

MARY LASKER

1941 - 1945

160
June 17, 1941

Dear Mrs. Lasker:

I talked last night to the President and to Doctor McIntire, the Surgeon General of the Navy. They agree with you entirely, but the President says he knows that both Dr. Parran and Miss Lenroot are very anxious to have him take the rap on anything that is done about giving this information because they realize that there will be certain repercussions from the Catholic Church.

The President is going to speak to both Dr. Parran and Miss Lenroot to see if they can get the whole thing moving. The Surgeon General of the Navy is sympathetic and will bring out the whole question from the syphillis point of view through a memo to the President which he can use with Dr. Parran and Miss Lenroot.

This, of course, is highly confidential and not to be made public and only to be told to the head of your Board.

I do feel that things are beginning to move.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, N.Y.

July 2, 1941

My dear Mrs. ^{Albert}Lasker:

Many thanks for your kind note and your generous check. I am sending \$1,000 to the International Students Service and a thousand to the Student Defenders of Democracy and know they will be deeply grateful.

I will be going up to Campobello, arriving there on the 10th and staying there until the morning of the 15th. Over that week end I think Dr. Cohn is bring up Mrs. Levy, Justice Frankfurter, and Mr. McLeish, so you might be interested in coming at that time. I am afraid there may not be room in my mother-in-law's house, but, if not, I can get a fairly comfortable room for you at one of the village houses where I have had friends stay.

You can drive up from anywhere along the North Shore and it can be done in a long day's drive. From New York, I think you would take a day and a half or two days, spending the night somewhere on the way. You drive to Lubec and take the ferry to Campobello. Follow Route 1 all the way until you take a cut-off at Stockton Springs to Bucksport, and then you can turn off just beyond Ellsworth and take a short-cut to Cherryfield. At Whiting you leave No. 1 for Lubec.

If you come by air, you can take a plane from Boston to Bangor and get a car to drive you to Lubec. We will meet you at the ferry.

If you come by train, you can leave New York City on the Bar Harbor Express, which gets to Bangor in the morning, and drive from there. Or, you can take a train around 4:30 in

the afternoon, which gets at East Machias at 8:10 in the morning and a car will meet you there. If you take this train, you will have to tell the porter the night before that you would like him to have some coffee and toast for you in the morning as he takes it on somewhere along the way. We will give you a better breakfast when you reach the island.

I would be very glad to have you come any day while I am there but I think the week-end will be particularly interesting.

Very cordially yours,

Mrs. Albert Lasker
29 Beekman Place
NYC

T:DD

INTERNATIONAL STUDENT SERVICE

8 WEST 40th STREET

NEW YORK

RECEIPT

JUL 9 - 1941

908

file

343

July 7, 1941 19

Received from Mrs. Albert Lasker (through Mrs. Franklin D. Roosevelt)

One-thousand and 00/100 ----- Dollars

in payment of Contribution to work of ISS

International Student Service

Joseph P. Lash

Joseph P. Lash, General Secretary

77

Paragraph copied and sent to Joe Lasker

July 24, 1941

100

Dear Mrs. Lasker:

Many thanks for the "Profile" of Anna Rosenberg and also for the book by Douglas Miller. I enjoyed reading about Anna Rosenberg and am looking forward to reading the book the very first chance I get.

I would love to spend a night with you at Lake Forest and hope we will be able to fit it in. However, we will not know until our plans are more definite but I will surely keep your invitation in mind.

Cordially yours,

Mrs. Albert Lasker
29 Beekman Place
NYC

DB

- 2 -

child spacing at the Tomorrow's Children Conference.

All my thanks again for your kindness and hospitality,

Cordially yours,

Mary Woodard Lasker

Mrs. Franklin D. Roosevelt
Hyde Park
New York

10.7
Mrs. Lasker

October 10, 1941

Dear Mrs. ^{Albert}Lasker:

It was very kind of you to write me, and I am very appreciative of your thoughtfulness.

Anna Rosenberg tells me that you would like to see Dr. Parran. I shall be very glad to try to make an appointment for you, and I am wondering if you would like to come to Washington for dinner and the night, next Tuesday the 14th. I shall of course, be delighted to have Mr. Lasker if he cares to come.

I have to go out to a meeting after dinner for Civilian Defense, and perhaps you would be interested in going with me.

It will be a pleasure to see you again.

Very cordially yours,

JL

October 13, 1941

MEMO FOR MR. CRIM:
MRS. NEBBITT:
MR. TOLLEY:
MRS THOMPSON:

Mr. and Mrs. Lasker have been
invited to come to dinner on the
14th, and to spend the night.

M.T.L.

TELEGRAM

7WUD 54

The White House
Washington

NEW YORK NY 1040AM OCT 13 1941

MRS. FRANKLIN D ROOSEVELT

THE WHITE HOUSE

I HAVE JUST RECEIVED YOUR LETTER AND SHALL BE SO HAPPY TO DINE AND SPEND THE NIGHT WITH YOU TOMORROW TUESDAY I SHALL ARRIVE AROUND NOON UNFORTUNATELY MY HUSBAND HAD ACCEPTED AN INVITATION TO SPEAK AT A DINNER IN PITTSBURGH AND IS DISAPPOINTED NOT TO BE ABLE TO COME. ALL GOOD WISHES TO YOU.

MARY LASKER.

Mrs Acha Lasker

*Diage. H¹⁰
Leyrod 3/28*

*Mrs. Lasker
Also will advise
at 5 PM. Mr. H.
spend night*

*Tele Mr
Crown*

TELEGRAM

The White House
Washington

24WUKI 38 N.L.

NEWYORK, N.Y., Oct. 15, 1941

MISS MALVINA THOMPSON:

COLONEL DONOVAN WILL SEND FOR SUITCASE WHICH I LEFT IN MY
ROOM BY OVERSIGHT. WOULD YOU BE KIND ENOUGH TO SEE THAT SOMEONE
GIVES IT TO HIS MESSENGER. MANY THANKS FOR EVERYTHING AND ALL
MY GOOD WISHES.

Mrs. ALBERT
MARY LASKER.

100
Mrs. Lasker
This was done
by me at 7
file
mz

29 BEEKMAN PLACE

JRP

*Roosevelt
I am sending you a copy of the letter from the Medical Committee of the Birth Control Federation consisting of Drs. Richard W. Pierson, Abraham Stone, Ira S. Lile, Nicholson J. Eastman, Robert L. Dickinson, and Prentiss Killson, which refutes Dr. Parran's statement that contraceptive methods need not be employed to prevent transmission of syphilis.
I am including as well some general articles that have appeared on the subject of Planned Parenthood and Birth Control so that you may see the general attitude of the press is very favorable.
I also want you to have the figures on the Gallup poll taken in 1937 on the question "Should Congress appropriate \$25,000,000 to help control venereal diseases?" 70% were in favor and 21% were opposed. Also, on the question "Should the Federal Government and state and local governments provide medical care for mothers at childbirth?" 31% were in favor and 19% opposed.
These programs have been put into effect by the Federal Public Health Service in the Children's Bureau, whereas, the making of Birth Control an integral part of the Public Health Service which had a 77% group in favor of "Would you approve or disapprove of having government health clinics furnish birth control information to married people who want it?", has had no federal support whatever.
I want to remind you that you promised to send me some information about the Conference for college men and women in Maine this summer. I should be so happy to help in any way possible in your work in this field.
With all my best wishes,
Cordially yours,
Mary Woodard Casper*

Dear Mrs. Roosevelt:

Many thanks for your delightful visit.

I am sending herewith a copy of the letter from the Medical Committee of the Birth Control Federation consisting of Drs. Richard W. Pierson, Abraham Stone, Ira S. Lile, Nicholson J. Eastman, Robert L. Dickinson, and Prentiss Killson, which refutes Dr. Parran's statement that contraceptive methods need not be employed to prevent transmission of syphilis.

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With all my best wishes,

Cordially yours,
Mary Woodard Casper

Mrs. Franklin D. Roosevelt
The White House
Washington, D. C.

140

COPY

May 9, 1941

Dear Mr. Lasker:

It has been brought to our attention that Dr. Thomas Parran, Jr., Surgeon General of the United States, in a letter to Senator James J. Davis of Pennsylvania, dated April 16, 1941, stated that because antisyphilitic treatment is so effective in preventing transmission of syphilis in pregnancy "It is not believed that contraceptive methods need to be employed to prevent the transmission of this disease." As physicians, interested in the health of women and children, we disagree with Dr. Parran on this issue. Our disagreement is based upon medical statistics and upon statements of the leading syphilologists in this country.

It is true that if treatment is begun early in pregnancy and employed continuously until delivery the syphilitic woman may bear a healthy child, but three factors diminish the reliance we can place upon this:

1. Treatment must be adequate and continuous. All clinic reports show that the venereal disease patient is prone to neglect or discontinue treatment. Dr. John H. Stokes, Professor of Dermatology and Syphilis, School of Medicine, and Professor of the Graduate School, University of Pennsylvania; Director, Institute for the Control of Syphilis, University of Pennsylvania, and former Director of the Section of Dermatology and Syphilology, Mayo Clinic, Rochester, Minnesota, whose book "Dermatology and Syphilology", third edition, 1940, quoted below, is 60% to 80% of patients discontinue treatment before having received the minimum treatment to control infectiousness." In most communities today, special attention is devoted to keeping prenatal syphilitic patients under treatment. If we assume that this effort reduces by half the discontinuances in this class of cases, there still remain 30% to 40% of prenatal cases inadequately treated.
2. Unless syphilis is diagnosed early, time does not permit adequate treatment. North Dakota, the state with the lowest maternal mortality rates in the Union (2.4 for 1938), reports (Journal of the American Medical Association, April 26, 1941), that, of the pregnant women who consulted physicians in 1939, only 54% did so in the first three months of pregnancy, 30% in the second three months, and 16% in the last three months. Dr. Parran would agree, we are sure, that adequate antisyphilitic treatment could not be given to any of the 16%, nor to all of the 30%. These two latter percentages would be higher in other states, doubled in some, highest in rural areas where economic distress is greatest.
3. Even if syphilis is diagnosed early and treated continuously for six months of more of pregnancy, 5% of the cases are not fully arrested.

