families were unable to provide for them, for a variety of reasons, such as illness, death, desertion, etc., or whose mothers worked for economic reasons.

Institutional care was giving way to foster family care for urban children. Adoption programs, programs of care for unmarried mothers, day-care centers—all these and more had developed in cities.

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In planning health services, as in meeting mass disaster, the needs of mothers and children require that they be placed among the first to be cared for. Knowledge is available; administrative and professional skill is at hand or can be developed . . . . You are assembled here to consider the ways in which these elements in a national health program can be drawn together. The time for major advance is at hand. We must go forward.

Katharine F. Lenroot, Health Needs of Mothers and Children. Conference on Better Care for Mothers and Children, 1938.

Child welfare workers trained at schools of social work for these types of work were known in cities, serving usually in private agencies, but in some States and localities in public agencies. They were depended on to arrange for care for many children who had to be removed from their own homes.

Little of this kind of help existed for children in rural areas. The Children's Bureau studies of child dependency in rural areas in several States showed that families with children in rural areas had the same problem as those in city areas, but very little was being done for them. Most rural areas were without child welfare workers and resources for children who had to be cared for away from their homes were lacking.

In the years between 1912 and 1935 the Bureau had studied many of these services and given much consultation to States and communities in developing them. But the child welfare services under the Social Security Act represented an entirely new type of Federal-State cooperative program.

Some States with no pattern of public programs for child welfare in 1935 had to start from scratch. Others built on what they had, improving the quality or coverage of service. Each State made its own plans, within the provisions of the act in ways best suited to its needs and resources.

States called on the Children's Bureau for technical consultation on various aspects of their programs and for help in working out their plans for the use of Federal funds.

Many States and communities turned to the Bureau for special help and advice on the adequacy of care provided juvenile delinquents.

A *committee on training schools* for socially maladjusted children was set up by the Bureau in 1936 in response to requests from State training schools for assistance in evaluating institutional methods and promoting the development of more effective treatment programs.

The 1937 report of the Bureau described typical requests from States or localities for consultative service received during the year in the area of juvenile delinquency. These requests were concerned with the adequacy of care provided for juvenile delinquents, planning community programs for the prevention and treatment of delinquency, and juvenile court legislation and administration.

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The story of the development of [child welfare] services for children in rural areas . . . is a kaleidoscopic record of rural America . . . . The local workers like the children with whom they were working often face environmental conditions and handicaps which make the phrase "predominately rural" something more than mere legal phraseology. Most of the workers are young and eager to meet the challenge of pioneering in a new phase of public service to children.

Child Welfare Services under the Social Security Act—Development of Program, 1936—38. Children's Bureau Publication 257.

Because of the small amount of money available to each State, on the advice of a professional advisory committee including representatives of public and private agencies, the Bureau decided to use the funds for the employment and training of staff and services to children rather than for the maintenance of children in foster care.

By March 15, 1938, 45 States, Alaska, Hawaii, and the District of Columbia were cooperating with the Bureau.

Who were the children receiving help under these State programs?

Some of the children were in difficulty in their own homes or in their own neighborhoods, some were children known to the county public assistance workers; some were handicapped children known to the crippled children's agencies; some were children in jails or known to the juvenile courts; some were children in institutions for the care of delinquent or dependent children.

Some were boys and girls for whom a foster home had to be found because of neglect, sickness of the parents, delinquency, or dependency. The child welfare worker's responsibility was not only to find the home but to see that a satisfactory adjustment was made in it and that plans were laid for the child to return to his own home as soon as possible.

Some were unmarried mothers; some were couples who had no children and wanted to adopt a child.

For all these children and more the child welfare worker was the spokesman, arousing communities to the need for making appropriate provisions for their care at home or elsewhere.

## Research

During the early years of this period, the general research program of the Bureau was curtailed in meeting the demands of the recovery period, chiefly in connection with the development of the children's programs under the Social Security Act. But even though the focus of the Bureau throughout this period was on getting the grant-in-aid programs underway, a number of important studies and investigations were undertaken.

### Foster care

Studies of foster care during these years were concerned chiefly although not exclusively with methods and problems involved in placing children in foster homes of various types. They included a summary of the laws on interstate placement of dependent children, public care of dependent children in Baltimore, a study of the adoption procedures used in various States, foster-home care for mentally deficient children.

## Juvenile delinquency

A number of studies started during the early thirties were carried over into this period, notably the Chicago demonstration probation project and the study of institutional treatment of delinquent children.

In addition a *demonstration of community methods* of prevention and treatment of the behavior problems of children was begun during 1937 in St. Paul, Minnesota and carried on until 1943. The study was confined to a neighborhood of 20,000 persons—a neighborhood small enough for study purposes and yet large enough to provide a good cross-section of a metropolitan community. The children involved were typical of those to be found anywhere—their behavior problems presenting the usual run of truancy, pilfering, school failure, inability to get along with other children.

## Infant and Maternal Mortality

A number of important studies in maternal and infant mortality were carried on during these years.

In 1940, the Bureau published its first study of stillbirths based on 6,750 stillbirths occurring in 223 hospitals in 26 States. The study showed clearly that improvements in both prenatal care and delivery techniques were essential in the prevention of stillbirths.

Other studies undertaken during these years included: A study of how the high infant mortality of Memphis—the highest of all cities of 100,000—might be reduced; studies of the metabolism of premature infants in cooperation with New York Hospital and the Cornell University Medical School; and studies of incubators for premature infants with the Bureau of Standards.

## Child Labor and The Fair Labor Standards Act

During the recovery years, 1933-40, in the field of child labor, the Children's Bureau:

Studied the unemployment problems of youth.

Worked out the child-labor provisions of the NRA codes (later declared unconstitutional).

Studied the effects of the Agricultural Adjustment Act and the Sugar Code Act of 1937 on child labor in industrialized agriculture.

Administered the child-labor provisions of the Fair Labor Standards Act.



The passage of the Fair Labor Standards Act by both Houses of Congress on June 4, 1938, marked not only the attainment of a long-sought goal—a Federal law setting a floor to wages and a ceiling for hours in interstate industries—but opened the way for the establishment of a national minimum standard for child labor and provided methods of enforcement.

For child labor, the act established a general minimum age of 16 and a minimum of 18 in occupations hazardous or detrimental to health or well-being.

The administration of the child-labor provisions of the law was assigned to the Children's Bureau. Because of its administration of the first child-labor law, the Bureau knew the elements that had to go into such a program.

Under the new law the Bureau developed agreements with most of the State Departments of Labor and Education to act in its behalf in looking at systems of employment certification, in providing certificates of age to be filed with employers for their information and protection, and in carrying out much of the inspection and enforcement program.

On February 3, 1941, the United States Supreme Court declared the Fair Labor Standards Act constitutional and thus the child-labor provisions became a permanent standard for the protection of children.

## **1940 White House Conference on Children in a Democracy**

The Fourth White House Conference was held in January 1940, during the first year of World War II and about a year before the United States became involved in the war. Recovery from the great depression was essentially complete but world tensions were rising; defense industries and new communities were growing tremendously creating many health and social problems, plans for drafting young men for the military forces were underway. Families were moving from place to place to find employment.

Because of all these factors, the conference discussions were largely centered on social and economic matters. They served to keep a national focus on children and their requirement in a democratic way of life. The Conference paved the way for the National Commission on Children in Wartime established in 1942.

For children the years 1934-40 were hazardous, indeed. Yet the ill winds of depression and the defense period brought some good in

terms of more knowledge of child growth and development, vast new areas of knowledge of chemotherapy and nutrition of utmost importance in the reduction of maternal and infant mortality and the improvement of health and greater community conscience about children's difficulties.

But World War II was getting to its slow but deadly start—and all that war portends for children and their families was in the offing.

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All Americans want this country to be a place where children can live in safety and grow in understanding of the part they are going to play in the future of our American Nation . . . . If anywhere in the country any child lacks opportunity for home life, for health protection, for education, for moral or spiritual development, the strength of the Nation and its ability to cherish and advance the principles of democracy are thereby weakened.

President Franklin D. Roosevelt, 1940 White House Conference on Children in a Democracy.

# BUREAU IN WARTIME

## (1940–1945)

WAR DISRUPTED the lives of families—and of children. Once again, the Bureau adapted its programs in an effort to cushion for children the effects of an emergency.

First we will take an overview of the Bureau's activities in wartime and then move on to a more detailed account of some of them.

### An Overview

The Bureau worked on the development of special programs to meet wartime conditions faced by children and families, and cooperated with other Federal agencies and national organizations in an effort to throw additional safeguards around mothers and children, sometimes working directly on programs, sometimes serving in a consultative and advisory capacity.

Research programs that could not be justified as contributing to the war effort had to be dropped according to general policy affecting all Federal agencies. This affected the Bureau's work profoundly—it did away with the balance between the fact finding and research program and the program of advisory services to the States and administration of the grants. (Never since its war years has the Bureau recovered its research program.)

Before Pearl Harbor the Children's Bureau had undertaken studies of the effect on children of *conditions in defense production* areas, particularly lack of community health, welfare, education, and recreation services and facilities.

During the defense and war years the Bureau's regional staff worked with State health and welfare officials and with the regional councils of the Office of Defense Health and Welfare Services to build up *services and facilities for children* in crowded areas.

Brief studies throughout the war period of hospitals and infirmaries, of day-care programs, of boys and girls working on farms, of places of detention for juveniles, of migrant youth kept the Bureau as close as was possible, under the restrictions imposed on research, to conditions adversely affecting children and youth.

The Bureau took part in the councils of the Office of Defense Health and Welfare Services.

In 1941 the Bureau called a conference on *day care of children of working mothers* and, on this base, issued its publication, *Standards for Day Care of Children of Working Mothers*. A year later, the Children's Bureau in cooperation with the Women's Bureau worked out a *maternity policy for industry*.

Later, when Federal aid for local day-care projects was supplied from Lanham Act funds for community facilities, the Office of Education and the Children's Bureau certified need.

Between 1941 and 1943, the Bureau studied conditions around military camps to see what was happening to the wives and infants of men in the armed services, and the facilities available for their care.

Beginning in 1941, State health agencies requested and the Children's Bureau approved the use of Federal maternal and child health funds for *maternity care of wives of enlisted men in the armed forces*. In March 1943, Congress voted the first appropriation for emergency maternity and infant care for the wives and babies of men in the lowest four pay grades of the armed forces.

As industrial production mounted, the Children's Bureau *intensified enforcement of the child-labor provisions of the Fair Labor Standards Act*.

As the number of boys and girls under 18, and even under 16, who had left school to go to work rose to approximately 3 million the Children's Bureau and the Office of Education undertook to stem the tide through back-to-school drives in 1943 and 1944, with support throughout the country.

The Children's Bureau in 1940 shared in the forming of the *United States Committee for the Care of European Children*, to coordinate United States resources for the care in this country of child victims of the war in Europe.

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We are fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so they can live and share in that future. They must be nourished, sheltered and protected even in the stress of war production so they will be strong to carry forward a just and lasting peace.

A Children's Charter in Wartime, 1942.

