chapter V

BUREAU IN WARTIME (1940–1945)

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

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

An Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Children's Charter in Wartime, 1942.

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

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

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

Grant-in-Aid Programs

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

Maternal and Child Health

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

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

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

[6] See p. 88 for a detailed description of these amendments.

Crippled Children

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

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

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

Child Welfare

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

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

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

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

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

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

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

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

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

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

Juvenile Courts and Juvenile Delinquency

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

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

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

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

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

Children of Working Mothers

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

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

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

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

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

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

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

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

In August 1742, the War Manpower Commission recognized the gravity of the situation by issuing a statement of ***Policy on Employment in*** *Industry* ***of Women*** with *Young* ***Children.*** In part, this statement read as follows:

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

The War Manpower Commission in the summer of 1742 directed the Office of Defense, Health, and Welfare Services, in consultation with other departments and agencies of the Federal Government, to develop a coordinated program of Federal assistance in providing care for children of working mothers. To carry out these purposes $400,000 was transferred from the President's Emergency Fund for the necessary Federal services and for grants to States for State and local advisory services. No part of these funds could be used for the actual operation of child-care centers.

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

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

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

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

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

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

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

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

The group agreed on the following principles:

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

5. Group care was not a satisfactory method of caring for children under 2 years of age.

6. Whenever possible the age of admission to group care should be fixed at 2½ to 3 years.

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

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

Employment of Children and Youth

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

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

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

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

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

Day Care of of Working Mothers.

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

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

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

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

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

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

Education, the War Manpower Commission in January 1943 issued a ***of Policy on the Employment of Youth Under 18 Years of***

the war effort by remaining in school and, when their work was needed, by accepting vacation and part-time employment.
followed by a statement of policies for ***part-time employment*** *in-*
school *youth*
War Manpower Commission.

The onset of World War II found oppressive child labor still a Young workers in the fields had little legal protection from employment.
and little schooling were the rule.

Two Federal acts applied to the work of these children but to a

Under the *Sugar* **Act of** *1937,* producers were eligible for full payments only if they employed no children under 14 years on the crops and children of 14 and 15 no longer than 8 hours a day. These

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

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

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

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

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

Maternal and Infant Mortality

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

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

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

An analysis of maternal and infant mortality rates for 1944 showed

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

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

In 1948 ***cure of premature infunts.***

The Story of EMIC

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

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

provided medical and hospital care for dependents of enlisted men, without regard to financial need.
the fort had swelled so that this service could no longer be given without jeopardizing the health of the soldiers.

were not residents of the county. They came from all over the coun- Red Cross chapters couldn't begin to handle the load.

officer.. Could he help?

When the Commanding Officer appealed to the State health

Bureau to give him permission to use maternal and child health funds available under the Social Security Act for the care of these women.

The Children's Bureau agreed that maternal and child health funds could be used to do this. In August 1741, the program got underway.

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

The Children's Bureau appealed to the Bureau of the Budget in August and September 1942 for funds for emergency maternity and infant care, to be administered by the State health agencies under the provisions of the maternal and child health program (Title V, Part 1 of the Social Security Act). The Bureau of the Budget agreed to include this item in the first deficiency bill when Congress reconvened in 1743.

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

Congress unanimously approved the measure. On March 18, 1743, the deficiency bill was signed by the President and became a law. The money appropriated was to cover the cost of medical, hospital, and nursing care for wives and babies of men in the four lowest pay grades of the armed forces.

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

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

Since the program was to be available to every man in the lowest four pay grades to reassure him as to the care that would be given- his wife and baby and thus to help build high morale among the men in the Armed Forces, the Bureau decided to put "stuffers" in the Army and Navy pay envelopes. The first stuffer, approximately 5 million copies, was distributed in August 1743, and informed each of these men of the plan. In all, five stuffers were sent out.

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

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

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

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

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

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

EMIC ran up a record for births in hospitals. For example, out of 100 1945 were born in hospitals. year, including the EMIC babies, only 79 out of 100 pitals, and even that proportion was high in comparison with a prewar year.)

local health officers, physicians, hospitals, and nurses to get good care to this particular group of wives and infants of servicemen. height of the program some 48,000 erated. Great credit was due them for the service they rendered to

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

their husbands went overseas to fight for their country.

It is the story of young men in the Armed Forces whose morale was lifted by certainty that their wives and babies would receive the

met.

heart and open purse strings.

skill and devotion to the needs of these mothers and babies.

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

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

Care of European Children

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

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

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

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

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

Children Who Came During the War

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

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

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

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

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

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

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

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

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

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

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

Children Who Came at War's End

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

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

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

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

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

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

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

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

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

With the creation of the Displaced Person's Commission in 1748 and later with the passage of the Refugee Act (1953), the Bureau was once again asked to advise on the bringing of children to the United States for adoption.