Hence, in spite of the millions being spent on our national venereal disease control program, a large number of infants will continue to be born annually with congenital syphilis in the United States.

Dr. Farran at the Conference on Better Care for Mothers and Babies, held in Washington in January 1938, stated that "60,000 babies are born each year in this country with congenital syphilis." (Conference Proceedings, Page 15). He said, at this same Conference, that "pensions and care for the syphilitic blind cost \$10,000,000 a year. Institutional care of those made insane by syphilis costs \$31,400,000." (Conference Proceedings, Page 13.)

Dr. Herman Beerman, in his study of "The Costs of Syphilis", (American Journal Medical Sciences, 199:586-596, April 1940) says that costs per patient for treatment, vary from \$50 to \$500. Many women who are still ashamed to go to public clinics for treatment, cannot afford the price of office visits to a physician in private practice and therefore are not treated at all during pregnancy.

Other authorities on syphilis do not agree with Dr. Farran that birth control has no place in the campaign for control of congenital syphilis. Dr. Stokes, in his book cited above, says on page 293 (general instruction of patients):

"Instruction must be individually adapted...Where birth control is indicated the information can be furnished by the physician or other proper authority."

In the section on Syphilis and Marriage, page 202f, he says:

"Marriage should be forbidden within the first 3 to 5 years of the infection, whether in husband or wife.

"If marriage has already taken place, or cannot be prevented or postponed, abstinence from intimate contacts, except when the infection is being actively treated with an arsphenamine, should be advised; and conception should not be considered until the husband has been prepared for it by thorough treatment, even though he has been previously free of all symptoms and negative to all tests for a long period...

"Blood tests do not prove either that a patient is infectious or non-infectious...No single known test proves a man or woman who had had syphilis to be fit to be a father or bear a healthy child...

"To solve the problem of protecting parent and child from the effects of syphilis requires a program of regulated marriage, including birth control, by continence or other forms of contraception, for which the physician at least should stand as sponsor and director. To fail to advise the syphilitic patient fully and in detail on these matters is a breach of duty on the part of the doctor, the maternity or the prenatal clinic."

Dr. Joseph Earle Moore, Associate in Medicine, Johns Hopkins School of Medicine, in his book "The Modern Treatment of Syphilis", Springfield, Illinois, Thomas, 1933, says,

"Pregnancy should not be permitted until the patient, if the husband, has fulfilled the criteria of 'cure' of early syphilis - i.e., prolonged, continuous treatment, (12 to 18 months), followed by a full year of probation without treatment, with no lesions of syphilis, and with repeated negative blood Wassermann Tests; or if the patient is the wife, unless she is treated throughout pregnancy."

May 9, 1941.

We have here the opinion of Dr. Stokes and Dr. Moore, noted authorities in this field, opposed to that of Dr. Farran. We agree with both of them that birth control is a necessary part of any program to reduce the incidence of syphilis, and that the doctor, maternity or infancy clinic which does not advise the women afflicted with this disease on contraception is committing a "breach of duty."

It is no answer to say that many of these women will not use contraceptives. Dr. Stokes says that national surveys show that 60% to 80% of the syphilitic patients going to clinics discontinue treatments before the minimum number necessary to reduce infectiousness have been given. Birth control clinics do not have that percentage of discontinuance, possibly because procedure is simple and few visits are required. Once advised by a competent doctor, and with possibly one check-up, it is not necessary to return month after month to a contraceptive clinic. The cost is low and the woman can follow instructions unaided.

Treatment for syphilis, by comparison, is long and complicated, requiring continuous, supervised medical care and instruction. It is costly, even when given at a public clinic.

To sum up. The best medical opinion is that syphilitic women should be protected against pregnancy. If, for any reason, they become pregnant they should be given approved treatment, in the hope that instituted early, and continued through pregnancy, a healthy child may be delivered.

To neglect to advise the syphilitic woman on contraception is to fail in one branch of preventive medicine, and in the face of the fact that even with continuous treatment a proportion of babies born to syphilitic mothers are born diseased.

It is hard to see how any public health men, knowing the difficulty of diagnosis and the incidence of discontinuance of treatment, can fail to use every weapon in his power to prevent the birth of even one more syphilitic baby in this country. Birth control is such a weapon, and, in our opinion, the public health service should use it.

Richard N. Pierson
Abraham Stone
Ira S. Wile
Nicholson J. Eastman

Sincerely yours,

Robert L. Dickinson
Prentiss Willson, Chairman

Medical Committee
Birth Control Federation of
America, Inc.

October 21, 1941

Dear Mrs. Lasker:

You were more than kind to send the flowers to my house. I enjoyed them so much and they made the house look happy.

With many thanks, I am

Sincerely yours,

0

Mrs. Albert Lasker
29 Beekman Place
NYC

Many thanks
to you
for the
love that
I feel

ack
10/21

TWENTY-NINE BEEKMAN PLACE

Dear Mrs. Roosevelt,

Many, many
thanks for the beautiful
time I had in Washington!
I can't tell you
how much I enjoy
being with you, and
watching you handle
such varied and
exciting problems
as come to you
every hour. I feel

it helps me to grow, and
you know what a human
satisfaction that is!

Miss Thompson told
me, after had asked
her where I might send
you a few flowers, that
you'd be at your house
here tonight for a dinner,
so I hope these flowers
will help a little to
make a festive
look for the party.

All my affectionate good
wishes come with them.
Mary Woodard Lister

Miss Albert Lister

All good wishes
for Xmas and
my appreciation

Mrs. Anna M. Hester, Architect - 224 West 11th Street

for all your wonderful
work!

Affectionately yours

TWENTY-NINTH BIRCHMAN PLACE

Mary Howard Hester

November 1, 1941

Dear Mrs. Lasker:

I am so sorry that I cannot accept your very kind invitation to dine with you and attend the preview of John Golden's play, "Theater", on November 11, as I have to be in Detroit on that date.

I shall surely give you a "rain check" for a visit here.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York
New York

ds

29 BEEKMAN PLACE

ack
11/1/21

no more
to the
Detroit
see surely
give you a
"rain check"
ER

Dear Mrs. Roosevelt,

Anna Rosenberg told me this afternoon that you are leaving for Chicago tomorrow morning, and so, as I hope to be able to finish my work by six tomorrow evening, I think I should return to New York with Anna, and hope you will give me a "rain check" to stay with you at the White House later on when I can report and have the gain of a little visit with you.

Is there any chance that you will be in New York November 11th? There will be a preview of John Golder's play "Theater" with Cornelia Otis

29 BEEKMAN PLACE

Skinner that might for the benefit
of the Outdoor Cleanliness Association.
If you could dine with us and
go to the preview it would give
me such pleasure, and you
know of course how thrilled John,
and the Outdoor Cleanliness Association
would be to have you there.
Do let me know if ~~this~~ it's
possible!

All my affectionate good
wishes for your Chicago trip!

Yours faithfully,

Harry Woodard Lister

Enc. 11/15

Monday evening:

October twenty-seventh.

100

1/8/42

Sent to Mrs. Albert Lasker

Dr. Parran's letter Jan. 6 - Dr. Ziegler will give limited amount of time to her work

52

100

January 15, 1942.

Dear Mrs. Lasker:

We in the Office of Civilian Defense do not take up any specific thing and take action on it.

If we get word from a community that there are certain conditions existing, we could take cognizance and bring it to Miss Lenroot's attention, but that is all we can do.

Very sincerely yours,

+ Mrs. Albert D. Lasker
Birth Control Federation of America,
29 Beekman Place,
New York, New York.

VIG

*Pls. refer to the report - see DKR 1/2/42
can document to Mrs. Lasker etc.*

*add
1/15/42*

REPORT OF THE LUNCHEON MEETING HELD AT THE WHITE HOUSE

AT THE INVITATION OF MRS. FRANKLIN D. ROOSEVELT

DECEMBER 8, 1941

*10/11/42
- 1/1/42
1/15/42
Ber*

Those attending were:

- Mrs. Albert D. Lasker, Secretary of the Birth Control Federation of America
- Miss Katharine F. Lenroot, Chief of the Children's Bureau
- Dr. Martha M. Eliot, Associate Chief of the Children's Bureau
- Mrs. Florence Kerr, Assistant Director of W.P.A.
- Mrs. E.R. McKinnon, Regional Director for the Rocky Mountain and Far West Area of the Birth Control Federation of America
- Dr. Edwin F. Daily, Director, Division of Health Services, Children's Bureau
- Captain Charles S. Stephenson, In Charge of Division of Preventive Medicine, Navy Department
- Dr. Mark V. Ziegler, Senior Surgeon, U.S. Public Health Service
- Dr. R.C. Williams, F.S.A. Division, U.S. Public Health Service
- Dr. Prentiss Willson, Obstetrician, Washington
- Dr. Horton Casparis, Professor of Pediatrics, School of Medicine, Vanderbilt University
- Morris L. Ernst, Attorney, New York City
- D. Kenneth Rose, National Director, Birth Control Federation of America

The discussion program of the luncheon was opened by Mrs. Lasker, who said in substance that the Federation has been anxious to find out how it, as a non-official agency, could more actively cooperate with the Federal Health Agencies in developing ways and means for supporting child-spacing programs in state public health programs. The Federation also thought it would be helpful to bring to the attention of Federal Health Officials the experience derived from the child-spacing programs officially under way in North and South Carolina and Alabama. Mrs. Lasker said in part:

"We thought it would be very helpful today to report on some of the findings and to explore with you the existing situation, to see what could be done. From all of the advice we have received, it seems to be the

almost unanimous opinion that the time is opportune for developing child-spacing programs, and that it is largely a question of working out procedures under the careful guidance of those who know not only the health needs but the states where such programs can best be started and thus build precedents for further expansion of similar service".

Mr. Rose then outlined the functions, purpose, objective and accomplishments of the Birth Control Federation. In doing so, he made the following points:

"First, the Birth Control Federation today has affiliated with it 34 state organizations, and over 600 local committees or clinics. There are 209 public health departments which are including child-spacing in their maternal and child care services; 114 hospital services and 309 extra mural clinics in settlement houses and other quarters.