Early in 1941, the associate chief visited England as a member of the United States Civilian Defense Mission. When the Office of Civilian Defense and the Office of Defense Health and Welfare Services appointed a Joint Committee on Health and Welfare Aspects of the Evacuation Plan, the Children's Bureau was a member and did much to organize health and welfare procedures for *evacuation* of cities and preparation of reception centers.

Beginning in 1943, the Bureau at the suggestion of an advisory group undertook a comprehensive study of guardianship, its laws and procedures as they affect children, circumstances under which guardianship is desirable and the supervision that should be provided to serve the best interest of children. The study was published under the title *Guardianship: A Way of Fulfilling Public Responsibility for Children*.

The Children's Bureau early in 1942 called together a *National Commission on Children in Wartime* composed of some 60 professional and lay citizens. Meeting annually during the war, this Commission adopted the Children's Charter in Wartime and made recommendations to guide the Bureau in its work.

## Grant-in-Aid Programs

Fortunately, grants to States for maternal and child health and crippled children services had been increased somewhat in 1939.<sup>6</sup> This helped States hold the line in the face of wartime shortage of medical and nursing service.

### Maternal and Child Health

Because of the withdrawal of doctors and nurses from communities to go into the Armed Forces, the main problem faced by the States was to replace personnel as they left, when possible, and through reorganization of these programs to enable the limited personnel remaining to serve larger numbers of mothers and children.

Maternal and child health programs beginning in 1942 and 1943 showed decreases.

Medical services rose slightly during the early years of the war and then by 1945 fell to levels below those of 1940. Nursing services rose during the early war years and then turned downward. Immunizations against smallpox and diphtheria followed this downward trend.

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<sup>6</sup> See p. 88 for a detailed description of these amendments.

## Crippled Children

The effects of the war were keenly felt in the field of services for crippled children through spiraling costs, the withdrawal of hundreds of surgeons, nurses, and physical therapists for service in the Armed Forces; shortages in hospital facilities and services; difficulty in arranging transportation to clinics, hospitals, and convalescent homes; and restrictions on the manufacture of metal appliances.

As a result of all these difficulties, decreases in crippled children's services occurred each year. Fewer crippled children received care in clinics, hospitals, and convalescent or foster homes, and public-health-nursing and physical-therapy services declined. Although towards the end of the war, these services were increasing, they still had not reached the high point of 1940-41.

Care for children with rheumatic fever and resulting heart disease moved forward in many States.

## Child Welfare

Many social problems affecting the lives of children were created or intensified by the dislocations of family and community life growing out of wartime conditions.

The absence of millions of fathers in military service and the increased employment of mothers outside the home were the greatest causes of family dislocation. Children in migrating families were exposed to abnormal family and community life in war-congested areas. Adolescents were restless and under tension and many left home to seek employment. Juvenile delinquency was on the increase everywhere.

In addition to the provision of child-welfare workers in local areas to help communities meet problems such as these, State public welfare departments used child-welfare services funds to provide special

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The war with its many dislocations of families and the rejection of nearly 50 percent of the men examined for the armed forces has dramatically demonstrated the inadequacies of our basic provision for protecting the health, growth, and development of children. Progress has been made by the States and localities, but coverage of the country is far from complete for either services or facilities. We have the knowledge and skills in this country to protect the health and growth of our children. . . . What we lack is the plan and resources to train sufficient physicians, nurses, and other professional and administrative personnel and to provide equipment and facilities to assure nationwide coverage . . . . The plan for maternity care and for health and medical service for children must fit into the total public-health and medical-care program, just as a pediatric or obstetric service in a hospital or clinic is a part of a general medical service.

Martha M. Eliot, M.D., *Journal of Pediatrics*, July 1944.

staffs to deal with wartime child-welfare problems. For example a number of States developed special projects for the study and prevention of juvenile delinquency, including special consultants on the State staff, workers assigned to State training schools, and to local areas to work on the control of juvenile delinquency.

To meet demands for consultation service on the development of community day-care service for children of working mothers, over half the States added workers to the staff of State and local public welfare departments.

The problem of securing personnel was serious throughout the defense and war years. To meet the problem of staff shortages and turnover, State public welfare agencies increased their staff development programs both through in-service training and through educational leave for professional training.

The widespread need to extend and adapt child-welfare programs to meet the problems of children and youth growing out of situations such as these brought increased requests to the Bureau from State public welfare departments, law enforcement agencies, national and local private agencies, defense-council committees on children, and citizens' groups for advice, and consultation.

The Bureau's regional child-welfare staff was called on by the State agencies to aid them in planning child-welfare services for congested war areas, to assist in developing State and local programs for services for children of working mothers, to expand the service for licensing day nurseries and foster-family day-care services, and to develop protective services for boys and girls in danger of becoming delinquent or needing social service to overcome behavior problems.

## **Juvenile Courts and Juvenile Delinquency**

Wartime conditions increased juvenile delinquency. The general trend in delinquency cases during the period beginning in 1940 was upward to a peak in 1945.

In 1942, the Bureau cooperated with the Bureau of Public Assistance in studying needs for children's services in Newport News and Pulaski, Va., and assisting in the development of plans for a coordinated community program for the treatment and prevention of juvenile delinquency. In an effort to learn what was happening to children, the Children's Bureau studied the detention of children under 16 years of age in jail in Georgia, North Carolina, and South Carolina.

Other studies during this period included a *study of juvenile delinquency in 9 cities* greatly affected by the development of war industries, army camps or navy bases; a study of curfew ordinances and their social implications; a study of four training schools for socially maladjusted children in West Virginia.

In February 1943, a meeting of the National Commission on Children and Youth held at the White House dealt with juvenile delinquency and the community's responsibility for providing services. In accordance with the Commission's recommendations the Bureau issued *Controlling Juvenile Delinquency*, a bulletin designed to help communities think and act constructively in meeting the problems of children in trouble, and a bulletin *Understanding Juvenile Delinquency* written for parents and civic leaders.

The Children's Bureau sponsored conferences on the *training for police work* with juveniles in November 1943 and May 1944. In the summer of 1944, studies were undertaken in 5 cities to observe the work of police with juveniles.

## Children of Working Mothers

Shortly after the country entered the defense period, reports began to trickle into the Bureau from various defense centers of children being left at home alone or locked in parked cars all day while their mothers worked; of children being left with the neighbors, with an older sister or brother or grandparents or with relatives; of children being allowed to shift for themselves.

Perhaps even such situations—as bad as they were—would not have been cause for undue alarm if it were not for the fact that communities were short-handed with respect to services for children; that the day-care, recreational, guidance, and other facilities which the Bureau had learned through long years of experience were needed for the adequate care of children were curtailed or were lacking.

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We cannot put aside until after the war our concern for children. The growth and development of a child does not wait upon convenience but is determined by the conditions in which his life unfolds. Ours is the two-fold task of assuring a future fit for our children and rearing children fit for a future which shall be built upon foundations of justice, security and mercy for all.

Katharine F. Lenroot, Address, Eighth Pan American Child Congress, Washington, D. C., May 2-9, 1942.



The first step—the only step the Bureau could take with the resources it had—was to mobilize the experts who knew how to work out ways of meeting such situations. So it was that the Bureau on July 31–August 1, 1941, called a conference of outstanding representatives in the field of child care to discuss the need and the best methods of meeting the need.

The *Conference on Day Care of Working Mothers* stated:

“In this period when the work of women is needed as an essential part of the defense program it is more than ever a public responsibility to provide appropriate care of children while mothers are at work. . . .

“Nursery schools, nursery centers, and cooperative nursery groups should be developed as community services, under the auspices of public or parochial schools, welfare departments, or other community agencies. They should not be located in industrial plants or limited to children of mothers employed in particular establishments. Infants should be given individual care, preferably in their own homes and by their own mothers.”

In August 1942, the War Manpower Commission recognized the gravity of the situation by issuing a statement of *Policy on Employment in Industry of Women with Young Children*. In part, this statement read as follows:

“The first responsibility of women with young children, in war as in peace, is to give suitable care in their own homes to their children. . . . In order that established family life may not be unnecessarily disrupted, special efforts to secure in industry women with young children should be deferred until full use has been made of all other sources of labor supply.”

The War Manpower Commission in the summer of 1942 directed the Office of Defense, Health, and Welfare Services, in consultation with other departments and agencies of the Federal Government, to develop a coordinated program of Federal assistance in providing care for children of working mothers. To carry out these purposes \$400,000 was transferred from the President’s Emergency Fund for the necessary Federal services and for grants to States for State and local advisory services. No part of these funds could be used for the actual operation of child-care centers.

Under this program 28 plans administered by State departments of public welfare and 33 plans administered by State departments of education were approved, on recommendations of the Children’s Bureau, for welfare plans and the Office of Education, for education plans.

Unfortunately these funds were not available after June 30, 1943. A number of State departments kept workers on with their own funds or with Federal-State funds for child welfare services.

The WPA and later the Federal Works Administration under the Lanham Act converted some relief nursery school projects into war-time projects and made funds available for other nursery schools and before- and after-school programs in war areas.

At the peak, July 1945, approximately 1,600,000 children were enrolled in nursery schools and day-care centers receiving Federal funds.

Under this program, most of the projects were sponsored by schools and school people; a small minority were under the auspices of welfare departments or community agencies other than schools. The Office of Education and the Children's Bureau were asked to certify to the need for centers under educational or welfare auspices, respectively. They relied largely on the recommendations of State education or welfare departments.

Through the Lanham Act communities were able to obtain about 50 percent of the cost of group-care facilities for children. No funds were made available for other types of care—types of care that were just as crucial from the point of view of the welfare of children.

One of the major issues was the need for care for children under two—babies who needed individual care. The Bureau tried unsuccessfully to have the Federal Works Agency make funds available for this type of care for these children. Group care for infants developed in several congested areas.

The Children's Bureau on July 10, 1944, called a conference on *the care of children under 2 years*, which was attended by authorities from the fields of psychiatry, nursery school education, child welfare, child health, and child development. The purpose of the conference was to have the members advise the Children's Bureau on the needs of babies and the ways in which these needs could best be met under war conditions.

The group agreed on the following principles:

1. Decisions as to the care of young children must be made in the light of the child's needs.
2. Every effort must be made to preserve for the baby his right to have care from his mother.
3. Advisory and counselling service should be a part of every program of child care.
4. Foster-family day care, which more nearly met the baby's needs than group care, should be developed for children under 2 or 3 years of age.

5. Group care was not a satisfactory method of caring for children under 2 years of age.
6. Whenever possible the age of admission to group care should be fixed at 2½ to 3 years.

The withdrawal of Federal support for day-care centers in 1946 made things difficult for many families. The Children's Bureau, in a release dated March 1, 1946, urged communities and States to set up representative planning bodies on which parents would be represented, along with schools, social agencies, and other groups to deal with "this question of day care on long-range, not emergency terms."

Twice as a country we have done something about day care, but never in terms of what children need. In the depression years centers were maintained with Federal assistance in order to provide employment for adults. In the war years they were maintained in order to get women on the job. Perhaps sometime in the future the problem will be considered in terms of the welfare of children.

