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FOUR DECADES OF ACTION FOR CHILDREN

a short history of the Children's Bureau

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

Social Security Administration

Children's Bureau

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TO THE FUTURE

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration • Children's Bureau

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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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chapter I

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, 1907.

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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." [1]

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

[1] 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.

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.

chapter II

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 commit tees.

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."

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 Bvreau 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 percent). 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.

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."

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 **1721-22,** 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.

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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.[2]

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

[2] 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 1736, 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) [3] 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

[3] 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 1720 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 feebleminded 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 3 5 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.

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 1714 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 1718, 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 1717 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 **1721,** 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 **1721,** 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 1713. 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.

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.**

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chapter III

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 **1721,** 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 4 5,000 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 **(1728)** 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."

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 bre 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 1728 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.**

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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 Cure 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 "feeblemindedness" 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 communi ties."

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.

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 **1726,** 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 **1731,** 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 **1721** "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 1736.

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.

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.**

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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.[4]

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.

[4] 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.

chapter IV

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 prop-urns, medical cure 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.'

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

[5] 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 27 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 immeasureably.

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.

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.

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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.

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 certiicates 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.

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.