"Forced in the beginning through lack of public understanding and legal restrictions and confusion regarding the law to establish extra-mural clinics as demonstration centers, its primary objective today is to have child-spacing included as an essential part of maternal health services in existing health agencies, both public and private.

"Secondly, the Federation has a National Medical Council on birth control comprising 2000 leading physicians throughout the country, with Dr. Nicholas J. Eastman, Obstetrician-in-Chief of Johns Hopkins University as Chairman. Its State and local units all have Medical Advisory Committees supervising the services.

"Third, from the earliest beginnings of the movement in America, eminent physicians assisted and leaders in all walks of life have supported its program. Since 1939 the national program of the Birth Control Federation has been publicly sponsored by 1,900 members of the National Committee for Planned Parenthood, leaders in medicine, education, religion, labor, social work, business and the law.

"Fourth, public opinion favors integration of child-spacing in existing health services as is shown by polls conducted in recent years by Gallop, Ladies Home Journal, Farm and Fireside magazine, Fortune and others.

"Five, practically all major religions groups have approved the principles of child spacing with only the Roman Catholic Church differing on the question of method. In other words, the issue today is the rhythm method versus medically-prescribed

"To illustrate the religious support, specific endorsements have come from the Federal Council of Churches of Christ in America, (through its Committee on Marriage and the Home), Central Conference of American Rabbis, American Unitarian Association, the House of Bishops and the House of Deputies of the Protestant Episcopal Church, General Council of Congregational and Christian Churches and the Universalist General Convention and others.

"The Birth Control Federation is a member of the National Social Work Conference.

"Many State Medical Societies have endorsed child-spacing, among them: Alabama, Arizona, Connecticut, Delaware, Florida, Georgia, Maine, Michigan, North Carolina, South Carolina, Arkansas and Texas.

"Six, Evidence of the increasing demand and public support for the extension of child-spacing is also seen by the fact that contributions to the National Federation have grown in 4 years from \$75,000 to \$275,000.

"Seven, in addition to its general national educational program, both medical and lay, the Federation's major efforts today are:

- a. Integration of child-spacing into existing State, County, and City public health services.
- b. Negro public health demonstrations in Berkeley County, S.C. and Nashville, Tennessee, plus an educational program under the auspices of a National Negro Advisory Committee.
- c. A demonstration program among migrant families in California and Arizona.
- d. Medical education on contraceptive techniques through distribution of a new medical textbook, Techniques of Conception Control, (50,000 distributed in 1941), and through the establishment of adequate courses in Grade A medical schools.
- e. Support of research for improved contraceptive methods being conducted by the National Committee on Maternal Health. Also, clinical research on acceptability and effectiveness of existing methods.
- f. Support and extension of state public health programs in North and South Carolina and in Alabama.
- g. Development of additional state public health programs in Virginia, West Virginia, Tennessee, Florida, Colorado, Texas, Arizona and California.

"The Federation has behind its thinking and its policies twenty-five years of practical experience and now it feels the time has arrived for its major efforts to be directed toward cooperation with official public health agencies in the development of child-spacing service as an integral part of pre-natal and post-natal service. Similar cooperation already exists between public health agencies and other national organizations with respective fields of major interest such as the American Social Hygiene Association, the National Tuberculosis Association, etc.

Mrs. McKinnon told briefly of the steps taken in the Carolinas and Alabama in integrating the child-spacing program with other public health services. It was explained that the State Directors of Public Health had long recognized the need for the addition of child-spacing to their other public health services and in each case when the time seemed ready they inaugurated the program after the States Medical Association had passed resolutions recognizing this as a medical problem.

She told of the Alabama program in greater detail because of her closer experience with that development during 1940. A survey was made of several of the counties with the obstetrical consultant to discover the attitude of the health officers, private physicians and prominent lay individuals. The response was so overwhelmingly favorable that it was decided by the Public Health officer to undertake a program. Letters were sent out to all County Health Officers and Presidents of Medical Societies offering films on techniques of conception control, as well as the services of one of a number of private physicians who had offered to discuss the films at the County Medical meetings. The films have been shown to 26 of the 67 County Medical Societies. It was pointed out that the need for lay support was recognized and this was forthcoming in a much larger degree than anyone had anticipated. Emphasis was put on the fact that the program in all instances is a permissive one just as the pre-natal and post-natal services are and no one need avail herself of the advice unless she wants.

The program in Puerto Rico, where there are now 140 clinic services with some 30,000 mothers securing advice with little or no opposition in such a Catholic community, was briefly outlined. All present seemed aware of the Puerto Rican venture.

Capt. Charles S. Stevenson was then called on by Mr. Rose. He made light of the possibility of child-spacing in the Navy but became serious when reviewing the difficulty of finding adequate medical advice along this line for the wives of the men in the service. He emphasized the need for the increase of centers with Federal approval where assistance might be more readily available and he expressed the thought that through the broadening of such child-spacing services the average private physician would then inform himself of the technique which in so many cases he lacks today. He mentioned that through his teaching he had learned that there is a great interest but lack of knowledge among the students.

Dr. R.C. Williams when called upon stressed that efforts to rehabilitate families break down because of the fact that children come so fast the parents are unable to get adequately on their feet. "We realized long ago that we cannot succeed in the Farm Security Program without some child-spacing service."

Mrs. Florence Kerr concurred in all that had been said by Dr. Williams. She said that in W.P.A. projects the fact that a person was certified for work meant ipso facto that he was in the low income group. She explained that when W.P.A. case workers were asked for child-spacing information they had referred mothers to clinics if they are available, but obviously there are not enough clinics to meet the need. They don't, however, do this referral as a W.P.A. policy but merely as the only practical method of handling some cases.

Mrs. Kerr made it clear by implication that it would be helpful if it were a regular U.S.P.H. Service policy and she said that she felt that there should be a great many more services federally supported.

Dr. Edwin Daily was asked by Mr. Rose if he had any statistics of general information of conditions among mothers attending clinics. He said that women who showed a need of child-spacing service could be divided into three categories:

1. The women with organic disorders, (such as tuberculosis, cardiac, etc.), who die through complications of pregnancy form the smallest group. Only a few more than 1600 lose their lives each year. (The previous evening Dr. Daily had mentioned that there was no way of measuring the exceedingly high rate of morbidity among this group of women due to unplanned pregnancies.)
2. Then comes the group of women who die from too-frequent child-bearing. This is much the greatest number and constitutes the real necessity for spacing pregnancy. Dr. Daily elaborated this point.
3. The group with too many children. This rather overlaps category #2. Dr. Daily referred to the Dr. Guttmacher studies and others which show the rapidly increasing rate of deaths of mothers after four pregnancies. Dr. Daily made a very clear case for the need for a child-spacing program.

Dr. Prentiss Willson was asked to tell something of the need as he sees it in his private practice. He corroborated the statements of Dr. Daily and made it very clear that not only was it imperative that this service be provided for women generally, but also that public opinion now recognizes that this is a legitimate medical and social function.

Later, after Miss Lenroot had expressed the fear that any inclusion of birth control would jeopardize her other programs of maternal and child welfare. To this Dr. Willson stated: "I wonder if you realize how great the need is for this service? If you could know all the hundreds of women who come to my office begging for help! You, Miss Lenroot, are charged with a specific responsibility of carrying on a thorough program of maternal care. People lose confidence when they see that an obviously essential part of that program is omitted. If the Children's Bureau faced its responsibility in this field, I am convinced that the inclusion of birth control service, far from nullifying or hindering its program, would strengthen it enormously and win it respect and additional support."

Miss Lenroot then questioned whether that support would be great enough to bring pressure on Congress and inferred doubt that political leadership existed to support such action, to which Dr. Willson replied: "After all, let us remember at whose board we are sitting, and under whose roof" significantly glancing upward and around the dining room of the White House. Then he added: "I consider this a most historic occasion and the most significant event in the history of the movement since the birth of Margaret Sanger".

Dr. Horton Casparis pointed out that pediatricians were the ones who had to take care of the evil effects of indiscriminate child-bearing. He emphasized that child-spacing is an integral and necessary part of the whole maternal health cycle.

Dr. Mark V. Ziegler, of the U.S. Public Health Service, referred to Dr. Draper's letter of October 17, 1941, addressed to Mrs. Lasker. This letter read as follows:

2

"Thank you for your letter of October 15th setting forth the conclusions of our talk the other day and requesting confirmation.

"It is the policy of the Public Health Service to cooperate with the health departments of the various States in the programs that they decide are in the best interests of the protection and advancement of the health of the people whom they serve.

"Should a State Department of Health decide on its own initiative to undertake a child-spacing program in accordance with the health laws of the State, the Public Health Service would give the proposal the same consideration as would be given to any other proposal in connection with the health program of the State."

Dr. Ziegler indicated that this was a matter of policy; giving recognition to the State's right to decide what might be done for the good of that particular program. He described the procedures of the U.S.P.H.S. and said that the growth of public health services had been augmented by private agencies such as the Birth Control Federation in getting new health programs added to the existing ones. For instance, the cancer control program was initiated by a voluntary organization and through their efforts an appropriation was secured from Congress. The same was true of the venereal disease service, the appropriation of which was greatly augmented by the efforts of the American Social Hygiene Association.

He explained that such services were initiated by having field consultants added to the staff to promote and work out programs adapted to the various sections of the country; that today there are two health education consultants who are assigned to the country at large; and that he could see no reason why consultants in child-spacing might not be added to the staff to work out procedures and methodology.

Later in the discussion, Dr. Ziegler asked Miss Lenroot: "Would it not be the best method to get these things straightened out to have a state health officer specifically send in a request for the addition of child-spacing services

in his budget," This forthright question was not answered directly by Miss Lenroot.

Miss Lenroot expressed her appreciation of having an opportunity to discuss this whole subject in such an exploratory fashion; and stated that she had been impressed with the constant reiteration that child-spacing is being considered as a part of the whole maternal health service by Federation representatives and others present. She felt, if this were true, that progress could be made.