## Employment of Children and Youth

Child labor returned in full force with the advent of World War II.

The depression thirties reared a wall of unemployment around America's young people ready for and needing work. But the war forties plunged children and youth, dangerously unprepared, into adult jobs, many of them taken at the sacrifice of schooling.

Even before Pearl Harbor with the development of defense industries, many children found employment and, as the war progressed, their numbers skyrocketed.

During World War II, America had a *transient youth* problem as serious as that experienced in the depression years of 1932 and 1933. These war migrants were on the whole younger than their depression counterparts and the incentives, the work opportunities, and the

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We recognize the extreme importance of national defense, and the necessity of maintaining the democratic way of life which makes successful defense imperative. Toward this end we believe that every effort should be made to safeguard home life, to strengthen family relationships, and to give parents a direct opportunity to participate in community planning.

Conference on Day Care of Children of Working Mothers.

modes of travel were different. But, for many, living conditions were as bad, the dangers of new companionships were as great, and the effect on the young people of complete release from parental authority and supervision of any kind was the same.

Many of the large war industries sent their agents out through the country to recruit new workers, and a large number of young people under 18 years of age responded eagerly. Boys and, to a lesser extent, girls, 16 and 17 years of age and some 14 and 15, migrated for work in war centers where they were separated from their families.

Local prejudice, which was so strong against the migrant in the depression era continued, though the reasons for it were somewhat different. The needs of these young people were seldom considered in the course of community planning.

Though some relaxations were permitted under Federal and State child-labor laws, the Bureau in general intensified its enforcement of the child-labor provisions of the Fair Labor Standards Act. Failures to observe such laws increased as the number of young workers rose. Thirteen Advisory Standards for the employment of young people under 18 in *hazardous occupations* were issued by the Bureau.

In spite of pressure from many sources, the framework of child-labor laws and the employment certification for young workers previously built up held. In large measure they prevented manufacturers from employing youngsters too immature for wartime industry.

The following are illustrations of cooperative activities with other agencies during the war in this area.

After consideration with the Children's Bureau and the Office of Education, the War Manpower Commission in January 1943 issued a *Statement of Policy on the Employment of Youth Under 18 Years of Age* which declared that these young people could best contribute to the war effort by remaining in school and, when their work was needed, by accepting vacation and part-time employment. This was followed by a statement of policies for *part-time employment of in-school youth* agreed upon by the Bureau, the Office of Education, and War Manpower Commission.

The onset of World War II found oppressive child labor still a pattern on the land. Young workers in the fields had little legal protection from employment. Hard work, long hours, and low wages and little schooling were the rule.

Two Federal acts applied to the work of these children but to a limited extent only.

Under the *Sugar Act of 1937*, producers were eligible for full payments only if they employed no children under 14 years on the crops and children of 14 and 15 no longer than 8 hours a day. These restrictions did not apply to growers.

The *Fair Labor Standards Act* applied to child labor in agriculture only on the days and during the hours when children were legally required to attend school.

School attendance laws differed widely in different States as to the ages at which children must attend school, how many days a year, the reasons for permitting release from school, and a period for planting and harvesting crops.

A survey of the employment of youth on farms in 1942 by the Children's Bureau and the Office of Education was used as a base for recommendations by the Bureau's Advisory Subcommittee on Young Workers in Wartime Agriculture and incorporated in a pamphlet issued in 1943, *Guides to Successful Employment of Non-Farm Youth in Agriculture*. The Bureau cooperated in maintaining standards for the employment of youth in agriculture, with youth-serving agencies, with the War Food Administration, and the Extension Service of the Department of Agriculture throughout the war period.

The Children's Bureau publication *The Work and Welfare of Children of Agricultural Laborers in Hidalgo County* tells the story of life lived by the children of farm laborers who harvested winter vegetables in one important agricultural area in America in 1941. The information for this study was obtained in interviews with 342 families of farm laborers who lived in the southern part of Hidalgo County.

The study revealed that there were thousands of children, some as young as 6 years, who followed the crops with their families, who did hard grueling work for long hours, who lived in squalid shacks, who had little opportunity for school.

## Maternal and Infant Mortality

Despite the disruptions of the war years, steady progress was made in the period 1940-45 in safeguarding mothers and children from fatal risks in child bearing and in infancy.

The maternal mortality rate for the year 1945, 20.7 deaths per 10,000 live births, was the lowest ever recorded in this country prior to that time—a decrease from 37.6 in 1940. Likewise, the infant mortality rate declined from 47.0 deaths under 1 year per 1,000 live births in the period from 1940 to 38.3 in 1945.

Despite the encouraging reduction in national rates beginning in the mid-thirties, maternal mortality in some States, particularly among nonwhite mothers, was still disproportionately high.

An analysis of maternal and infant mortality rates for 1944 showed

that reduction in maternal mortality among nonwhite mothers lagged 15 years behind that for the rest of the population.

A study of *neonatal deaths* reemphasized for the Bureau the importance of concentrating attention on risks in the first month of life if the infant mortality rate was to be lowered significantly in coming years. While death rates for the first year of life dropped 29 percent from 1935 to 1944, rates for the first month declined only 24 percent in the same period. Sixty-two percent of all infant deaths in 1944 occurred when the infant was less than a month old.

In 1948 the Bureau published a manual for physicians on *care of premature infants*.

## The Story of EMIC

The State of Washington was the proving ground for the emergency program for the care of the wives and babies of servicemen. At Fort Lewis, as around all training posts, in late 1940 and early 1941, families of many of the men had come to live. The Commanding Officer of the Fort, concerned with the well-being of his men, began observing some of the difficulties that these families—far from home—were encountering.

He found a group of wives who were in need of maternity care but unable to get it. They were girls, most of them young, who had followed their men to camp with the hope that they might be with their husbands for a little while before they were sent overseas. Most of them were having their first babies. Frequently their husbands went overseas before their babies came. These girls had no fixed residence.

In peacetime, the fort hospital like all Army and Navy hospitals, provided medical and hospital care for dependents of enlisted men, without regard to financial need. But now the number of soldiers at the fort had swelled so that this service could no longer be given without jeopardizing the health of the soldiers.

County funds could not be drawn upon because the soldiers' wives were not residents of the county. They came from all over the country, some as far away as New Jersey. Red Cross chapters couldn't begin to handle the load.

So the Commanding Officer took the problem to the State health officer. Could he help?

When the Commanding Officer appealed to the State health officer for help in this emergency, he, in turn, asked the Children's Bureau to give him permission to use maternal and child health funds available under the Social Security Act for the care of these women.

The Children's Bureau agreed that maternal and child health funds could be used to do this. In August 1941, the program got underway.

Soon, other State health officers, encountering similar problems, sought additional grants from the Children's Bureau. During the last half of 1942, the Children's Bureau set aside all unallotted maternal and child health funds, about \$200,000, for this program and 28 States set up operating plans for these services. But by this time, it was obvious that the requests from State health agencies to care for the needs of wives of enlisted men would quickly outstrip the funds available.

The Children's Bureau appealed to the Bureau of the Budget in August and September 1942 for funds for emergency maternity and infant care, to be administered by the State health agencies under the provisions of the maternal and child health program (Title V, Part 1 of the Social Security Act). The Bureau of the Budget agreed to include this item in the first deficiency bill when Congress reconvened in 1943.

Many citizen's organizations, including the General Federation of Women's Clubs, the WCTU, the National Congress of Parents and Teachers, the American Legion, the YMCA, the American Red Cross, and others, supported the proposal throughout its consideration by Congress.

Congress unanimously approved the measure. On March 18, 1943, the deficiency bill was signed by the President and became a law. The money appropriated was to cover the cost of medical, hospital, and nursing care for wives and babies of men in the four lowest pay grades of the armed forces.

The program was called Emergency Maternity and Infant Care—EMIC for short.

The news of this first appropriation traveled fast. The press associations and the radio spread the news across the Nation. State health departments and the Bureau were swamped with letters from servicemen asking about care for their wives.

Since the program was to be available to every man in the lowest four pay grades to reassure him as to the care that would be given his wife and baby and thus to help build high morale among the men in the Armed Forces, the Bureau decided to put "stuffers" in the Army and Navy pay envelopes. The first stuffer, approximately 5 million copies, was distributed in August 1943, and informed each of these men of the plan. In all, five stuffers were sent out.

Under the EMIC program wives of servicemen in the 4th, 5th, 6th, and 7th grades of all services and aviation cadets were provided, without cost to them, with medical, nursing, and hospital care throughout pregnancy, at childbirth and for 6 weeks thereafter. Hospital care was paid for at ward rates and the money could not be used to pay part of the cost of luxury accommodations.

The babies of these servicemen were also eligible for medical, nursing, and hospital care if sick any time during their first year of life.

From the beginning of the program through the end, June 1949, about 1,500,000 maternity and infant cases were authorized for care. The year of peak load was 1945, when 485,000 cases were accepted.

The mothers, by and large, were young and a high proportion of them were having their first babies. A large number of servicemen's families had their second baby under the program; a few applications for care for a third were received.

By far the largest lot of these newcomers were born in New York and California, with Pennsylvania, Texas, and Illinois claiming the next largest numbers. All of the States had had a considerable number, and even Alaska, Puerto Rico, and Hawaii made a showing.

By direction of the Congress, the fiscal year 1947-48 saw the beginning of the end of this wartime program—the biggest public maternity program ever undertaken in the United States. Congress directed that liquidation of the program should start July 1, 1947, and be completed by the end of June 1949.

EMIC ran up a record for births in hospitals. For example, 92 out of 100 of the babies born under the EMIC program in 1945 were born in hospitals. (Of all the babies born in the United States that year, including the EMIC babies, only 79 out of 100 were born in hospitals, and even that proportion was high in comparison with a pre-war year.)

These figures reflected the tremendous effort made by State and local health officers, physicians, hospitals, and nurses to get good care to this particular group of wives and infants of servicemen. At the height of the program some 48,000 doctors and 5,000 hospitals cooperated. Great credit was due them for the service they rendered to the servicemen and their families.

The story of the EMIC program is in reality a composite of many stories.

It is the story of young mothers left alone to have babies while their husbands went overseas to fight for their country.

It is the story of young men in the Armed Forces whose morale was lifted by certainty that their wives and babies would receive the care they needed and with no worry about how the cost would be met.

It is the story of Congress and how it met the problem with open heart and open purse strings.

It is the story of doctors and hospitals and nurses contributing skill and devotion to the needs of these mothers and babies.



It is the story of State health departments working long hours to plan the assistance needed.

It is the story of the most extensive single public medical care program ever undertaken in this country.

## Care of European Children

In the spring and summer of 1940, Belgium, Holland, Norway, and France fell before the German hordes in rapid succession. After the nightmare of Dunkirk, Britain was threatened with invasion by air and sea.

The lot of the war-stricken peoples—particularly the children—touched the hearts of the people of the United States. British parents wanted above everything else a safe refuge for their children. Many American families wanted to offer the welcome of their homes. Many did so through various religious, social, and professional agencies.

In 1940, the Children's Bureau, recognizing the need to systematize the flow of children coming from Europe to the United States to live with friends or relatives for the duration of the war, became one of the prime movers in forming the *United States Committee for the Care of European Children*.

