

kindness, sweetness, affection, consideration, endearing words, and sentiments. There are not words at my command to express what I and many others of our brothers and sisters would repeat again and again to and for them.

President Roosevelt has said through his Cabinet that Congress has the power, the authority to enact the Townsend plan old-age pension if it sees fit.

These post cards, these letters, these numberless and enormous petitions are reminders that the Congress "does see fit."

Apologizing for so many digressions, I would return to the question: "How would you spend the \$200 monthly?" I have a stepson, a fine mechanic, who has been used very hard by this depression. He has seven little children, a good, hard-working little wife. The oldest child, a girl, is 11 years old, the youngest is 2 years old. I would put a ton of coal in his woodshed and a couple loads of wood to keep it company. I would put a new roof on this house, which by the way is advertised for sale on a delinquent-tax list. I would stucco his little home. Put some clothes on his little ones, see to it that a doctor was a regular visitor to his house and a nurse to help the mother and babies. The father works "for a percentage" when he does work and he is always ready. And just think of the fathers and mothers that are in just as bad a condition as he and in some cases worse.

I have three stepdaughters that are struggling along in the battle. I could get them to send their bill, rent bill, to me and I could pay one-half of it which would be having a pleasure indeed. They and wifey want a new house, a little bungalow, with all the modern conveniences.

I will not apologize for writing so much. I write for those who cannot write, and their number is a multitude.

So we say, wifey and I, see fit. See it quick.

Sincerely,

BENJAMIN F. ADAMS.
HENRIETTA M. ADAMS.

The CHAIRMAN. I am submitting for the record a statement by Mrs. Margaret Sanger, president National Committee on Federal Legislation for Birth Control; also statements submitted by Hon. Thomas Kennedy, Lieutenant Governor of Pennsylvania, and international secretary-treasurer United Mine Workers of America; and by Mr. Lawrence L. Gourley, Washington, D. C., representing the American Osteopathic Association.

STATEMENT BY MARGARET SANGER, PRESIDENT, NATIONAL COMMITTEE ON
FEDERAL LEGISLATION FOR BIRTH CONTROL

There can be no respect for any plan of the future unless it can prove it will eradicate the evils of the present.

Title VII, section 701 (a), page 50 in S. 1130, on maternal and child health, aims to protect the health of women and children in rural areas by extending maternity nursing care to these districts.

I do not come here to speak against this bill—far from it—I come to ask your consideration of its broader aspects and to ask an addition in the form of birth-control clinics, and caravans where women in rural districts may receive adequate contraceptive instruction from qualified sources suitable to their physical and economic condition.

It has been stated before this committee that the infant death rate is higher in the rural than the urban districts; also that there are 300,000 mothers eligible for aid but not receiving it, and that millions are suffering from undernourishment—that babies die primarily because the mother does not know how to take care of them. These are doubtless all-important factors in maternal and infant deaths but from my own studies and experience, first as a nurse among destitute mothers and later from the records of our birth-control clinics, I am convinced that these outside considerations are not enough. They do not touch the source of the problem in the necessity of spacing the births of children in the family and the mothers' right to knowledge to avoid pregnancies:

First. In consideration of her own health.

Second. The husband's earning power.

Third. The children's health and their inheritance.

There are many diseases of women where pregnancy is such a disturbing factor that a cure is almost impossible. In such cases contraception is as important as any medical or nursing care, and without sound advice on birth control the patient dies.

In our clinical work we have found the following list of diseases to be medical indications for contraceptive advice: Cardiac disease, renal disease, tuberculosis, syphilis, diabetes, epilepsy, paralysis, feeble-mindedness, pelvic deformities, tumors, nervous and mental disorders, insanity during and after pregnancy.

Ours is the only country with modern medical care that omits birth-control instruction to mothers suffering from these diseases. Consequently we have a high maternal death rate and will continue to have in spite of this appropriation unless mothers have knowledge of contraception and use it to protect their health, and prevent increasing physical and mental suffering.

It is estimated that the frequency of abortions is also an important factor in maternal mortality.

Allow me to present the following table relative to an analysis of 1,000 women patients who attended one of our clinics in New Jersey.

Of 1,090 patients who attended this clinic, 906 reported having had one or more abortions. Of these, 376 were spontaneous and 46 therapeutic; 167 were done by physicians, 73 by midwives, and 243 were self-induced. It is a conservative estimate by those authorities qualified to know that over 1,000,000 abortions are performed in this country every year.

Can anyone calculate the amount of misery, chronic sickness and premature loss of life that this practice leads to. The only way to effectively reduce the number of abortions is to provide them with safe, scientific, reliable contraceptive measures suitable to the individual woman's requirements.

If you consider that there are over 26,000,000 married women of child-bearing age in this country, many of them dependent on relief funds for their own existence; many of them living in constant fear of another pregnancy that may cost them their very lives. These women plead of doctors and nurses at hospitals, clinics, and relief agencies for information; it is refused them.