She recalled in some detail the history of the maternal health program and of the opposition to that and the difficulties which were encountered in securing appropriations for the Shephard-Towner Bill and its subsequent discontinuance and of the Child Labor Amendment. She recommended as "good reading" some of these Hearings which showed the narrow-mindedness and short-sightedness not only of some members of Congress but also of some groups that testified at the Hearings, including certain religious factions and even anti-suffragists. She brought this up to show the opposition which would, in her mind, unquestionably arise if she were to undertake the inclusion of child-spacing in her maternal health program. She enlarged on the difficulty that they had had in getting a pre-natal and post-natal service and told how limited that service was. She summarized her position with the statement that in her opinion a decision would have to be made between whether efforts should be continued to seek increased appropriations and enlarge the maternal care program as it is now being done, or discontinue all hope of further expansion by including birth control. It was to this statement that Dr. Willson ventured the comment that probably Miss Lenroot did not realize the overwhelming demand for child-spacing information and that the inclusion of birth control services might very well augment her program.

During her discussion Miss Lenroot emphasized that the legal situation had not been clarified to the satisfaction of her legal advisors.

Mr. Morris Ernst was then called upon to explain the legal situation.

He developed the history of the legal status of the birth control movement from the days when contraceptives were freely advertised in the newspapers through the period of fear and misunderstanding and blackness following the passage of the Comstock Act of 1873 which he briefly described before referring to the great number of legal cases which have provided the background of legal interpretation on which the decision of the United States vs. One Package was based in 1936. He apparently made it clear to everyone present, (with the possible exception of a representative of the Children's Bureau), that legal freedom existed.

Mrs. Lasker stated that some legal advisors of the Children's Bureau were concerned over the statute relating to government employees. To this Mr. Ernst replied that he was at a loss to understand the mental workings of anyone who could not see that the interpretations clarifying the legal freedom of physicians to give contraceptive advice "to promote health or well-being" which applied to the importation, and intra-state and inter-state laws do not equally apply to those employed by the Federal government to promote public health. Therefore, he was baffled to know how to answer that question further.

Miss Lenroot held to the viewpoint that she felt that an interpretation by Attorney General Francis Biddle was needed before any program could be undertaken and Mr. Ernst questioned the probability of her getting it unless she specifically asked for it.

Miss Lenroot then stated that even though the laws were clarified to her satisfaction, she would still have to have the approval of Congress. This developed into a discussion of just what approval she would think necessary. It seemed generally agreed that it would be unwise and unnecessary to present a request for an appropriation specifically for child-spacing; but Miss Lenroot seemed to indicate that if powerful leaders in Congress signified their willingness in advance not to oppose any further appropriation for Children's Bureau funds because of the inclusion of birth control, (even though it were not specifically mentioned), it might clear the decks for action. On being pressed as to who would be the important ones, she countered by saying that Mr. Ernst would know far better than she. She felt that approval would have to be secured not only from the members of the Sub-Committee on Appropriations, but also the members of whatever committee to which the bill might be referred, namely: Education, Labor, or Ways and Means. Moreover, this inclusion of birth control in the Children's Bureau program would have to be in accordance with the views of persons in strategic positions such as Congressman John McCormack, Chairman of the powerful Rules Committee.

Mr. Ernst in his discussion went into the Catholic situation at some length and told of the fears which are being expressed by leaders in the organized Church over the failure of the Rhythm method, a description of which is being sent indiscriminately through the mails to unmarried as well as married women in various books "published with ecclesiastical approbation". Calendars for this method are under investigation by the Federal Trade Commission - another source of uneasiness among Catholic leaders. He told of concern being expressed by priests over the fact that approximately 1/3 of the women attending clinics admitted that they were of the Roman Catholic faith and that something must be done so that the Church need not lose face.

Dr. Charles Stevenson pointed out the eventual need of sufficient scientific information as to the reliability and effectiveness of existing contraceptive methods and he volunteered, if it were the will of the group present, to start the wheels in motion for the largest and most authoritative research agency in the country, i.e. Division of Medical Science of the National Research Council, under the direction of Dr. Lewis Weed, to have the material and sound data available when called for. This was generally agreed to.

At this point, Mr. Ernst emphasized the need for immediate action tying it in with Civilian Defense activities. "Now, as never before", said Mr. Ernst, "we must see to it that the democratic way of living for which we are fighting must still be here when the war is over". He made the suggestion that it would be of service to Miss Lenroot and strengthen her hand if some who were around the table were to sit down with Mrs. Roosevelt in the very near future and work out a plan for the cooperation of the Civilian Defense groups in their efforts to improve local health programs. For example, a letter or questionnaire could be sent out by the Office of Civilian Defense asking each group what public health services were available in their communities, what they recommend to improve them, and if a program of child-spacing would be helpful in such a community as theirs. Through this method Mr. Ernst felt that a response could be had in a matter of a few weeks from 1500 to 2000 communities which would be helpful as a canvass of the attitude throughout the country. He asked Miss Lenroot if this would help and she responded that it was a good idea but not sufficient to give her a green light. Then she said that if this group really were earnest in its claim that they want to integrate birth control in other public health services that it would be necessary to get an over-all group to promote the extension of the present maternal and child services with the inclusion of child-spacing as part of these services, - an over-all

group disassociated from the birth control movement or the Children's Bureau. Such groups should include the Maternal and Child Welfare Sections of the General Federation of Women's Clubs, the American Legion, Parent-Teachers Association, Labor organizations etc. Such agencies could coordinate efforts to bring pressure on Congress and the President. Just how this could be accomplished she didn't know; but she thinks that a canvass of the sentiments of the United States by the Civilian Defense Agency not sufficient.

Miss Lenroot said that she would be glad to discuss the matter further upon request from Mr. Rose.

Miss Martha Elliott concurred in the statements of Miss Lenroot and wished it clearly understood that she and Dr. Daily had long appreciated the need for child-spacing in a well-rounded maternal health program but that they also recognize all too well the situation which Miss Lenroot had described. Therefore, she implied that she felt they must be allowed to continue their policy of knowing that birth control programs were being carried on but not giving such programs official recognition or sanction. She referred, (and requested that it be off the record), to an instance where one state had included child-spacing in the budget but when told that it would require a legal decision by the Attorney General, and that the state budget would be held up six months awaiting the decision, the officer agreed to withdraw the child-spacing item from the budget. The implication was that the state had withdrawn the statement from the written budget, but had continued with their child-spacing program with the knowledge of the Children's Bureau.

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✓
January 21, 1942.

Dear Mrs. Lasker:

I have your letter of January fifteenth, and I too enjoyed seeing you last week.

I am very much interested in what you tell me about the United States Public Health Service.

As I explained, I can not accept an award now as there is no use in antagonizing people at this time. I have modified the statement you enclosed, for the same reason.

I am sorry I can not be in New York for the dinner, as I have an engagement down here.

Very sincerely yours,

Mrs. Albert D. Lasker
29 Beckman Place
New York, New York.

VDS

STATEMENT TO BE READ BY
DR. RICHARD PIERSON

Dear Dr. Pierson:

The health and lives of civilians are important at all times - doubly so during war times when there is so much destruction.

Our children are our hope for the future, and we must do everything we can to have them born healthy and to keep them healthy so they will grow up healthy men and women, ready and determined to carry on the fight to make democracy work, both as a form of government and as a way of life.

ELEANOR ROOSEVELT.

VDS

The health and lives of civilians are important at all times - doubly so during war times when there is so much destruction. ✓

Our children are our hope for the future, and we must do everything we can to have them born healthy and to keep them healthy so they will grow up healthy men and women ready and determined to carry on the fight to make democracy work, both as a form of government and a way of life.

~~Planned parenthood means healthier mothers and babies; the reduction in the death rate of mothers and babies and a healthier nation in the future.~~

Lasker:

I have your letter of January 15th, and I too enjoyed seeing you last week.

I am very much interested in what you tell me about the US Public Health Service.

As I explained I can not accept an award at this time as there is no use in antagonizing people at this time. I have modified the statement you enclosed for the same reason.

I am sorry I can not be in New York for the dinner, as I have an engagement down here.

e.r.

29 BEEKMAN PLACE
NEW YORK CITY

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January 15, 1942

Dear Mrs. Roosevelt:

I did so enjoy lunch yesterday. It was such a pleasure to see you.

After lunch I went to call on Mr. Paul McNutt, and found what seems to me your influence at work, in that he has become quite interested in enlightening the U. S. Public Health Service on the subject of child-spacing. He is much more sympathetic on the subject than I have ever known him to be, and he put me in touch with Miss Mary Switzer, who said she would talk to Dr. Draper and urge him to notify the doctors in charge of various regions of the U. S. Public Health Department's permissive attitude toward the use of its funds by states who wish to initiate their own child-spacing programs.

I am also writing to remind you of the message you promised you would send to be read at the annual dinner of the National Committee for Planned Parenthood. As I told you, we are awarding citations for distinguished service in the field of human welfare to Pearl Buck, Julian Huxley, Paul Kellogg and Dr. Reynolds of North Carolina, who was the first state health officer to start a child-spacing clinic in any state's public health program.

The speakers will be Julian Huxley, Jay Allen, Pearl Buck and Dr. Allen Valentine, president of Rochester University.

The message should be addressed to Dr. Richard Pierson, who will preside at the dinner. ^{Send it to me here} and I will give it to him!

I am enclosing clippings of the statements you made two years ago about Planned Parenthood, and also a copy of your column which appeared a few days ago which relates to the need of providing for our children in this war crisis. I think nothing is such a basic need as that our children shall be well born, free of inherited disease and disabilities, and I know you agree with me. I am also enclosing a suggestion for the message, which is probably not anything like what you would like to say, and you will be able to put anything you say much better, in any case.

Mrs. F. D. Roosevelt - 2

Is it possible that you might be in town that evening and could attend the dinner as a guest of honor, even though you would not be willing to receive a citation? *right*

I cannot tell you how grateful everyone interested in this work is to you, and how much we appreciate your help.

With all my good wishes and affection,

Yours,

Katy Woodard Lasker

My Day

By Eleanor Roosevelt

WASHINGTON, Monday.—In the current issue of Parent's Magazine they give their second annual report on the nation's children. There is a general recognition of the grave responsibility of providing our children, in this war crisis, with the services necessary to preserve for them in the future the things for which we today are fighting.