The purpose of the committee was to coordinate all the resources available in the United States for the care of child victims of war in Europe.

Practical problems that would have discouraged any group of people less convinced of the importance of what they were doing beset the committee at every turn. Standards of care and the reviewing of the qualifications of child-caring agencies wishing to participate had to be set up. This the Children's Bureau was asked to do.

### Children Who Came During the War

The largest single group of children (5,000) who came during the war, 1940-45, were British evacuees. Most of the others were from Germany, Austria, and then the other countries in the order in which they were overrun by the Nazis.

Many of the continental children who came had been uprooted not once or twice, but many times. They had become wary of counting too much on anyone or on any home.

They had seen people die. They had seen people killed. They had lived through bombings, many of them, and some had memories of machinegun strafings. They knew what it was to live with people

huddled together in uncertainty. They had seen human beings at their best, if fortitude is the measure; they had also seen them at their worst.

Many had endured anxiety, terror, grief, hunger, and fatigue—and they bore the scars of their experience. But by and large the placement of this group of children in American homes was remarkably successful.

The supervision of these children in their foster homes rested entirely with the child-caring agencies designated by the Children's Bureau.

The United States Committee provided consultative and advisory services to the agencies on problems of the individual children and foster homes. Periodic reports were made to the committee by the agencies on each child, giving information regarding his physical development, foster-home adjustment, and school progress.

Placing these children required the highest skill of child-welfare workers. They had to work in the dark, or near dark, on many matters that are of prime importance in a successful foster-family selection. Often they knew little or nothing of the child's family, its customs, its traditions. Then, too, the experiences that many of these young people had been through—experiences far removed from and literally beyond even the imagination of the child-welfare workers and the foster-parents—made understanding even more difficult.

Whenever possible, the agencies attempted to place family groups together in one home or in the immediate neighborhood. After placement the agency continued to supervise the child in the foster home.

This venture in human relationship turned out to be very human indeed. In most of the placements, the difficulties were met and overcome and the boy or girl was soon taking his place with other children in the family, the school, the church or synagogue, and the community generally. In many, many instances permanent ties, as close as in any family, were developed.

About 3,500 of the British children had returned to England by April 1945. By the summer of 1946 some of the continental children had been reunited with their families; others were well on their way to becoming United States citizens.

### **Children Who Came at War's End**

At the end of the war, the United States Committee was again faced with planning the care of European children in this country.

The staff of the United National Relief and Rehabilitation Administration, reported in October 1945 that there were about 100,000

children under 14 years of age in the camps for displaced persons in Germany. Of these children a considerable percentage were Polish, Hungarian, and Roumanian Jews.

Many of the children were with relatives, but there were about 1,800 unaccompanied children under 16 in camps in the American zone and 2,000 in the British zone. Most of these children were adolescents.

These facts were reported to the United States Committee for the Care of European Children. The committee immediately began making plans to bring up to 2,000 unaccompanied children into the United States under the corporate affidavit.

Then President Truman issued a directive on December 22, 1945, on the immigration from Europe to the United States of displaced persons and refugees. This directive facilitated the immigration of refugees, especially orphaned children, within the limits of existing immigration quotas. The United States Committee was named their sponsor.

Thus the children coming at the war's end were children from the concentration camps—children who had lived for years without family ties, children who survived when their parents had not, children who had been surrounded by persecution and brutality. Most of them were older adolescents, beyond the age which fits easily into foster homes or at which children are usually adopted.

Fortunately, the United States Committee now had almost 10 years of experience upon which to base the finding of homes for these young people. This experience could be drawn upon to insure the success of the venture, not only from the point of view of their foster parents but also in terms of the security and well-being of these young candidates for American citizenship.

By March 31, 1948, 1,275 had arrived. Their new homes were in all parts of the Nation—in 30 of our 48 States. Eighty percent of the children were teen-aged youngsters.

With the creation of the Displaced Person's Commission in 1948 and later with the passage of the Refugee Act (1953), the Bureau was once again asked to advise on the bringing of children to the United States for adoption.

## The World's Children

The Bureau had always been concerned with the health and welfare of children around the world as well as in the United States but not until 1941 did the Bureau have an operating program in this area.

The Children's Bureau started its work with other countries and

with international organizations, during World War I with a study of material on the welfare of children in belligerent countries.

After the organization of the League of Nations, the Chiefs of the Children's Bureau served in a consultant capacity as the American member to various commissions and committees of the League.

In 1920, the Chief of the Bureau went to Czechoslovakia at the invitation of the President of that Republic to advise on the development of a child-welfare program.

Representatives of the Children's Bureau also were active in the Pan American Child Congresses, held at intervals since 1916.

In 1928, the United States gave its formal adherence to the American International Institute for the Protection of Childhood. The Chief of the Bureau was for many years the representative of the United States on the Council of the Institute.

But in 1941, the Bureau for the first time had an operating program in the international field. It was at that time that the Bureau first received grants from the State Department for cooperation with the other American Republics in matters pertaining to maternal and child health and child welfare.

Under this program, the Bureau recruited and sent specialists to work in the other American Republics and provided for personnel from these countries to come to the United States for further training. In 1941, when the program started, the Bureau established a unit, later called the Division of International Cooperation, to handle this work.

During World War II, the Children's Bureau was concerned with the problems faced by the Nation's children and their families—and adapted its program to meet them in many ways, often on a stop-gap base. Then, almost suddenly the war was over. If ever the world needed to look to its children, now was the time.

Here in the United States, programs for children were spotty and scattered. Health services were unavailable to children in many counties and small towns. Child welfare services were even more limited. These represented unfinished business.

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We are prodigal in our dreams for children but often miserly in our deeds. And that, I suspect, tracks back frequently to an elementary difficulty all of us have at times in knowing how to get from where we are to where we want to go.

Katharine F. Lenroot. Speech to a college graduating class (Tulane University), 1947.

## THE DECADE, 1946–1956

For the Bureau the first years of this period were spent in shifting from intensive wartime activities to a program of on-going permanent activities. Once the changeover was completed the Bureau concentrated on strengthening the Federal-State grant-in-aid programs and planning for further investigative work.

Throughout this decade all aspects of the Bureau's program were colored by the great increase in the child population following the high birth rate during World War II and by the growing tensions among people, reflected so obviously in the lives of children—tensions arising from the Korean War and from the unknowns and uncertainties of the new atomic age.

Dr. Martha M. Eliot became the Bureau's fourth chief on September 4, 1951.

### The Bureau in a New Setting

As the general health and welfare activities of the Government expanded and with the creation of the Federal Security Agency, a variety of people and groups advanced many reasons for the closer association of the Children's Bureau with agencies responsible for these activities and with education—all services or programs closely related to the programs of the Bureau.

Finally, on July 16, 1946, the Bureau, minus its child-labor functions, was transferred to the Federal Security Agency. This transfer took place under Reorganization Plan No. 2 of 1946 which was accepted by the Congress.

In his message to Congress accompanying this executive order, President Harry S. Truman said, "The child-labor program is the only permanent program of the Children's Bureau that is properly a labor function. The other four—child welfare, crippled children, child and maternal health, and research in problems of child life—all fall within

the scope of the Federal Security Agency. The transfer of the Children's Bureau will not only close a serious gap, but it will strengthen the child-care programs by bringing them in closer association with the health, welfare, and educational activities with which they are inextricably bound up.

"The promotion of the education, health, welfare, and social security of the Nation is a vast cooperative undertaking of the Federal, State, and local governments. It involves numerous grant-in-aid programs and complex intergovernmental relations. The transfer of the Children's Bureau will simplify these relations and make for better cooperation."

On July 16, 1946, by administrative order of the Federal Security Administrator, the Bureau was placed in the Social Security Administration.

On April 11, 1953, by Act of Congress, the Federal Security Agency became the Department of Health, Education, and Welfare.

## **Midcentury White House Conference**

A notable event—the Midcentury White House Conference on Children and Youth—marked the midpoint in this decade and gave long overdue impetus to consideration of the emotional development of the child.

Coming as it did at one of the most crucial times in the history of our Nation, the Midcentury Conference focused on what was known about healthy personality in children and what was being done to give every child a good chance to develop such a personality.

Nearly 6,000 people attended the Conference. Through work groups and discussions, the Conference arrived at 67 major recommendations—a platform for action for all concerned with the well-being of children.

## **The Interdepartmental Committee on Children and Youth**

The Congress places responsibility on many departments and agencies for programs that contribute to the social well-being of children and youth.

In 1948, the Interdepartmental Committee on Children and Youth was established to assist these Federal agencies to keep each other in-

formed about program developments for children, to work together for greater effectiveness in program planning, and to strengthen working relationships between the Federal agencies and the State and Territorial Committees for Children and Youth established in connection with the 1950 White House Conference.

Since 1948, the Committee has reviewed and reported on many subjects of interest to its members, such as employment of children and school leaving, juvenile delinquency, children of agricultural migrant workers, mental retardation, children in the Territories, etc.

In 1954, the Committee following an understanding with the National Advisory Council on State and Local Action for Children and Youth agreed to serve as a clearinghouse of information for the State Committees.

Two annual conferences were held jointly by the two organizations. In 1955, the conference included the Council of National Organizations as well.

## A New Look at Research

What the focus and scope of its research program should be was considered by the Bureau, beginning in 1951. The Bureau's previously published studies were reviewed, its activities analyzed, and recommendations of research experts in various fields that the Bureau had called together were taken into account. On this basis *A Research Program for the Children's Bureau* was published by the Bureau, 1953.

The facts disclosed by this review led the Bureau to conclude that the focus of its specific studies for the time being should be on children whose health and welfare are in jeopardy.

In addition to its own studies and those conducted jointly with others, the Bureau stimulates research in child life by other agencies, by formulating the questions requiring study, developing research methods, and assisting agencies engaged in such research. An example of this is the current study of the results obtained in Florida

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The Midcentury White House Conference on Children and Youth bases its concern for children on the primacy of spiritual values, democratic practice, and the dignity and worth of every individual. Accordingly the purpose of the Conference shall be to consider how we can develop in children the mental, emotional, and spiritual qualities essential to individual happiness and to responsible citizenship, and what physical, economic, and social conditions are deemed necessary to this development.

National Committee, Midcentury White House Conference.

through the "independent" placement of children for adoption. This study is being carried on by the State Department of Welfare in collaboration with the Children's Bureau and the Russell Sage Foundation.

In its technical research, studies of the cost and effectiveness of various programs received major emphasis beginning in 1953. Studies were made of the unit costs of child placement and institutional care of children. Methods of evaluative research as illustrated in studies of psychotherapy and of school health services were analyzed and materials on how to conduct evaluative investigations were prepared. Previous evaluative research in the field of delinquency prevention and treatment was also reviewed and reported upon, as a baseline from which to evaluate current programs and measures.

*Parents and Delinquency*, a report of a conference held by the Children's Bureau in June 1954 tells what a group of people whose professional work brings them intimate knowledge of delinquents and their parents had to say about such questions as, "Are parents responsible for the delinquency of their children?" "If so, what parents, to what extent, and in what ways?" "Should parents be held legally to account?"