The World's Children

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

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

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

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

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

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

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

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

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

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

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

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

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

chapter VI

THE DECADE, 1946-1956

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

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

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

The Bureau in a New Setting

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

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

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

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

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

On July 16, 1746, by administrative order of the Federal Security Administrator, the Bureau was placed in the Social Security Administration.

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

Midcentury White House Conference

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

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

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

The Interdepartmental Committee on Children and Youth

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

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

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

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

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

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

A New look at Research

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

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

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

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

National Committee, Midcentury White House Conference.

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

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

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

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

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

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

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

Grant-in-Aid Programs

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

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

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

Maternal and Child Health

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

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

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

Children's Bureau, Annual Report, 1950.

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

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

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

Special projects for the care of premature babies were doing a pioneering job in showing how the lives of these undersized and underdeveloped infants, who weigh less than 5 ½ pounds (2,500 grams) at birth, could be saved and safeguarded. Many States were concentrating on providing actual care for premature infants in hospitals with special equipment and with specially trained doctors and nurses. Some of these programs provided a system of transportation of these infants from a wide geographic area surrounding the center or centers, thus covering large parts of the State.

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

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

For example, in order to better prepare medical personnel for their maternal and child health programs, institutes and special training projects were carried out in several States. Those undertaken in **1754** are fairly typical. The California State Department of Public Health with the School of Social Welfare, University of California,

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

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

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

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

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

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

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

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

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

Crippled Children

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

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

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

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

Conditions in addition to orthopedic receiving special attention in

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

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

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

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

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

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

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

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

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

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

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

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

Child Welfare Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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[7] In 1937, the Bureau had started the ball rolling by inviting a group of people representing national, local and other Federal agencies to discuss visiting housekeeping service and housekeeping aid programs. Later the Bureau made a study of this service in 17 cities and published a report entitled ***Some Characteristics of Howekeeper Service in Ten Agencies.*** A later group in 1939 recommended that the service be called "supervised homemaker service." All through the forties and on into the fifties, the Bureau provided consultation on this service. By 1955, more than a hundred agencies, voluntary and public in 84 cities and 27 States, were carrying on the service.

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

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

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

Maternal and Infant Mortality

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

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

Special projects for the care of premature infants under the State programs were demonstrating how the lives of infants weighing less than 5 ½ pounds at birth could be saved and safeguarded. By 1949, with the help of Federal funds, centers for premature infants were functioning in many States. The medical and nursing staff of the Bureau was working closely with the States in developing these services.

Interest in the possibilities of ***preventing fetal deaths and premature births*** increased. North Carolina, the District of Columbia, and West Virginia started studies of fetal wastage. During 1752, studies of infant deaths, limited exclusively to the neonatal group, made considerable progress.

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

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

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

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

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

Special Groups of Children

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

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

Juvenile Delinquency

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

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

reversed in 1949. By 1953, the level was 45 percent higher than in 1748.

By 1951, the need for action on juvenile delinquency had become acute. A 17 percent increase occurred in the number of children appearing before juvenile courts between 1748 and 1951.

The prospect for the future, too, was disturbing. It was estimated that by 1760 the country would have 42 percent more children between the ages of 10 and 17 years than there was in 1951. Even if the rate of delinquency stood at its 1951 level, the number of youngsters picked up by the police would mount from 1,000,000 in 1751 to 1,400,000 in 1760 because of the growth in child population.

For these reasons, in January 1752, the Bureau began an intensive review of juvenile delinquency and of provisions and procedures that had been developed to meet this problem, including its own program.

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

In July 1752, a Special Juvenile Delinquency Project, financed by various foundations and others interested in the problem, was initiated to cooperate with the Children's Bureau in its juvenile delinquency program. The project's purpose was to focus public attention on problems related to the prevention and treatment of juvenile delinquency and to stimulate action leading to the improvement of services to delinquent youth.

The project and the Bureau in 1752 sponsored five meetings with representatives of about 70 national organizations to discuss juvenile delinquency and ways in which the organizations and their local affiliates might stimulate local action and cooperate with the Bureau in meeting the problem. These meetings included five general groups—social welfare, education, health, civic interests, and professional organizations involved in the prevention and treatment of delinquent youth.

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

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

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

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

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

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

The Special Juvenile Delinquency Project ended June 30, 1955. During the last year of the project's activity, the Congress had made funds available to the Bureau for the fiscal year 1955 for expanding its services in the field of juvenile delinquency. On October 6, 1954, the Secretary of the Department had authorized the creation of a Division of Juvenile Delinquency Service in the Children's Bureau.

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

(1) care and treatment of delinquent youth in detention facilities and in training schools;

(2) juvenile court and probation services;

(3) police services;

(4) group work with delinquent youth, as, for example, the use of some of the newer techniques of reaching out to juvenile "gangs" in the neighborhoods where they exist;

(5) coordination and planning of community programs for the control of juvenile delinquency;

(6) establishing facilities for training probation officers, institutional personnel, police officers, and teaching personnel in this specialized field.