The Four Freedoms will not mean much to them, if they are told that we have preserved them for them, unless they are able to use those Four Freedoms. You cannot be a citizen in a democracy and feel confidence in your own ability to meet the future, unless in your childhood the basic needs of every child are met regardless of war conditions.

The carrying out of this program to achieve this end lies largely in the hands of the Children's Bureau and the different health and welfare

projects under Administrator McNutt. But I think it is the responsibility of the Office of Civilian Defense to see that the needs are recognized. They must have the backing of people in every community so that the defense councils will recognize the importance of meeting them.

I must tell you that the pageant on the contribution of the Negro people to the history of the United States, as given last night in the performance called Salute to Negro Troops, presented by the stage, screen and radio division of Fight for Freedom, Inc., was most moving and thrilling. Any citizen of the United States must have been proud when Washington, Jefferson, Jackson and Lincoln each came on the stage and spoke their own message to their people who loved democracy and liberty.

It carried into one's heart an emotion which must translate itself into a greater devotion to accept the challenge of this war, and to make of this nation the example which the Founding Fathers envisioned, but which we have never completely carried out.

Jan. 13, 1942.

THE JOHN PRICE JONES CORPORATION.
Organization and Publicity Counsel
150 Nassau Street, New York City

N. Y. TIMES

JAN 17 1940

FAVORS 'PLANNED FAMILIES'

**Mrs. Roosevelt Says She Would
Not Impose Views on Others**

Special to THE NEW YORK TIMES.

WASHINGTON, Jan. 16—Mrs. Roosevelt said today she was not opposed to birth control and "many years ago" had been a contributor to the maintenance of clinics in New York City. She added, however, that she did not seek to impose her views on any one whose convictions, for religious or other reasons, were contrary to her own. The subject came up at her press conference today in connection with a discussion of the forthcoming White House conference on children in a democracy, and of the use of public funds for birth control clinics.

Asked if she were "opposed to the planning of children," Mrs. Roosevelt made her first statement on the subject since her husband's election to the Presidency.

"No, it is not against my religion," she said, "but I am not imposing my ideas on any one else. I am not opposed to anything which may be of value to some people, but I do not wish to impose my views on others."

DAILY NEWS

Does Not Oppose Birth Control, Says First Lady

Washington, Jan. 18 (AP)—Mrs. Franklin D. Roosevelt said today that she does not oppose "the planning of children," but that she does not wish to impose her views on any one else.

It was her first utterance on the question of birth control since her husband has been President. Many years ago, she said, she contributed to a New York City organization which maintained birth control clinics among the poor on the east side.

The question came up at her press conference today in view of her recent visit to Washington's public health facilities. Asked if she opposes "the planning of children," Mrs. Roosevelt said:

"No. It is not against my religion, but I am not imposing my ideas on any one else. I am not opposed to anything which may be of value to some people, but I do not wish to impose my views on others."

Mrs. Roosevelt Is 'Not Opposed' To Practice of Birth Control

From the Herald Tribune Bureau
WASHINGTON, Jan. 16.—Mrs. Franklin D. Roosevelt expressed approval today of the "planning of children," otherwise known as birth control. It was the first time since her husband became President that Mrs. Roosevelt had permitted any discussion of this topic at her weekly press conference, and today it was incidental to questions about her recent visit to some District of Columbia public health offices.

"No, I am not opposed to the planning of children," Mrs. Roosevelt said. "Some people oppose it on religious grounds, but there is nothing in my religion to make me oppose it. In general I should not be opposed to a thing which might be of value

to some people, but on the other hand I should not urge my attitude upon them either."

Mrs. Roosevelt revealed that she had once been a subscriber to an organization which conducted birth-control clinics in New York City, but she could not recall its name. This was the first time, she admitted, that she had commented on the subject since her views had been "of any interest to any one."

Queried on a report following the last White House reception that she had been kissed by Vice-President John N. Garner, Mrs. Roosevelt laughed and said no, the report was not true—she wished it were. The Vice-President had kissed her hand, she said. He had to leave early, she explained, and it was a sort of apology.

THE BALTIMORE SUN

**First Lady Approves
Birth-Control Clinics**

**She Doesn't Mean To Impose Her
Ideas On Anyone, However,
She Adds**

Washington, Jan. 15 (AP)—Mrs. Franklin D. Roosevelt, discussing birth control clinics at her press conference, said today that she personally was in favor of "planned families."

During her New York residence, she said, she had subscribed to such a clinic for several years.

Mrs. Roosevelt added:

"I'm not opposed to something which might be of value to someone, but I'm not imposing my ideas on anyone whose religion is different from mine."

She said she believed working women should be permitted leaves of absence in order to have children, and that afterward they should be permitted to return to their jobs.

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Suggestion for Possible Statement to be addressed to
Dr. Richard Pierson at the National Committee for
Planned Parenthood dinner at the Waldorf, January 28th
and sent to Mrs. Albert D. Lasker, 29 Beekman Place, New York

At a time when the whole world is concerned with destruction,
it is important that American citizens try to solve fundamental
problems in the health and lives of civilians which continue during
all crises.

We are in an all-out effort against aggression. We know that
to win, as win we will, we must maintain those things in our American
life which preserve the health, strength and welfare of our people.

One way to help preserve the health of mothers is through planned
parenthood, because it is democratic in spirit; because it imposes
no belief or fixed course of action on anyone; because it is concerned
intimately with the basic values of family life - children; and
because it is a measure that means healthier mothers and sturdier
babies born and reared.

These are important now to this nation in an hour that tries its
strength - they will be important tomorrow in the better world to
come.

JAN 23

TWENTY-NINE BEEKMAN PLACE

January 23, 1942

Dear Mrs. Roosevelt:

Many thanks for your letter and the statement for Dr. Pierson to read at the National Committee for Planned Parenthood's dinner on the twenty-eighth. It will be a great help to the situation, I know.

Many thanks, too, for your kind invitation for dinner at the White House on the twenty-ninth to discuss the International Student Service.

My husband has been sick with a bad case of the grippe for the last few days, and the doctor does not think it would be wise for him to count on making the trip next week, so he regretfully declines. But I shall come with the greatest of pleasure.

He says to tell you that he looks forward very much to the hope that he may sometime have a visit with you, and wishes that you would lunch or dine with us quietly here sometime when you have a chance so to do.

All my good wishes to you.

Devotedly yours,

Mary Woodard Lasker

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February 9, 1942.

Dear Mrs. Lasker:

I am most grateful for your check for the International Student Service and know that the young people will be overjoyed.

I am very glad to have the list of the Foundations, and I think your suggestions are excellent.

It was good to see you and I hope to see you again before too long.

Very cordially yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

100

February 21, 1982.

Dear Mrs. Lasker:

Thank you so much for your letter and for sending Mr. Lasker's check. You have both been generous indeed in your support of the International Student Service and I am most grateful.

With all good wishes to you and Mr. Lasker for a most pleasant Western trip, and the hope that I may see you before too long, I am

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

29 BEEKMAN PLACE
NEW YORK CITY

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2/21/42

February 17, 1942

Dear Mrs. Roosevelt:

My husband, after hearing your description of the work of the International Student Service, wanted to make a contribution to this organization, and I am therefore enclosing his firm's check for \$3,000.

He was deeply interested and touched by what you said about the work of the organization and the other things you told us.

We are going on a trip to Chicago and Los Angeles for a few weeks, but I do hope when we return we will have the joy of seeing you again.

All my good wishes

Affectionately yours,

Mary Lasker

100

February 21, 1942.

Dear Mr. Lasker:

Mrs. Lasker sent me your very generous check for the International Student Service and I can not tell you how grateful I am for this expression of confidence, as well as for the check. I know that Joe Lash and the people in the International Student Service are delighted and will write you of their gratitude.

I enjoyed my visit with you and hope that you and Mrs. Lasker will come to the White House for a visit before long.

Very sincerely yours,

Mr. Albert Lasker
29 Beekman Place
New York, New York.

VDS

100
April 1, 1942

Dear Mrs. Lasker:

I have your letter of March 28th
and am telling the President what you say
about ~~Dr. Morales~~.

I am delighted that all is going
so well.

Sincerely yours,

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Mrs. Albert Lasker
Santa Barbara Biltmore
Santa Barbara, Calif.

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May 19, 1942.

Dear Mrs. Lasker:

Many thanks for your letter.

I was interested to know what progress the Federation has made and think it a fine record.

The article on parenthood is most interesting.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

29 BEEKMAN PLACE

Five second
May 12, 1942
The action is mandatory
ER
5/19/42

Dear Mrs. Roosevelt:

This is a little summary of some things that have happened to the Birth Control Federation in the last few months, as a direct and indirect result of the wonderful help you gave us. I thought you would be interested to know of the progress.

- 1 - The State Medical Associations of Florida and Tennessee have just passed resolutions urging that their State Public Health Program include child-spacing. We expect the State of Florida to be starting a service within the next few months, and that Tennessee will start as soon as personnel problems are worked out there.

We expect the State Medical Associations of West Virginia and Colorado to pass similar resolutions within the next few months.

- 2 - The Federation is doing intensive work toward the inclusion of child-spacing information in the State Public Health Programs in Colorado, Virginia, West Virginia, Texas and Delaware, all of which states we hope may start to give service within a year, if we can get the right groups and people.
- 3 - Dr. Draper, Assistant Surgeon General of the U. S. Public Health Service, has notified the District Directors of the U. S. Public Health Service to inform all their state health officers of the new policy of the U. S. Public Health Service toward child-spacing programs initiated by the states themselves under their state laws.
- 4 - Dr. Claude C. Pierce, formerly District Supervisor for U.S. Public Health Service in this region, and formerly Assistant Surgeon General of the U. S., became Medical Director of the Federation about six weeks ago.
- 5 - The American Medical Association's Council of Pharmacy has voted to test chemical contraceptives and issue reports on their efficacy. This is something we have been attempting to have done for many years.
- 6 - Dr. Townsend, chief of the Industrial Hygiene Division of the U. S. Public Health Service, has announced his willingness to cooperate with the Federation in every possible way.