Throughout the country, juvenile delinquency is being studied from both the psychological aspect of the inner motivations of the child and the sociological factors in his environment. In an attempt to bridge the gap between these two approaches, the Bureau provided an opportunity in May 1955 for a few scientists from both fields to confer with each other and to initiate planning for carefully conceived research that would be directed toward more adequately founded understanding of the causes of delinquency; a report published by the Children's Bureau under the title of *New Perspectives for Research on Juvenile Delinquency*.

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In conducting investigations the Children's Bureau has two main objectives. First, it aims to assemble the facts needed to fulfill its obligation to keep the country informed about matters that adversely affect the welfare of children. Second it aims to determine what kind of health and welfare measures and methods are most effective in aiding children and their parents. The first aim derives from the basic Act establishing the Children's Bureau; the second is a necessary concomitant of the Bureau's responsibilities under Title V of the Social Security Act. The two aims, obviously, are closely related. The carrying on of programs requires information about needs. Vice versa, having secured the facts about the handicaps under which numerous children live we naturally want to know by what means they can be diminished. Together these aims provide the basis for an integrated research program.

A Research Program for the Children's Bureau, 1953.



Study of methods for the improvement of reporting for maternal and infant mortality for State and local program activities in maternal and child health and medical care of crippled and handicapped children was made. Work continued on assembling information about programs and services for mentally retarded children, and a first nationwide analysis of the scope of certain activities in public training schools for delinquent boys and girls was undertaken.

## Grant-in-Aid Programs

During this decade, States and localities extended and broadened their activities in all three grant-in-aid programs.

As the total amount for Federal grants increased from 1946-55, the proportion of funds expended by States and localities increased in all three grant programs. In 1955, Federal funds represented only about one-eighth of the total amount expended in the States collectively.

Great progress also was made in the number of children given health services, medical care for handicapping conditions, and social services.

### Maternal and Child Health

While the maternal and child health program remained primarily one of preventive health services, during this decade many State health agencies added medical and hospital care of certain mothers and children. For example in 1954, 16 States were purchasing medical and hospital care for premature infants, usually on a demonstration basis; some of the States were providing medical and hospital care for mothers with complications of pregnancy. Others provided dental treatment in addition to prophylaxis.

The principal developments during the decade were in the increase in demonstration programs and other activities in behalf of

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Never before [1950] was it as safe for mothers to have babies. Never before have children had as great likelihood of surviving the physical hazards of birth and of contagious diseases during their growing years. With the conquest of these diseases now within sight, the problems of emotional and mental growth and development stand out as the most pervasive challenge of our time, in the broad field of child well-being.

Children's Bureau, Annual Report, 1950.

prematurely born infants, the increase in programs for the postgraduate training of personnel, and much emphasis on the emotional growth of infants and children and the parent-child relationship.

During this decade child-health conferences were broadening their scope to include the mental-health aspects of child growth and development. They were being directed more and more toward helping parents with early social and emotional difficulties in their children in order to prevent more serious problems later. Mothers in prenatal clinics and child-health conferences were being provided with opportunities to ask questions about child bearing and rearing. In some instances, the traditional functions of the child-health conference merged into an essentially educational program, with child study groups being formed by the parents of the children seen in the conferences.

Greater emphasis was being placed on the psychological aspects of maternity care. Hospital practices were being examined to make sure they were contributing to emotional as well as physical health.

Special projects for the care of premature babies were doing a pioneering job in showing how the lives of these undersized and underdeveloped infants, who weigh less than 5½ pounds (2,500 grams) at birth, could be saved and safeguarded. Many States were concentrating on providing actual care for premature infants in hospitals with special equipment and with specially trained doctors and nurses. Some of these programs provided a system of transportation of these infants from a wide geographic area surrounding the center or centers, thus covering large parts of the State.

As a result of all of these activities, States were giving greater attention to prenatal care, particularly for mothers with complications of pregnancy, in an effort to reduce the incidence of prematurity. States were also doing much to further the development of health services for children of school age by increasing their efforts to coordinate services of health and education through joint planning at the State level.

Great progress was made during the decade in providing training for physicians in maternal and child health work by certain schools of public health (Harvard, California, Johns Hopkins, North Carolina, Minnesota), and for nurses in maternal and child care by a number of schools of nursing. Special opportunities were made available for training in highly specialized clinical and health fields, such as audiology, the treatment of rheumatic fever and congenital heart disease, the care of premature infants, epilepsy, cerebral palsy.

For example, in order to better prepare medical personnel for their maternal and child health programs, institutes and special training projects were carried out in several States. Those undertaken in 1954 are fairly typical. The California State Department of Public Health with the School of Social Welfare, University of California,

established scholarships and internship programs for medical social workers interested in public health and medical care programs.

Six one-day postgraduate institute programs on care of premature and newborn infants for physicians, public health nurses, hospital nurses and hospital administrators were held in Colorado and Wyoming during 1954.

The series of institutes on care of premature infants conducted by the Cornell-New York Medical Center proved to be a popular and needed training opportunity for both physicians and nurses. A total of 109 teams of physicians and nurses coming from 24 States and Hawaii attended these institutes between 1949 and 1954.

The Massachusetts Department of Public Health and the Harvard School of Public Health, as part of its maternal and child health program, conducted institutes on child growth and development for medical social workers and nurses.

By the end of the decade, each year through these State maternal and child health programs, close to 200,000 expectant mothers were being seen by doctors during pregnancy, and more than that number were getting nursing services. Nurses were helping nearly 300,000 mothers after delivery. Over a million babies and preschool children were attending well child clinics; nurses were helping the mothers of 1,500,000 such children. Some 100,000 preschool children were receiving dental inspections. School children were receiving over 2,500,000 medical examinations, and more than 3,000,000 dental inspections in a year. Some 4 million immunizations were being given against diphtheria and smallpox.

Even though great progress was made during these years in maternal and child health, many groups of children were still not being reached at the end of the decade. There was still a great shortage of physicians to undertake the administration of maternal and child

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How to build healthy personalities in children is our number one child health problem today. It permeates nearly all phases of our programs, both preventive and treatment. It continues to call for reorientation of much of our work with parents, with citizens generally, and with our colleagues in welfare and education. Even as we discuss saving the lives of premature infants, this problem comes up, just as it does in maternity clinics, in clinics for the rehabilitation of crippled children, in hospital wards, in pediatric dispensaries, and, most important, in well-baby and well-child clinics.

Martha M. Eliot, M.D., Forty Years of Maternal and Child Health, Address before the 40th Anniversary Dinner, Division of Child Hygiene of the City of Newark, N. J., 1954.

health programs and crippled children's programs—physicians who had both clinical and public health training. There was a shortage, too, of many other workers, such as specially prepared pediatric and maternity nurses, medical social workers, and nutritionists who were needed in children's programs. Regular health supervision, public health nursing, and other basic health services were still lacking in many rural areas and for some socially and economically underprivileged groups. Infant mortality was still far too high in many counties where, usually for economic reasons or because the child health educational program has not advanced, environmental conditions of sanitation and provision of maternal and child health clinics or conferences and other facilities were inadequate or lacking.

### **Crippled Children**

During the years 1946-55, State crippled children's agencies steadily broadened their programs to include children with handicaps other than orthopedic.

By the end of the decade some 270,000 children were receiving diagnostic services or were being treated by physicians each year. About 16 out of 100 were getting hospital care, each of them averaging a month in the hospital.

The principle that the best type of treatment for a handicapped child requires a team of professional workers became more and more the rule. Physician, nurse, psychologist, medical social worker, physical therapist, teacher, and others as required pooled their knowledge and efforts to provide treatment that would restore the child to the fullest health and activity of which he was capable.

Increasingly, ways were being sought and found to allow handicapped children to mingle with and go to school with other children who were normal; and to learn from their earliest childhood to accept their residual handicap and to play, learn and grow up with their childhood peers; and not to expect special attention beyond what their individual handicap called for; nor to be set apart as a special group.

Conditions in addition to orthopedic receiving special attention in

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From our experience with the administration of the State crippled children's programs we have learned much about the importance of a multi-professional approach to the patient—an approach which considers his individual personality and stage of growth, his handicap or illness, his family and the community in which he lives, and what kind of an adult he may become. Together we have learned much about the principles and policies underlying the administration of a medical care program.

Martha M. Eliot, M.D., Meeting, State and Territorial Health Officers, Nov. 6-12, 1955.

State programs during the decade included cerebral palsy, eye disorders amenable to surgery, cleft palate, burns, hearing impairment, rheumatic fever and heart disease, congenital heart disease, epilepsy, and orthodontic defects.

The great research findings of recent years were being applied in the crippled children's programs and made available to children in rural areas through the development of preventive and treatment services for children's hearing impairment, special programs for children with epilepsy, and regional and State centers for the surgical treatment of children with congenital heart disease and for postgraduate training in these specialties.

For example, the first congenital heart programs were set up in 1949 following technical advances in cardiac surgery which made possible the correction of some congenital heart defects. Because in the beginning there were few diagnostic and surgical teams trained to care for these children, regional heart centers were designated to serve the States nearest each center. There are at present (1956) five such regional centers in Baltimore, Chicago, California (San Francisco and Los Angeles), Dallas, and Minneapolis. And, in addition, many States have now developed their own centers.

The research developments in audiology during and after the war were being brought to children in rural and urban areas in several States through special projects for children with hearing impairment. Medical and surgical diagnostic and treatment services, audiometer testing, fitting, and provision of hearing aids with the necessary upkeep, speech training, and auditory training were beginning to make it possible for an increasing number of school-age children and some preschool children to have effective speech and hearing. With such help they were going to regular schools and living at home, rather than living in residential schools where children who are deaf are given an education but are thus kept apart—segregated from all other children.

Among the newest of the special projects granted funds under the crippled children's programs in 1954-55 were those in California and Michigan for the development and use of artificial hands and arms, available hitherto only to adults.

These projects were another example of how the benefits of research, especially of a highly technical and costly type could be brought to children in rural areas and smaller urban communities.

Training programs in these specialized fields were making it possible for the several types of personnel of State crippled children's agencies to improve their contributions to the health and welfare of crippled children.

Federal money was being used to support courses in pediatric nursing, cleft palate surgery, audiology, the care and treatment of epileptic or rheumatic-fever patients, and various aspects of physical

therapy, as well as to provide for medical social work field practice in agencies for crippled children.

But even with all these advances the country still had far to go before a program for crippled children would be available to help the maximum number of crippled children become useful productive members of society.

### **Child Welfare Services**

This decade (1946-56) was a period of steady building for child-welfare programs in the States. States were examining their legislation concerning children and organizing and strengthening services—adoption, licensing, services to children in their own homes, and foster care.

The number of adoptions and the pressures for children to adopt grew, and public and voluntary agencies began to re-examine their practices in this area. Public and voluntary agencies were working together on community planning for child welfare. Public agencies were increasingly using the facilities and experience of voluntary agencies and the advice of other groups interested in child welfare.