Children of Migrants

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

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

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

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

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

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

Pennsylvania developed day-care centers in Potter County.

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

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

Mentally Retarded Children

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

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

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

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

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

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

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

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

Children Placed for Adoption Without the Protection of a Social Agency

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

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

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

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

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

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

These problems were large and not easy to solve. In 1754 about 177,000 children were born to unmarried mothers. About 71,000 of these mothers were under 20 years of age. Protecting the health of mother and baby as well as their future adjustment to life was a matter of grave concern.

The World's Children

The United Nations Rehabilitation and Relief Administration, called upon the Children's Bureau in 1746 to assist in arranging for observations in this country of child health and welfare programs by specialists from war-devastated countries.

In 1747 under agreement with the United Nations, the Children's

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

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

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

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

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

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

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

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

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

TO THE FUTURE

Martha M. Eliot, M. D.
Chief. Children's Bureau

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Martha M. Eliot, M.D., Putting Social Fission and Fusion to Work for Children, National Conference on the Churches and Social Welfare of the National Council of Churches of Christ in America, Cleveland, Ohio, November 3, 195 5.

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

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

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

ACT ESTABLISHING THE CHILDREN'S BUREAU (37 Stat. 79)
Approved Apr. 9, 1912

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

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

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

SHEPPARD-TOWNER ACT (42 Stat. 224)
Approved Nov. 23, 1921

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

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

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

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

[1] See Acts transferring Bureau and functions in this appendix.

SOCIAL SECURITY ACT [2] (37 Stat. 79) Approved Aug. 14, 1935. Amendments of 1950 (64 Stat. 477), Approved Aug. 28, 1950

AN ACT

To provide for the general welfare * * * by enabling the several States to make more adequate provision for * * * crippled children, maternal and child welfare * * *.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled * * *.

TITLE V

GRANTS TO STATES FOR MATERNAL AND CHILD WELFARE

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

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

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

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

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

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

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

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

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

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

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

Reorganization Plan No. 1 of 1953

* * *

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

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

FEDERAL GRANTS TO STATES
amounts authorized and appropriated

Year	Maternal and Child Health		Crippled Children		Child Welfare	
	Authorized	Appropriated	Authorized	Appropriated	Authorized	Appropriated
1936	$3, 800, 000	$1, 580,000	$2, 850,000	$1, 187,000	$1, 500, 000	$625,000
1937	3: 800, 000	3, 624, 466	2, 850, 000	2, 849, 061	1, 500, 000	1, 376, 457
1938	3, 800,000	3,799: 534	2, 850, 000	2, 849, 939	1, 500,000	1,499, 543
1939	3, 800,000	3, 800, 000	2, 850,000	2, 850, 000	1, 500, 000	1, 500, 000
1940	5, 820, 000	4, 800, 000	3, 870, 000	3, 350, 000	1, 510, 000	1, 505, 000
1941	5, 820, 000	5, 820,000	3, 870,000	3, 870, 000	1, 510, 000	1, 510, 000
1942	5, 820,000	5, 820, 000	3, 870, 000	3, 870,000	1, 510, 000	1, 510, 000
1943	5, 820, 000	5, 820,000	3, 870, 000	3, 870,000	1, 510, 000	1, 510, 000
1944	5, 820, 000	5, 820, 000	3, 870, 000	3, 870, 000	1, 510, 000	1, 510, 000
1945	5, 820,000	5, 820,000	3, 870, 000	3, 870,000	1, 510, 000	1, 510, 000
1946	5, 820,000	5, 820, 000	3, 870, 000	3, 870, 000	1, 510, 000	1, 510, 000
1947	11, 000, 000	11, 000, 000	7, 500, 000	7,500, 000	3,500, 000	3,500, 000
1948	11, 000, 000	11, 000, 000	7, 500,000	7, 500, 000	3, 500, 000	3, 500, 000
1949	11, 000, 000	11,000, 000	7, 500, 000	[1] 8, 250, 000	3, 500, 000	3,500, 000
1950	11, 000, 000	11, 000, 000	7, 500,000	7,500, 000	3,500, 000	3, 500, 000
1951	15, 000, 000	13, zoo, 000	12, 000, 000	9, 975, 000	10, 000, 000	7, 075, 000
1952	16, 500, 000	12,524, 100	15, 000, 000	11, 385,500	LO, 000, 000	7, 590,400
1953	16, 500, 000	12, 746, 579	15, 000, 000	11, 482, 498	10, 000, 000	4, 370,923
1954	16, 500, 000	11, 927, 700	15, 000, 000	10, 843,400	10,000, 000	7, 228, 900
1955	16, 500,000	11, 927, 700	15, 000, 000	10, 843, 400	10, coo, 000	7, 228, 900
1956	16, 500, 000	11,927, 700	15,000, 000	15, 000, 000	10, 000, 000	7, 228, 900

[1] Including a supplemental appropriation of $750,000.

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