Mrs. Roosevelt - 2

- 7 - Miss Katherine Lenroot privately expressed her willingness to define a policy for the Children's Bureau similar to that of the U. S. Public Health Service - namely, that the Children's Bureau funds might be used by states who wished to include child-spacing programs if they wish to initiate programs in their own state laws. There has been no public announcement or notice of this change of attitude, however, as yet.
- 8 - Look Magazine is starting a series of four articles on Planned Parenthood May nineteenth, of which I will send you copies as soon as they are available.
- 9 - The name of the Birth Control Federation has been changed to Planned Parenthood Federation of America, as it was found this name was more descriptive of the work of the organization and received faster acceptance and cooperation from public health and other officials.

We are applying to the Rosenwald Foundation in the hope that they may pay for the services of one or two workers to organize additional Southern states so that there may be support for state health officers to initiate state-wide child-spacing programs. If the matter comes up at the Rosenwald Foundation meeting, I hope you will give it great consideration, as I know it would increase the tempo of the work very much.

All my good wishes, and thanks again for your wonderful understanding and help.

Cordially yours,

Mary Woodard Lasker

P.S. We did so enjoy seeing you at your tea party for Mrs. Bethune the other day. I am writing you about that tomorrow.

P.P.S. Here is an advance copy of the Look article. I think it will be very helpful to our work, don't you?

29 BEEKMAN PLACE
NEW YORK CITY

April 30, 1942

Dear Mrs. Roosevelt:

I am wondering if you have read Seversky's book, "Victory Through Air Power".

In the last chapter of the book, I came across a statement on pages 343 and 344 which seemed to me could speed enormously the winning of the war if the changes which Mr. Seversky suggests are checked and put into action quickly. I wonder if you happen to have noticed it?

"The same aircraft (the present short-range fighters and pursuit planes) can be readily modified to enable self-delivery to Hawaii and Iceland and, through a series of jumps, to Africa. It would require only minor adaptations of most fighter planes now in inventory or scheduled for early production to give them over 3000 miles of sustained flight; and there is not a bomber extant which could not be equipped with additional emergency range. Nearly 200,000 aircraft are planned for production in 1942-43. If the greater part of these, as well as the craft already built, were equipped with a minimum range of 3000 miles, avenues of operations now closed to us would suddenly be wide open. The terrible drain on our heavily burdened shipping facilities would cease.

"The folly of shipping aircraft which could be made to fly under their own power is truly bizarre. Due to the bulk of airplanes, only a fraction of the tonnage of a cargo ship can be utilized. At a generous estimate, a 10,000-ton freighter can transport a hundred pursuits. To assure its safety in transit, it must be adequately protected against teeming threats on, below, and above sea level. It must move with an escort of warships in battle trim, under swarms of defensive airplanes brought along on the Navy's 'floating bases', which in turn must be protected by land-based aviation from intermediary bases."

Do you happen to know Seversky? I know him only slightly, but I have talked with another industrial designer and engineer, Raymond Loewy, and he says that what Seversky says is true. If you would be interested in seeing him, I am sure I could get him in touch with you at once, as I think if his statements are correct, it should be looked into and put into immediate operation, don't you? Perhaps it may be something you would like to bring to the President's special attention.

Best to you always.

Mary Howard Lasker

P. S. I'm sending the book to you first class, under separate cover.

May 21, 1942

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Dear Mrs. Lasker:

You and Mr. Lasker are most generous to send me the thousand dollars for Mrs. Bethune when you have so many places to give your money.

I will talk to Adele Levy about your suggestion.

I am sure Mrs. Bethune will be overjoyed when I send her your check.

Very sincerely yours,

Mrs. Mary Woodard Lasker,
29 Beekman Place,
N.Y.C.

29 BEEKMAN PLACE
NEW YORK CITY

May 19, 1942

Handwritten note:
I am sorry to hear that you are not able to attend the meeting.

Dear Mrs. Roosevelt:

My husband and I were very much interested in what Mrs. Bethune had to say about the work of her college the other day at your apartment. We strongly agree with you that the negro problem is of the greatest importance, and would like to help.

Unfortunately, we have already contributed to various other Negro organizations within the last few months, so we do not feel that we can make any contribution to the endowment, but are enclosing this check to help defray the current expenses of the college.

I was discussing the matter with Adele Levy yesterday, and we felt that it might be of tremendous value if you were to call a meeting to discuss the overall picture of Negro problems and how to help solve them. Representatives of the various agencies which are trying to help with the problems might have a chance to discuss a program of action on what is being done at present, and what most needs to be done.

We thought possibly a somewhat coordinated program might be developed as a result of such a meeting. The Rosenwald Foundation would be a source of information on the people who could best discuss the problems and help to solve them. I am sure many people and agencies interested need fresh, clear direction for their efforts, which such a meeting might give.

Did you ever have an opportunity to glance through Major Seversky's book, "Victory Through Air Power"? I am sure that you would agree with me that his freshness of point of view is tremendously important to the whole future of the war. Do let me know if I may bring him to see you for a few minutes the next time you are in New York, as I know his point of view and information would interest you tremendously.

All our warmest good wishes to you.

Yours,

Mary Woodard Lasker

100

June 10, 1942.

Dear Mrs. Lasker:

I was interested to see the
article from Look Magazine and appreciate your thoughtfulness in sending it to me.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

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6/10/42

TWENTY-NINE BEEKMAN PLACE

June 6, 1942

11:51 AM

Dear Mrs. Roosevelt:

I thought you would like to see this second article from Look Magazine on the work of the Planned Parenthood Federation, and also the piece on the Harlem Clinic in PM.

Of course it is an outrage that the New York City clinic in Harlem does not give any information to the negro women who go there and need it.

Best wishes to you
always.

Yours,

Mary Woodard Lasker

100

July 2, 1942.

Dear Mrs. Lasker:

I talked to Mr. McHutt this morning and I find there is a committee working on some program in the industries, for medical care. They think they will have to go to Congress and ask for some money with which to work out a program of participation by employees in cooperative or group medicine. He suggested the need for action as rapidly as possible and was told that they were conscious of the fact that this should move quickly, and was going to call all the interested people together in the course of the next two weeks.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

29 BEEKMAN PLACE
NEW YORK CITY

July 9, 1942

Dear Mrs. Roosevelt:

Many, many thanks for your letter of July second, saying that you had talked to Mr. McNutt about the need for rapidity of action on a comprehensive health plan for industrial war workers.

I know that your talk must have expedited his planning a great deal, and hope he will report to you what is under way in a few weeks, as I think if you have an opportunity to guide the thinking and planning, it will be on a broader scale than it might otherwise be conceived.

I shall look forward to hearing any reaction you may receive from Miss Lenroot on the subject of making known a "permissive" policy on the part of the Children's Bureau toward the use of their funds by any state which, under its state laws, initiates a child spacing program.

I am enclosing a copy of an article from Medical Care which I thought would interest you, and also some background material on the health situation in specific communities, war industries and cantonment areas which Dr. Michael Davis of the Committee on Research in Medical Economics, a non-Government agency, has just given me.

It was a joy to see you last week, and I hope to have the chance soon again. Good wishes always.

Yours,

Mary Woodard Lasker

FEDERAL ACTION FOR HEALTH OF WAR WORKERS

Status as of July first, 1942

The need for action is now recognized. The field studies of the Public Health Service had made the situation known to a few. Mr. McNutt's speech before the American Medical Association brought it before the whole country, as well as to the physicians. He gave attention chiefly to the insufficient enrollment of doctors for the Army, but also stressed the needs of war areas, without giving details.

Most American Medical Association officials now accept the necessity of action. Dr. Fishbein does. He accepts the idea of prepayment plans. He and most of his associates now wish to direct action through the Procurement and Assignment Service and other agencies which they largely control. The Procurement and Assignment Service, useful as a connecting link with the profession, has been ineffective administratively. A responsible federal agency must be the prime mover.

The Public Health Service has begun preparations to move in a few selected areas by cautious procedures, flowing partly from desire to avoid difficulties with organized medicine and partly from the absence of any public demand for action. Such a procedure will be unnecessarily slow and will increase the likelihood of "company-medical-care plans," growing out of the patterns of action to which the medical societies and the state health departments are accustomed.

With a situation thus changing from stagnation to movement, two steps are needed now:

1. An expression from national labor leaders urging the need for action, the desirability of prompt action, and the determination of plans of action by procedures in which labor is fully represented. Only thus will the rate of action be expedited and undesirable forms of action be avoided. The capable hand of the Public Health Service, and the will to action of Mr. McNutt who must approve its policies, will thus be strengthened.

Cooperation of government with the medical profession is obviously desirable, but unless the specialized pressures from this source are countered by demands from those whose health and productive efficiency are personally at stake, an adequate or wholesome result cannot be expected.

2. A vigorous directive to the Public Health Service to proceed, under the Federal Security Administrator, to organize services in war areas and bring physicians to them in cooperation with medicine, labor, management, and the state and local governments.

SUMMARY REPORT

Of Surveys of 18 War-Industrial and Extra Cantonment Areas
in Indiana, Illinois, Missouri, Oklahoma, and Texas

by

Dean A. Clark, Surgeon (R)
Deane Brooks, Surgeon (R)
Ray Raneri, Engineer

*

U.S. Public Health Service

I Summary as to Physicians, Dentists, and Nurses

In virtually every community visited there was a need for more physicians, dentists, and nurses. This need, like that for hospital beds, had often not been fully appreciated locally because the economic circumstances of the population were so poor as to provide little effective demand for medical services. In factory areas, however, where workers were receiving regular wages, the physicians were greatly overtaxed. Even in these areas, very few new physicians had moved in, and in many the inadequacy had been rendered more extreme because physicians had left the community to enter the armed forces.

Physicians are apparently reluctant to move into defense areas for several reasons:

1. There is a fear that the newly expanded communities will shrink in size after the war and that physicians will therefore be left stranded.
2. There is uncertainty as to the adequacy of immediate financial return for physicians in most defense communities.
3. In many places there is no way in which a new physician could gain access to hospital facilities since the only existing hospitals are of a proprietary character.