Of course, community planning for child welfare was not a new trend in this decade. Rather it represented a stepped up momentum in a trend that got underway during the first decade of the child welfare program under the Social Security Act. The act, itself, had recognized the importance of such planning—and this had been reiterated over the years by the various advisory groups of the Bureau—and in 1950 Congress reaffirmed the importance of community planning for child welfare by the following proviso: “. . . in developing such services for children the facilities and experience of voluntary agencies shall be utilized in accordance with child-care programs and arrangements in the States and local communities as may be authorized by the State.”

Federal child welfare services funds continued to be used for training personnel during this decade. In the peak year 1952, 500 persons from 47 States completed educational leave. Ninety-two percent of these persons were on Federal funds.

Fifty-three percent of all child welfare staff employed by States in 1955 had one year or more of graduate social work education. Most of the remaining 47 percent were at least college graduates. The goal for the States continued to be a staff with 2 years of such professional education—a goal that could not be attained in the immediate future.

In developing their child welfare programs during this decade, States continued their emphasis on extending geographic coverage of services to areas that otherwise would have none. On June 30, 1955, 5,350 such public child welfare employees in urban and rural areas were

helping children. Full-time child welfare caseworkers were found in 1,656 of the 3,187 counties in the United States.

Foster care of children, both in foster family homes and institutions, was one of the heaviest responsibilities of State and local public welfare agencies both in terms of numbers of children and expenditure of public funds. The majority of these children were cared for in foster family homes. The number of children receiving foster family care under public agency auspices increased from 49,000 in 1933 to 123,000 in 1955, or 151 percent.

There was growing recognition that social services to children in their own homes could do much to help parents and children improve their relationships to each other and to help parents in understanding and providing the care their children needed for healthy growth and development. Beginning in 1952, a committee of staff from the Children's Bureau and the Bureau of Public Assistance was set up to help States in providing more adequate services to children in families receiving aid-to-dependent children grants.

An important trend in group care was the development of small group homes in the community for adolescents who could not take root in foster family homes and children who needed temporary shelter. Specialized group facilities were also being developed for emotionally disturbed children.

During this decade, there was a growing interest in homemaker services<sup>7</sup> as a way of holding families together and helping parents do a better job of rearing children. Some State welfare departments were using Federal funds for this type of service in rural counties and in areas of special need.

The National Committee on Homemaker Service and its member agencies, with whom the Bureau works closely, were assuming responsibility for advising on new programs, and many councils of social agencies appointed committees to consider how this service might be developed locally, sometimes in cooperation with public health agencies.

Community efforts to make child welfare services available to children wherever they lived, coupled with the continued difficulty of securing personnel with professional training, led to an increased use of untrained staff for beginning social work positions in a number of States.

<sup>7</sup> In 1937, the Bureau had started the ball rolling by inviting a group of people representing national, local and other Federal agencies to discuss visiting housekeeping service and housekeeping aid programs. Later the Bureau made a study of this service in 17 cities and published a report entitled *Some Characteristics of Housekeeper Service in Ten Agencies*. A later group in 1939 recommended that the service be called "supervised homemaker service." All through the forties and on into the fifties, the Bureau provided consultation on this service. By 1955, more than a hundred agencies, voluntary and public in 84 cities and 29 States, were carrying on the service.

To reduce the hazards of this, some States were setting up training units for the preliminary training of workers who had not attended schools of social work before they were given regular work assignments. In other instances, States placed workers in counties, but under a plan of training that included an orientation program and plans for continued on-the-job training.

Since 1946, and particularly since 1950, States have used part of their Federal child welfare services funds to pay for the support of children in foster care. A few expenses involved in returning runaway children to their homes have also been met since 1950, when this use of funds was specifically spelled out in an amendment to the Social Security Act.

At the close of the decade, a big job still remained to be done before the least developed child welfare program would be up to the level of the most advanced. Only as this gap was closed could many thousands of families and children receive these services when they were needed.

## Maternal and Infant Mortality

The reduction in maternal and infant mortality in the years since 1935 reflects advances both in medical knowledge and in the development of public and private services that made this knowledge more widely available.

During the decade 1945-55, risk of maternal death from infection was still less, due to the continued development of new drugs and other new methods of treatment.

Special projects for the care of premature infants under the State programs were demonstrating how the lives of infants weighing less than 5½ pounds at birth could be saved and safeguarded. By 1949, with the help of Federal funds, centers for premature infants were functioning in many States. The medical and nursing staff of the Bureau was working closely with the States in developing these services.

Interest in the possibilities of *preventing fetal deaths and premature births* increased. North Carolina, the District of Columbia, and West Virginia started studies of fetal wastage. During 1952, studies of infant deaths, limited exclusively to the neonatal group, made considerable progress.

By 1954, many public health officials, pediatricians, and obstetricians were seeing the need for a concerted attack on *fetal and neonatal mortality* in the United States. The need was documented by a report made by the Bureau dealing with the size and location of fetal and neonatal losses.



Even though mortality associated with having a baby or being born in the United States had declined dramatically in the previous decades, yet in 1953 infant fatalities alone, just before, during, and soon after birth, numbered about 162,000, or as much as some 10 percent of total mortality at all ages from all causes. Only deaths from heart disease, cancer, and cerebral hemorrhage exceeded the number of "*perinatal*" deaths.

Much of this was associated with premature birth. During this decade over one-quarter of a million mothers were delivered each year prematurely of living infants who were exposed in the neonatal period to mortality risks 20 times those of infants born at term. Deaths of premature infants made up about 57 percent of all neonatal deaths.

In 1955, the Bureau initiated work on new studies of *perinatal mortality*. A conference of experts was held to guide the Bureau in advancing these studies on an ever widening base for further investigations.

The Bureau's investigative activities and its administration of the grant-in-aid programs together, the record shows, represent a potent weapon against infant and maternal mortality.

## Special Groups of Children

The years 1950-55 were notable in the Bureau's history in terms of their focus on the needs of special groups of children.

The Bureau's fourth chief forecast this emphasis in a statement issued in 1951 as she assumed the task of chief. Special attention should be focused on the needs of certain groups of children: "children in adoption" (blackmarket in babies); preventing congenital defects in children and "helping children to overcome the handicaps that can be prevented;" "rural children who are remote from the top-notch quality services so often found in big cities;" "children of migratory families now treated too often as outcasts from social and health services;" "Negro, Indian, and Spanish-American children who too often get second- and third-best services;" "children of working mothers;" "adolescents who are having trouble finding a significant place for themselves in life."

### Juvenile Delinquency

Beginning in 1948, the Nation once again was confronted by a rapid increase in juvenile delinquency and all that lurked behind this increase—its tragic consequences for the young person, its contagion among youth, and its social and economic costs for the community.

At the beginning of this decade (1946-56), the trend was on the downgrade from the peaks reached during the war years. But this

reversed in 1949. By 1953, the level was 45 percent higher than in 1948.

By 1951, the need for action on juvenile delinquency had become acute. A 17 percent increase occurred in the number of children appearing before juvenile courts between 1948 and 1951.

The prospect for the future, too, was disturbing. It was estimated that by 1960 the country would have 42 percent more children between the ages of 10 and 17 years than there was in 1951. Even if the rate of delinquency stood at its 1951 level, the number of youngsters picked up by the police would mount from 1,000,000 in 1951 to 1,400,000 in 1960 because of the growth in child population.

For these reasons, in January 1952, the Bureau began an intensive review of juvenile delinquency and of provisions and procedures that had been developed to meet this problem, including its own program.

During this process, the Bureau called a meeting to which a broad cross section of persons concerned with juvenile delinquency were invited to discuss what might be done to improve services for delinquent youth and to consider both research that was needed to strengthen existing programs and the problem of training personnel.

In July 1952, a Special Juvenile Delinquency Project, financed by various foundations and others interested in the problem, was initiated to cooperate with the Children's Bureau in its juvenile delinquency program. The project's purpose was to focus public attention on problems related to the prevention and treatment of juvenile delinquency and to stimulate action leading to the improvement of services to delinquent youth.

The project and the Bureau in 1952 sponsored five meetings with representatives of about 90 national organizations to discuss juvenile delinquency and ways in which the organizations and their local affiliates might stimulate local action and cooperate with the Bureau in meeting the problem. These meetings included five general groups—social welfare, education, health, civic interests, and professional organizations involved in the prevention and treatment of delinquent youth.

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All this, taken together, suggests that we are on our way toward learning what does and what does not prevent delinquency, but we still have far to go. Progress toward that objective will call for close cooperation between practice and research, with both parties looking hopefully to theory and to experience for ideas about the direction in which to move next. Practice cannot and should not wait upon research, nor should research be delayed until practice is well established. We shall be most likely to discover how to prevent delinquency if research is undertaken coordinately with the development of new measures and the refinement of old ones, if research and practice are conceived as inseparable parts of a single process.

Witmer and Tufts, *The Effectiveness of Delinquency Prevention Programs*. Children's Bureau Publication 350, 1954.

The project also worked with the Bureau on a series of guides to practice in the treatment of delinquent children. These included suggested guides or standards for training schools, juvenile courts, police work with juveniles, and the training of personnel for work in the delinquency field. About 300 specialists from many parts of the country worked together on these guides.

All this activity on the part of the Children's Bureau and the Special Project culminated in the National Conference on Juvenile Delinquency, which met in Washington, D. C., on June 28-30, 1954, at the invitation of the Secretary of Health, Education, and Welfare.

In May 1955, the Children's Bureau called still another conference, one concerning health services and juvenile delinquency. A number of State Health Department personnel, pediatricians, obstetricians, psychiatrists, nurses, social workers, educators, other health personnel, and research specialists working on problems of child development and its relation to delinquency, took part in it. It was one of the few occasions when a conference on delinquency has focused on the relationship of this problem to maternal and child health and public health generally.

Similarly, the Bureau has sponsored conferences on new lines of research in this field and on the role of parents in preventing and controlling delinquency. The Bureau reviewed and published a report on community and other types of effort to prevent delinquency.

The Special Juvenile Delinquency Project ended June 30, 1955.

During the last year of the project's activity, the Congress had made funds available to the Bureau for the fiscal year 1955 for expanding its services in the field of juvenile delinquency. On October 6, 1954, the Secretary of the Department had authorized the creation of a Division of Juvenile Delinquency Service in the Children's Bureau.

This Division was established to provide technical aid and consultation to States and communities in the control and treatment of juvenile delinquency. At the present time, 1956, the division assists State and local agencies in the following fields:

- (1) care and treatment of delinquent youth in detention facilities and in training schools;
- (2) juvenile court and probation services;
- (3) police services;
- (4) group work with delinquent youth, as, for example, the use of some of the newer techniques of reaching out to juvenile "gangs" in the neighborhoods where they exist;
- (5) coordination and planning of community programs for the control of juvenile delinquency;
- (6) establishing facilities for training probation officers, institutional personnel, police officers, and teaching personnel in this specialized field.

## **Children of Migrants**

Roughly a third of a million children belong to migrant families. These workers follow the crops and pass into and through one State after another.

Because these children are not residents of the State through which they move, by and large they do not have the opportunities for health or welfare other children have or for education that are available to other children who live in these communities.