Those of us who work among women, and especially the underprivileged women, feel that the greatest contribution which can be made toward the conservation of the relief of mothers and children would be to provide reliable contraceptive advice to the women who come for aid to the Government and State agencies. Not only does the ignorance in this regard affect the mother, but it also affects the children in the family—those already born.

According to a report published by the Children's Bureau, Dr. Woodbury shows that an interval between births accordingly, affects the infant death rate. Where the interval between births is 3 years, the infant death rate is 86.5 per 1,000 births; when the interval is 2 years, the rate is 93.6 per 1,000, and when there is only 1 year's interval the rate is 146.7 per 1,000, showing a very striking increase where there is no time for the mother to recuperate from the strain of the last pregnancy or to prepare for the coming of another child.

When Congress appropriates the people's money for maternal and child health, without which maternal and child health cannot be effectively promoted, it will prove in the space of a very few years that this money has not been appropriated wisely, for it is futile and wasteful to spend money for prenatal and postnatal clinics for women whose lives are jeopardized by pregnancy in spite of such care.

It is important from every aspect of maternal and child health service as indicated in this bill, to include contraceptive advice, and I respectfully suggest, gentlemen, that on page 51, line 12, after the words "child health service" you state "including the establishment of clinics where contraceptive advice can be obtained."

Analysis of reproductive data, according to religious affiliations

	Protestant		Jewish		Catholic		Total ¹	
	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent
Total number of patients	1,090	54.5	330	16.5	573	28.7	2,000	100.0
Pregnancies came to term	3,336	78.6	869	70.8	2,347	82.6	6,563	78.6
Living children	2,985	70.3	809	65.8	2,104	74.0	5,909	70.9
Dead children,	301	7.1	39	3.3	224	7.5	554	6.6
Still-born.....	50	1.2	21	1.7	29	1.1	100	1.2
Pregnancies terminated prematurely..	906	21.4	359	29.2	495	17.4	1,177	21.4
Spontaneous.....	376	8.9	80	6.5	264	9.3	724	8.5
Therapeutic.....	47	1.1	25	1.9	13	.5	85	1.1
Physician.....	167	3.9	145	11.9	59	2.1	384	4.6
Midwife.....	73	1.7	16	1.3	32	1.1	121	1.5
Self-induced.....	243	5.8	93	7.6	127	4.4	463	5.6
Total.....	4,242	100.0	1,228	100.0	2,842	100.0	8,340	100.0

¹ The total also includes 11 children, 4 spontaneous abortions and 13 abortions performed by physicians among the women of no religious affiliations, or whose affiliation was not recorded.

² The difference between this figure and the total number of pregnancies is due to 26 twin births.

STATEMENT OF THOMAS KENNEDY, INTERNATIONAL SECRETARY-TREASURER,
UNITED-MINE WORKERS OF AMERICA, LIEUTENANT GOVERNOR OF PENNSYLVANIA

I have carefully examined the so-called "economic security bill" introduced by Senator Wagner and Representative Lewis. I am in complete accord with the stated purposes of the bill, namely, to provide, among other things, for a system of unemployment insurance and old-age protection for American workers. I believe, however, that the bill as it now stands must be amended in several vital particulars before it can hope to secure the desired objectives in any worthy way. To enact a law which, while purporting to provide economic security for the workers, fails to do so in any large measure, would, in my opinion, be a social catastrophe. I am aware that the argument is made that an imperfect law is at least a beginning, and that improvements can be made later. This is true in many legislative matters. But in the present case, there is the grave danger that a law which is palpably imperfect will result in discrediting the whole idea of economic security legislation, and that vast numbers of workers, whom the law is supposed to benefit, will find themselves unprotected and will feel themselves deceived.

Therefore! it seems to me to be imperative that the proposed law be made as excellent as it can be made at the very start, and that, at the least, certain evident imperfections be corrected.

The most evident imperfection is the failure of the present bill to deal with unemployment insurance as a national problem. At the National Conference on Economic Security, on November 14, last, I expressed my views on this point in some detail. These views were, briefly, that any unemployment insurance to be effective must be national in scope and operation, and that it must be organized and operated under the auspices of the Federal Government. An unemployment insurance system has to deal with industrial problems, and industry is organized primarily on a national basis. All of our basic industries—iron and steel manufacturing, coal mining, textile manufacturing, transportation, etc.—are national in scope and operation. Bituminous coal mining, for example, extends in to more than 30 States; competition is interstate; wage agreements are made entirely without regard to State laws. To attempt to impose upon such an industry a series of unemployment insurance systems, based on State boundaries, would be harmful to operators as well as to mine workers. For the operators, it would make fair competitive practices still more difficult; for the workers, it would mean that employees in one State might be well protected in the matter of unemployment insurance, while those in an adjacent State might have little or no protection, and workers moving from one State to another would be absolutely unprotected.

The above is the gist of my remarks on this subject at the national conference last November, some 2 months before the present bill was drafted. My views'