4. Physicians have a reluctance to move because they expect soon to be called into some sort of Government service and therefore feel it would be futile to establish a new practice which might at any moment have to be abandoned.

5. There is a feeling that the difficulty of obtaining licenses in different states would effectively prevent the movement of a large number of physicians.

6. Physicians already established in defense areas, though overworked, often are loathe to encourage new physicians to move in because of the resulting competition.

The same reasons, by and large, apply to the problem of attracting dentists and nurses to the areas.

More important than any of these reasons is, of course, the fact that a general shortage of physicians, dentists and nurses is developing throughout the country. Physicians with Army and Navy reserve commissions have been withdrawn from the defense areas without any regard, so far as was apparent, to the seriousness of the medical needs of these areas.

II Summary of Recommendations

1. The recommendation of primary importance is, therefore, the establishment in governmental hands at local, State, and Federal levels the active responsibility for planning and providing for medical as well as public health services in such areas. This responsibility must of necessity carry with it sufficient authority and financial support to take the steps necessary to meet the needs.

2. Means must be found to move physicians, dentists, and nurses into the areas where they are most needed... Provision must also be made for assuring such persons a reasonably adequate financial return.

3. Financial stability for the medical and allied professions in extra-cantonment and war industrial areas might be secured in several ways, which under different circumstances might be used separately or in various combinations:

a. ... Direct salaries from local, State, or Federal Governments.

b. Prepayment plans for medical care might be established in these areas, with some Federal financial assistance, by means of which employers and workers could contribute toward the cost of medical service which would cover workers and their dependents for all types of care. Employee contributions would represent a sizeable share of the funds in such organizations and employees should therefore have an active voice in control of these plans. The regularity of contributions to arrangements of this type would be of advantage in offering assured incomes to medical personnel on either a part-time or a full-time basis.

c. Physicians and dentists might be established in the areas as private practitioners, but guaranteed some basic financial security. This could be accomplished through part-time employment in a prepayment plan, or a physician or dentist could be commissioned in the U.S.P.H.S. Reserve, placed on active duty at his home and moved at government expense to the proposed area. He could then be placed on inactive status but employed concurrently on a civil service basis as a part-time consultant to the U.S.P.H.S. and be paid an amount sufficient to enable him to get started in practice for as long as might seem necessary. Such payments, which would in effect form a Government subsidy, could be justified by having the physician or dentist serve the local health department in a part-time capacity in return for the payments.

4. Of equal importance with the assignment of physicians and dentists to defense areas, in view of the inadequate supply of professional personnel, is the organization of this personnel so as to utilize their skills in the most effective and economical manner.

5. The construction and maintenance of hospitals, health centers, and sanitation projects should be based upon careful estimates of the needs for

these facilities, regardless of the ability of the communities or States to make substantial contributions. Both Federal and State authorities should be empowered to initiate directly applications for projects. New construction would be largely of a temporary character.

6. It is imperative that the construction of all projects in the health field including hospitals, health centers, water supply and sewage disposal system, and housing be greatly accelerated if the health of the populations of the defense areas is to be adequately protected.

Prepayment Plans. For most effective reduction of lost working time, workers must be enabled to have medical care promptly, in early stages of illness. To accomplish this, the prepayment method for supporting the medical services is essential. A number of important industrial establishments and the T.V.A. have already demonstrated the effectiveness of prepayment plans. The plans that give workers the most for their money are on a nonprofit basis. They provide services, not just cash indemnities to workers.

Economy by Prepayment. Wage earners now commonly spend over 3 per cent of their annual income, on an average, for physicians' and hospital services in sickness; but this average includes some who have little or no sickness during a given year, some who have sickness but who do not obtain medical care because of the expense or for other reasons; and some who pay heavy sickness bills. Prepayment plans financed by voluntary payroll deductions can make medical care available to workers at an annual cost no more than the average expense they now incur. Through such plans sick workers are able to seek physicians without the deterrent of a fee and hence to obtain care promptly. The expense may be shared by management, or by government also. The prepayment method will minimize government appropriations for medical care. The principle of prepayment is now widely accepted by workers and by the medical profession.

Organizing Services. The Public Health Service could supply personnel to help in organizing plans in new war-industry areas, and to coordinate the work of the physicians with hospital and preventive services. It is important that medical-care plans in new areas shall not be "company-doctor plans." These rarely give good service and are likely to cause labor-management

friction. The joint labor-management committees, set up in a growing number of war industries, would help in working out satisfactory methods, appropriate to local conditions.

The organization of medical-care plans may be any of the following types, all of which have already been tested in operation:

(a) The workers may participate in established state-wide plans sponsored by medical societies and hospitals, (e.g., as in California and Michigan), providing for hospitalization and for certain medical services on a prepayment basis. Most of these plans, however, provide only a limited service, chiefly in hospitalized illness.

(b) When sufficient practicing physicians are locally available, the plan may be set up with a local panel, every physician in the area being entitled to serve under the plan and to be paid from the prepayment fund (e.g., as in Spaulding Industries and other concerns near Binghamton, New York).

(c) where a few physicians are locally available and most must be imported, a staff of salaried physicians may be organized, working through a clinic and hospital set up in connection with the plan (e.g., Tennessee Coal and Iron Company, Birmingham, Alabama; Standard Oil Company, Baton Rouge, Louisiana; T.V.A. projects, as Kentucky Dam.)

"A FEW SPECIFIC COMMUNITIES"

Extract from an Address by

Joseph W. Mountin
Assistant Surgeon General
U. S. Public Health Service

May 9, 1942

The situation may be illustrated by reference to a few specific communities. Let us take Bremerton, Washington. Here there is a large Navy yard and several industrial plants tributary to it.

The population of Bremerton in 1940 was about 15,000. Today it is 30,000. Completion of a government housing project will soon raise it another 7,000 or 8,000. In addition, some 30,000 persons live in the surrounding area and depend on doctors in Bremerton.

To serve these 60,000 inhabitants, there were 28 physicians. Of these, 9 have been called to active duty with the armed forces, and several more expect to be called soon. Thus, as more people arrive, fewer doctors remain. Soon there will be from 12 to 18 doctors to care for a population of almost 70,000. Expert service in some branches of medicine will not be obtainable at all. For example, the only physician specializing in treatment of eye, ear, nose, and throat is a reserve officer who will soon be called to active duty.

The physicians in Bremerton are making a heroic but hopeless effort to cope with the problem. They work around the clock, seeing as many as 40 to 50 patients a day. Home visits often cannot be made on the day the patient's request is received. Doctors' offices are so crowded that patients wait several hours and even all day. Some patients are turned away altogether.

Under such conditions good medical service is impossible. The doctors admit that the quality of care given is poor, and that it is getting worse. An expectant mother is now told to come for examination every 3 or 4 months. There simply is not time to see her oftener. At the rate the doctors are driving themselves now, collapse is almost inevitable for some of them. Then there will be still fewer physicians to do the work.

Bremerton is by no means unique. There is Waynesville, Missouri, near Camp Leonard Wood. The population has skyrocketed from 500 to 5,000. There is one physician in town, and he is an elderly man.

Consider Childersburg, Alabama. Population in 1940 -- 515. Population today -- 6,000 and still soaring. Number of physicians -- 2.

Move on to Hinesville, Georgia. A hamlet of 600 people suddenly swollen to 6,000. There are 2 physicians. But one is also the mayor, and his official duties leave little time for practice.

Then go down to Valparaiso, Florida, where 2,000 people are making the best of it in what was a village of 90 inhabitants. The nearest doctor is 20 miles away.

These are only a few of the war-affected communities studied by the Public Health Service at the request of defense housing authorities. What I have said about lack of medical care applies with equal emphasis to dental care and nursing service.

HEALTH NEEDS OF WAR PRODUCTION AREAS

Extracts from Report by

Dean A. Clark, Surgeon (R)
U. S. Public Health Service

May, 1942

Close around the Glenn L. Martin bomber plant, 8 miles from Baltimore, now live 25,000 people, more than twice as many as were there a few years ago. People live in shacks and trailers and barns, and chicken-coops -- yes, actually, 43 men were living in a chicken-house on one farm, with a polluted well for water-supply and with sewage running in the gutters. In all this area there are 6 doctors and 3 dentists and not a single hospital--not much for 25,000 persons: but Baltimore has doctors and hospitals. Can't they serve these people? One might think so, but think for a moment what it means for many sick people to travel 8 miles to a clinic or to pay the mileage charges of doctors from the city. And the Baltimore hospitals and clinics are already full to overflowing--even wealthy patients often can't get in, and wage-earners from out of the State, like many at Glenn Martin's, find it almost impossible to gain admission for anything but catastrophic illness. It may be hoped that conditions will be improved when the hospital which the County has applied for under the Community Facilities Act is built.

Conditions are even more primitive in a middlewestern industrial community, where the population has grown from 14,000 to 38,000 in little more than a year and may soon be more than 50,000. Here the county health officer is a chiropractor, and sewage is carried off in open ditches. In a mushroomed area of this sort, community organization is naturally poorly

developed, and the physicians are so busy dealing with individual patients that they may have had no opportunity to visualize the community's health problems as a whole. As a result, little organized pressure for improving conditions has as yet arisen.

One coastal city, not far from New Orleans, is the site of great ship-building activity. The city has increased in two years from 7,000 inhabitants to 12,000 or more, and the surrounding county, from 17,000 to nearly 30,000 and will probably reach 40,000 before long. There are 5 dentists and 7 physicians in the county (all located in the city) and three of the latter are over 65. The county's one hospital--of 40 beds--is registered as a nonprofit institution, but it is, nevertheless, closed to all except two physicians. The number of hospital beds is wholly inadequate, even if used to capacity. Patients of physicians not on the staff of the hospital, if in need of hospital care, must either be transferred to one of the two overworked staff physicians, be cared for at home (there is a serious overcrowding because of housing shortage), or be transported 25 miles to other cities. The local hospital is well adapted for expansion. At least 5 new doctors could well be used in the community if arrangements were made to give them hospital privileges.