The Children's Bureau, working with the Office of Education, the Public Health Service, and the Bureau of Public Assistance, undertook a pilot project along the east coast in 1954.

The project's purpose was to help the 10 States in the east coast migratory stream get together on ways to increase health, education, and welfare services to migrant families, especially their children. The east coast migratory stream involves 35,000 fruit and vegetable harvesters. A joint committee within the Department laid the groundwork for the plans, working with central and regional staff.

As a point of departure for the project, a conference was held in Washington, D. C., on May 17, 18, and 19, 1954, with representatives of the 10 States.

Following this conference, all of the 10 States concerned undertook some action in behalf of migrant families.

Pennsylvania developed day-care centers in Potter County.

Florida completed the first stage of a special study of the health problems of migrant families as recognized by the migrants themselves.

Some of the State health and welfare departments used Federal or State funds to increase health and welfare services in areas to which migrants came. States were ingenious in finding ways of overcoming the staffing problem at peak seasons, for example, by employing medical students in the summer, high school science teachers as extra sanitary inspectors, and by assigning school nurses to assist the regular public health nurses on the summer team.

## **Mentally Retarded Children**

The exact number of mentally retarded children is not known but it is estimated that about 3 out of every 100 children born will be mentally retarded. At the same time, the growing complexity of our society makes their social and vocational adjustment even more difficult.

Parents, doctors, nurses, educators and social workers have become increasingly concerned about the health, welfare, and education of these children. The number of parent groups pressing for action for this special group of children was growing rapidly. Much research was underway into the causes of mental retardation including the study of prenatal factors leading to congenital defects and the study of social and emotional factors that delay the development of children.

Children's Bureau consultants and regional staff on child welfare and child health beginning in 1952 faced a stepped-up demand for consultation on the care and training for mentally retarded children and youth.

States and communities requested assistance from the Bureau on program planning, standards of care, and licensing of facilities for retarded children.

Many institutions, recognizing that custodial care was not sufficient, were re-evaluating their programs.

Many State training schools for delinquent youth, institutions for dependent, neglected, or emotionally disturbed children, were asking about the possibility of using foster family or special group care for certain of them.

The Children's Bureau in 1955 made maternal and child health grants to three States for special projects in this area.

Grant-in-aid funds for child welfare services were also being used here and there for social workers and foster care for mentally retarded children. Workers paid from funds for child welfare services were helping families with mentally retarded children.

## **Children Placed for Adoption Without the Protection of a Social Agency**

Problems of unmarried mothers and adoption of children, especially those born to unmarried mothers, had long been a major interest of the Bureau.

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America is a land of many crops and they have to be taken care of at different times in different places. Migrant workers—one million or so—follow planting, cultivating, harvesting and processing jobs from one part of the country to another. They perform a vital economic function—for our communities and for the Nation as a whole.

These migrant workers and their families want the same basic things as other families—good food, housing, health, recreation, church, school, store services and all the rest. At the same time the communities who depend upon them have problems occasioned by their coming. Where there are persons interested in such things and where communities plan in advance, the problems of both the migrant families and the communities can be solved and all will benefit. Many communities are doing so today.

When the Migrant Families Come Again. Federal Interdepartmental Committee on Children and Youth, 1955.

The Bureau began in 1954 to give even greater attention to these problems because of the public's growing concern about the number of children being adopted without minimum legal and social protections for the baby, the natural mother, and the adoptive parents. The most publicized of these were the babies who were sold to adoptive couples—the so-called black market in babies.

The solution of these problems involves the medical, social, and legal professions. As a first step toward better understanding and more active planning, the Bureau employed a worker to bring together available information from many sources which could be used as background material for discussions with professional and citizen's groups as to next steps in meeting the problems. In June 1955, the Bureau held a conference at which thirty-one representatives of national agencies and organizations from health, social welfare and legal fields were brought together to discuss—protecting children in adoptions.

These problems were large and not easy to solve. In 1954 about 177,000 children were born to unmarried mothers. About 71,000 of these mothers were under 20 years of age. Protecting the health of mother and baby as well as their future adjustment to life was a matter of grave concern.

## The World's Children

The United Nations Rehabilitation and Relief Administration, called upon the Children's Bureau in 1946 to assist in arranging for observations in this country of child health and welfare programs by specialists from war-devastated countries.

In 1947 under agreement with the United Nations, the Children's

Adoption, because of its implications to at least four groups—the natural parents, the child, the adoptive parents, and society as a whole—goes beyond the interest of simply two people making a private arrangement. Rather it is something with which society as a whole has a right to be concerned, and around which appropriate social institutions have to be established.

Joseph Reid, Executive Director, Child Welfare League of America. [In] *Protecting Children in Adoption: Report of a Conference*. Children's Bureau Publication 354. 1955.

Bureau assumed responsibility for planning and arranging training for the United Nations Fellows in various aspects of child welfare.

The Department of State in 1949 brought into the United States groups of Germans and Japanese under an inter-departmental plan, in which the Children's Bureau carried responsibility for arranging observation for those in the fields of maternal and child health and child welfare.

With the development of the Point IV program of technical assistance in 1950, a program similar to the one developed with the other American Republics was extended to other parts of the world—and as a result the Bureau's responsibility for sending specialists abroad and for training people from other countries once again increased.

In 1952 the World Health Organization began referring to the Children's Bureau their Fellows who came to the United States for training in the various health specialties related to mothers and children.

The years from 1946 to 1955 were fruitful in terms of furthering programs for maternal and child health, medical care for crippled children, and child welfare. Twice during this decade grant-in-aid funds for these programs under the Social Security Act were increased.

But even so, at the end of the decade country-wide coverage by these programs was still far from complete, either in types of service or geographically.

No new legislation to broaden the scope of these services or for training and research was forthcoming.

# TO THE FUTURE

*Martha M. Eliot, M. D.*

Chief, Children's Bureau

AS A NATION we have come a very long way since 1900 in safeguarding and advancing the well-being of children. Progress has been made despite a depression, despite hot and cold wars, and during an enormous expansion of national activities.

As a Nation we have tried in a variety of ways to meet such conditions as industrialization, population growth and shifts from rural to urban areas, new advances in transportation and communications, the application of new facts coming from the biological and social sciences, and many other situations that have a bearing on the well-being of children and their families and on health and social problems, generally.

The Children's Bureau has been one expression of the Nation's concern for children. Through the Bureau, the Nation undertook to learn about conditions in families, neighborhoods, communities, States, and the country-at-large that were bad for children, so our people could know the facts and correct them.

Through the Children's Bureau, too, the Nation made it possible for State agencies to pool Federal, State, and local funds and use them to strengthen and improve maternal and child health, crippled children's, and child welfare programs.

Through many other agencies of Federal, State, and local government, and through countless national and local voluntary agencies and organizations, the work in behalf of children has gone forward. As we look back we can see the great strides that have been taken for the betterment of child life.

Despite what has been done, there is a gap between what we as a Nation are doing today and what we need to do for our children. And this gap will get wider instead of narrower unless we do more than we are now doing to keep pace with the tremendous population, economic, and social changes that are occurring in our society.

What the future holds no one can say. What measures will be used to safeguard children in the future, or even what they will have to be safeguarded against, no one can know for sure.



For the immediate future, we know that some of the present currents and trends will still sweep on, that some of our present knowledge will be of use, that some of the wisdom we have learned can still be translated into action.

It requires no crystal ball to see that we are going to need more foster homes, more hospitals and clinics, more day-care centers, more doctors, nurses, nutritionists, social workers, and research workers to give broader coverage in the work done in behalf of children and young people.

Mobility has always been a characteristic of our national life. From pioneer days we have been a people on the move. We moved westward; we staked out farms; we built towns. We moved from the farms to the cities and from the cities to the suburbs. And we are still on the move.

This moving around is evidence of a healthy and growing society—of inventiveness, incentive, freedom of opportunity. But mobility also creates problems—especially for children and families. As people move around, they lose their roots in their old communities—their close ties with relatives and friends.

We are just beginning in our experimenting in ways of helping children and families on the move. We are just beginning to understand what a child requires to grow into a happy, productive adult.

We are building on the age-old wisdom that recognized the need of a child for his parents and for the security of a home to which he unquestionably belonged. Today we have new knowledge flowing from the social and biological sciences that comes to us to help guide us in the adjustments of living forced upon us and our children by all the modern ways of life.

We have long been trying to improve resources for children in rural areas in order to give them access to better health, welfare, and education services. We shall move forward with this effort in the years ahead. We shall also work toward reinforcing the child welfare

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Can we not be as imaginative and daring as our physical scientists have been in exploring new sources of social and spiritual strength, and new ways of using this strength, so that the well-being of future generations will blossom as ours has only budded. To be as bold and inventive as the atomic scientists calls for sharpening our perception of children's needs. Even more, it calls for courage: the courage to face reality, to recognize the implications of what we are doing, or failing to do; the courage to invent, to experiment, and to test new ways of working together.

Martha M. Eliot, M.D., Putting Social Fission and Fusion to Work for Children, National Conference on the Churches and Social Welfare of the National Council of Churches of Christ in America, Cleveland, Ohio, November 3, 1955.

and child health resources of our large cities and to improve facilities in the suburbs mushrooming around them.

Each new generation of children brings its own problems—problems which require new approaches, new inventiveness, new counter measures—and above all new knowledge and greater skill on the part of adults.

All of these are things of the future—and children are the future.

ACT ESTABLISHING THE CHILDREN'S BUREAU (37 Stat. 79)

Approved Apr. 9, 1912

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be established in the Department of Commerce and Labor<sup>1</sup> a bureau to be known as the Children's Bureau.

SEC. 2. That the said Bureau shall be under the direction of a chief, to be appointed by the President, by and with the advice and consent of the Senate \* \* \*.

The said Bureau shall investigate and report \* \* \* upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories \* \* \*.

SHEPPARD-TOWNER ACT (42 Stat. 224)

Approved Nov. 23, 1921

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there is hereby authorized to be appropriated annually \* \* \* to be paid to the several States for the purpose of cooperating with them in promoting the welfare and hygiene of maternity and infancy as hereinafter provided.

SEC. 2. For the purpose of carrying out the provisions of this Act, there is authorized to be appropriated \* \* \* for the current fiscal year \$480,000, to be equally apportioned among the several States, and for each subsequent year, for the period of five years, \$240,000, to be equally apportioned among the several States in the manner hereinafter provided: *Provided*, That there is hereby authorized to be appropriated for the use of the States, subject to the provisions of this Act, for the fiscal year ending June 30, 1922, an additional sum of \$1,000,000, and annually thereafter, for the period of five years, an additional sum not to exceed \$1,000,000: *Provided further*, That the additional appropriations herein authorized shall be apportioned \$5,000 to each State and the balance among the States in the proportion which their population bears to the total population of the States of the United States, according to the last preceding United States census: *And provided further*, That no payment out of the additional appropriation herein appropriated for that year by the legislature of such State for the maintenance of the services and facilities provided for in this Act \* \* \*.

SEC. 3. There is hereby created a Board of Maternity and Infant Hygiene, which shall consist of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education, and which is hereafter designated in this Act as the Board \* \* \*.

SEC. 4. In order to secure the benefits of the appropriations authorized in section 2 of this Act, any State shall, through the legislative authority thereof, accept the provisions of this Act and designate or authorize the creation of a State agency with which the Children's Bureau shall have all necessary powers to cooperate as herein provided in the administration of the provisions of this Act \* \* \*.

<sup>1</sup> See Acts transferring Bureau and functions in this appendix.

AN ACT

To provide for the general welfare \* \* \* by enabling the several States to make more adequate provision for \* \* \* crippled children, maternal and child welfare \* \* \*. Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled \* \* \*.

TITLE V

GRANTS TO STATES FOR MATERNAL AND CHILD WELFARE

PART 1.—Maternal and Child Health Services. Sec. 501. For the purpose of enabling each State to extend and improve, so far as practicable under the conditions in each State, services for promoting the health of mothers and children, especially in rural areas suffering from severe economic distress \* \* \* there is hereby authorized to be appropriated \* \* \* for each fiscal year beginning after June 30, 1951, the sum of \$16,500,000. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Secretary of Health, Education, and Welfare, State plans for such services \* \* \*.

PART 2.—Services for Crippled Children. Sec. 511. For the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as practicable under the conditions in such State, services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling, there is hereby authorized to be appropriated \* \* \* for each year beginning after June 30, 1951, the sum of \$15,000,000. The sums made available under this section, shall be used for making payments to States which have submitted, and had approved by the Secretary of Health, Education, and Welfare, State plans for such services \* \* \*.

PART 3.—Child-Welfare Services. Sec. 521 (a). For the purpose of enabling the United States, through the Secretary of Health, Education, and Welfare, to cooperate with State public-welfare agencies in establishing, extending, and strengthening, especially in predominantly rural areas, public-welfare services (hereinafter in this section referred to as "child-welfare services") for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent, there is hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1951, the sum of \$10,000,000 \* \* \*. Such amount shall be allotted by the Secretary for use by cooperating State public-welfare agencies on the basis of plans developed jointly by the State agency and the Secretary \* \* \*. The amount so allotted shall be expended for payment of part of the cost of district, county, or other local child-welfare services in areas predominantly rural, for developing State services for the encouragement and assistance of adequate methods of community child-welfare organization in areas predominantly rural and other areas of special need, and for paying the cost of returning any runaway child who has not attained the age of sixteen to his own community in another State in cases in which such return is in the interest of the child and the cost thereof cannot otherwise be met; *Provided*, That in developing

<sup>2</sup> "Compilation of the Social Security Laws, including the Social Security Act, as amended, and related enactments through December 31, 1954," pp. 272. Superintendent of Documents, Government Printing Office, Washington 25, D. C. 65c.

such services for children the facilities and experience of voluntary agencies shall be utilized in accordance with child-care programs and arrangements in the States and local communities as may be authorized by the State \* \* \*

ACT TRANSFERRING THE CHILDREN'S BUREAU FROM THE DEPARTMENT OF COMMERCE AND LABOR TO THE DEPARTMENT OF LABOR (37 Stat. 737), Approved Mar. 4, 1913

TRANSFER OF THE CHILDREN'S BUREAU FROM THE DEPARTMENT OF LABOR TO THE FEDERAL SECURITY AGENCY (under Reorganization Act of 1945, approved Dec. 20, 1945) (60 Stat. 1095), Effective July 16, 1946

SEC. 1. *Children's Bureau.*—(a) The Children's Bureau in the Department of Labor, exclusive of its Industrial Division, is transferred to the Federal Security Agency. All functions of the Children's Bureau and of the Chief of the Children's Bureau except those transferred by subsection (b) of this section, all functions of the Secretary of Labor under title V of the Social Security Act \* \* \* as amended and all other functions of the Secretary of Labor relating to the foregoing functions are transferred to the Federal Security Administrator and shall be performed by him or under his direction and control by such officers and employees of the Federal Security Agency as he shall designate, except that the functions authorized by section 2 of the act of April 9, 1912, \* \* \* and such other functions of the Federal Security Agency as the Administrator may designate, shall be administered, under his direction and control, through the Children's Bureau.

(b) The functions of the Children's Bureau and of the Chief of the Children's Bureau under the Fair Labor Standards Act of 1938 (52 Stat. 1060), as amended, are transferred to the Secretary of Labor and shall be performed under his direction and control by such officers and employees of the Department of Labor as he shall designate \* \* \*.

ACT TRANSFERRING THE FUNCTIONS OF THE FEDERAL SECURITY AGENCY TO THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (67 Stat. 18, 19) Approved Apr. 1, 1953

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled,* That the provisions of Reorganization Plan Numbered 1 of 1953, submitted to the Congress on March 12, 1953, shall take effect ten days after the date of the enactment of this joint resolution, and its approval by the President \* \* \*.

Reorganization Plan No. 1 of 1953

\* \* \*

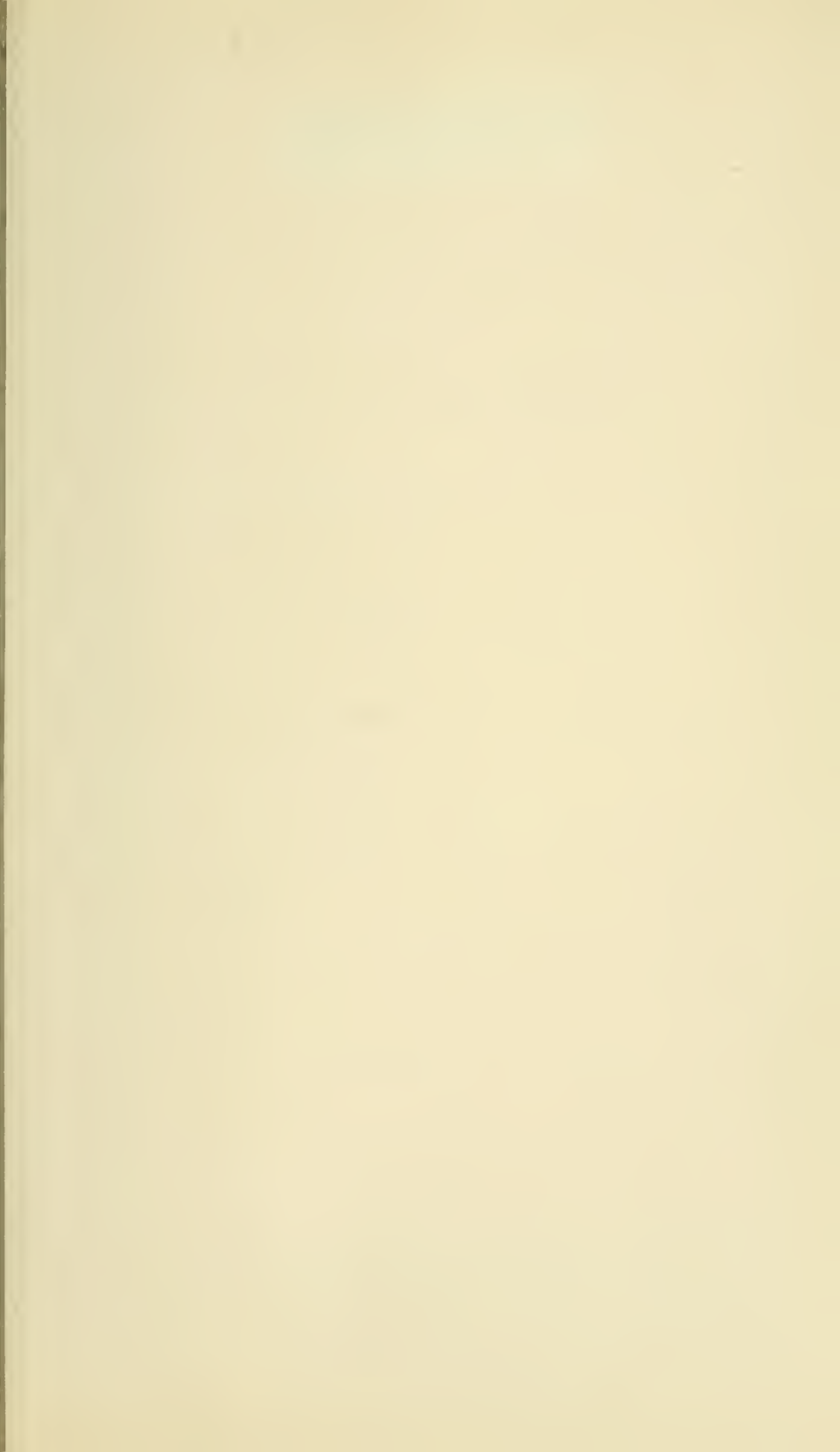
SEC. 1. *Creation of Department; Secretary.*—There is hereby established an executive department, which shall be known as the Department of Health, Education, and Welfare \* \* \* There shall be at the head of the Department a Secretary of Health, Education, and Welfare \* \* \*.

SEC. 5. *Transfers to the Department.*—All functions of the Federal Security Administrator are hereby transferred to the Secretary. All agencies of the Federal Security Agency, together with their respective functions \* \* \* are hereby transferred to the Department \* \* \*.

**FEDERAL GRANTS TO STATES**  
amounts authorized and appropriated

Year	Maternal and Child Health		Crippled Children		Child Welfare	
	Authorized	Appropriated	Authorized	Appropriated	Authorized	Appropriated
	1936	\$3,800,000	\$1,580,000	\$2,850,000	\$1,187,000	\$1,500,000
1937	3,800,000	3,624,466	2,850,000	2,849,061	1,500,000	1,376,457
1938	3,800,000	3,799,534	2,850,000	2,849,939	1,500,000	1,499,543
1939	3,800,000	3,800,000	2,850,000	2,850,000	1,500,000	1,500,000
1940	5,820,000	4,800,000	3,870,000	3,350,000	1,510,000	1,505,000
1941	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1942	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1943	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1944	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1945	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1946	5,820,000	5,820,000	3,870,000	3,870,000	1,510,000	1,510,000
1947	11,000,000	11,000,000	7,500,000	7,500,000	3,500,000	3,500,000
1948	11,000,000	11,000,000	7,500,000	7,500,000	3,500,000	3,500,000
1949	11,000,000	11,000,000	7,500,000	8,250,000	3,500,000	3,500,000
1950	11,000,000	11,000,000	7,500,000	7,500,000	3,500,000	3,500,000
1951	15,000,000	13,200,000	12,000,000	9,975,000	10,000,000	7,075,000
1952	16,500,000	12,524,100	15,000,000	11,385,500	10,000,000	7,590,400
1953	16,500,000	12,746,579	15,000,000	11,482,498	10,000,000	4,370,923
1954	16,500,000	11,927,700	15,000,000	10,843,400	10,000,000	7,228,900
1955	16,500,000	11,927,700	15,000,000	10,843,400	10,000,000	7,228,900
1956	16,500,000	11,927,700	15,000,000	15,000,000	10,000,000	7,228,900

<sup>1</sup> Including a supplemental appropriation of \$750,000.



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