Pryor, Oklahoma, is famous now because of the recent disastrous tornado, but Pryor had serious health hazards even before that storm. The site of another war industrial plant, it has now about 8,000 persons as compared with 2,500 in 1940. In the whole county are 35,000 inhabitants (22,000 in 1940). Medical care resources consist of 8 physicians (5 of them over 60), 4 dentists, and 40 hospital beds about evenly divided between two proprietary institutions. Only three of the county's physicians have access to these hospitals. One

can easily imagine the desperate plight of people in this area who need medical care—even those who can afford to pay well must wait in line. It is small wonder that most of the tornado victims had to be moved to Muskogee and Tulsa, both about 40 miles away.

Yet Pryor has not seen fit to apply for a hospital under the Community Facilities Act. Why not? First, perhaps, because of a lack of interest in community affairs all too frequently found in "boom" communities of this sort where the pervading desire is to make a stake while the boom lasts, as in an old-time gold rush, and to get out ahead of the crash, which is presumed will follow. As one might expect there is as yet but a small sense of community responsibility among the newly arrived population, many of whom are living in scattered shacks and trailers. Then, too, Pryor and the county did not feel they could afford any substantial contribution toward either the construction or the maintenance of a hospital, and hesitated to ask for virtually 100% Federal funds. Communities economically able to pay part or all of the cost have been able to meet an increased demand for hospital facilities, although their relative need may have been much less than that of Pryor or nearby Choteau.

The Texarkana area has much the same story as the other places: crowding, lack of sanitation, meager and inadequately used hospital facilities. The worst problem is sanitation, for the workers in the war industry here live scattered along 11 miles of country road where most drinking water is hauled in by the barrel and sanitation is hopelessly primitive. A practically perfect setting for a typhoid fever outbreak. So far the county health officer has been unable to arrange for immunization on a mass scale.

You may ask if these examples are typical of war industrial areas everywhere. Are they all so bad as this? Of course not, but there are many worse ones too. On the whole, the picture they give is not unfair.

MEDICAL CARE

Economic and Social Aspects of Health Service

VOL. 2

APRIL, 1942

No. 2

WORKERS' HEALTH AND WAR PRODUCTION

Great loss to production is caused by ill health. What has been done to reduce the loss? What can be done to lessen it still more?

LOST WORKING TIME DUE TO SICKNESS

The average worker loses 9 days a year because of illness—8 days for men, 12 for women. For all the workers in the United States, the loss is over 350,000,000 days annually. This is equivalent to over a million men toiling continuously throughout a full working year. Of late these facts have been frequently stated, but they are not yet appreciated by the public.

Less than one-tenth of this loss is caused by industrial accidents and occupational diseases. Over nine-tenths of the loss is due to general sickness and to accidents not connected with the occupation.

The illnesses which cause the most absenteeism are respiratory diseases. Diseases of the digestive system are the second highest group. Dr. A. J. Lanza of the Metropolitan Life Insurance Company estimates that

Time lost from work because of the disorders grouped under the name of colds and acute respiratory infections averages one day a year for each worker, male and female. Some figures higher than that will be found in the literature and I believe we are well on the conservative side. At the rate of one day off for all employed persons, one arrives at a figure of a loss of forty-five million days of work each year, or the full time work of a hundred and fifty thousand persons for a year. The cost of this falls on employee and employer alike. (1)

There are other causes of absenteeism, but sickness is the largest cause. In 1940, says Dr. Clarence D. Selby, consultant physician of General Motors Corporation, the experience of the Owen-Illinois Company of Toledo showed that

With an average of 14,580 employees on the payroll each month during 1940 there were 23,700 absences from work during the year, 60 per cent of which were for medical reasons. Of these absences only 1 per cent were from industrial causes, industrial injuries and occupational diseases; 59 per cent were from nonindustrial causes, the ordinary sicknesses not at all related to occupation and injuries received outside the places of work; 31 per cent asked permission to be absent, and 9 per cent gave no reason for their absence. (2)

FATIGUE, SICKNESS, ABSENTEEISM

Fatigue due to long hours increases sickness and absenteeism.

In careful British studies during the last war, Dr. H. M. Vernon found that at three shell factories men working 63½ hours a week lost 7 per cent of their time from sickness. The percentage diminished as the working hours decreased, so that when the working week was 54 hours, the lost time was only 4 per cent.

In an American munitions plant, where the working day was increased from 9 to 12 hours, the rate of absenteeism increased from less than 6 per cent before the hours were lengthened, to 9.3 per cent during the first year after the increase, and to 12.2 per cent during the second year; thus showing a cumulative effect of the longer hours (3).

REDUCING LOSSES BY MEDICAL SERVICE

"Health programs" in industry reduce sickness and absenteeism. Two hundred and thirty-four companies reported to the National Association of Manufacturers last year an average reduction of 29.7 per cent in absenteeism as a result of their industrial health services.

The saving exceeds the cost of the health services paid by the employer. The Association declares that:

... the estimated cost of a health program for a 500-man plant is \$13.46 per employee per year, or a total of \$6,730. An estimate of

savings and losses to industry in proportion to the extent of medical programs, made by the U. S. Public Health Service, revealed $1\frac{1}{2}$ times the average daily wage as the annual potential loss to the employer on account of absenteeism. Reductions of 47 per cent in accident and occupational diseases, and 28 per cent in absences, as reported for the average 500-man plant in the National Association of Manufacturers' study, would, on this basis, result in a saving to the company of \$12,341 per year, assuming an average daily wage of \$5. A deduction of \$6,730 for medical costs leaves a net saving to the company of \$5,611 per year, while the saving in wages to the employees amounts to \$6,300. (4)

Even if only 10 per cent reduction in "days now lost annually from illness and injury in industry" were brought about, declares the Journal of the American Medical Association in a recent editorial (5), this saving would equal "the time required to build five capital ships, sixteen thousand tanks or nine thousand bombers."

The British Medical Association, in a recent report on the value of health services in industry, states that:

Firms with an average yearly loss through illness of 10 days for men and $12\frac{1}{2}$ days for women found that rendering medical service available reduced the loss to between 3.71 and 5.25 days for men and to between 4.5 and 7.9 days for women.

This is a reduction of about 50 per cent (6).

PROGRAMS AND POLICIES

Policy of Organized Medicine. The Council on Industrial Health of the A. M. A. lists ten functions as the responsibilities of "medical service in industry," i.e.: (7)

1. Regular appraisal of plant sanitation.
2. Periodic inspection for occupational disease hazards.
3. Adoption and maintenance of adequate control measures.
4. Provision of first aid and emergency services.
5. Prompt and early treatment for all illnesses resulting from occupational exposure.
6. Reference to the family physician of individuals with conditions needing attention, cooperating with the patient and his physician in every practical way to remedy the condition.

7. Uniform recording of absenteeism due to all types of disability.
8. Impartial health appraisals of all workers.
9. Provision of rehabilitation services within industry.
10. The conduct of a beneficial health education program.

Policies of Industrial Management. The industrial medical departments established by many of the larger plants carry on all or some of these functions with full- or part-time physicians. The industrial "health programs" referred to in the reports of the National Association of Manufacturers, the American College of Surgeons, and other professional bodies keep within these functions.

"Approximately 85 per cent of workers," however, says Dr. Stanley J. Seeger, chairman of the Council on Industrial Health, "are employed in small plants in which there are no organized medical services." (8)

Policies of Organized Labor. Labor has supported national programs for medical care. In several places, unions participate with management in prepayment plans. Labor has objected to some phases of "industrial medical services," particularly periodic examinations. These difficulties are removed in some establishments where workers' organizations participate in organized plans of medical care.

Where Does Medical Care Come In? Under these "industrial health" programs, when the worker is ill or is found to have a disease or defect not arising from his occupation, he is "referred to his family physician." Only in a few localities have steps been taken to ensure that physicians and hospitals will actually be available and that the worker can meet the cost of needed care.

The financial barriers between the worker and his physician are removed in a limited number of large industrial establishments, where organized plans of medical care and hospital service are supported by regular payments from the workers, the employer, or both. In some places workers may join local or state-wide prepayment plans for hospital care and in a few places they may also obtain surgical service in hospitalized illness on a prepayment basis.

In this war many large plants have been much expanded, and many new ones established in small communities, greatly increasing the local population. Thus far the industries and the unions concerned have commonly taken no action to see that physicians are drawn to such areas, either for private practice or to a locally organized plan of medical care.

The federal government itself is one of the largest employers of war workers—as in the navy yards and in plants controlled by the Army. Some of these are in areas with previously small medical facilities. What policies will the Army and Navy, as employers, carry out in industrial health service and in medical care?

The Procurement and Assignment Service. This agency, established last October under the Office of Defense Health and Welfare Services, has general responsibility to promote the enlistment or assignment of physicians (also dentists and veterinarians) to the Army, Navy, Public Health Service, and to meet the "civilian and industrial needs of the nation." This Service is authorized

1. to receive from various governmental and other agencies requests for medical, dental and veterinary personnel,
2. to secure and maintain lists of professional personnel available. . . .
3. to utilize all suitable means to stimulate voluntary enrollment, having due regard for the over-all public health needs of the nation, including those of governmental agencies and civilian institutions. (9)

As yet no standards for determining the needs for physicians in different areas have been announced by the Service for the guidance of state and local committees and of the Selective Service boards. No recognition has thus far been given to the use of prepayment plans for medical care in large industrial units as means of (1) rendering medical service more available to workers, (2) assuring incomes to physicians who might thus be enabled to migrate to new "defense areas," and (3) economizing the number of physicians required.

British Policy. An intense speed-up of British industry took

place after Dunkirk. Long hours, however, were found undesirable, as during World War I, and have been shortened to periods judged to be best adapted to maximum production. The Ministry of Supply declared that "excessive overtime is self-defeating." (10)

Medical services in all British industrial establishments employing more than 250 persons were made obligatory by the British Ministry of Labor last year. These correspond to the "industrial medical services" described above.

In Britain, furthermore, there is no financial barrier between the worker and a physician or a hospital, when he is ill. Under National Health Insurance he may go to any general physician of his choice in time of sickness. For hospitalization he may receive care in a voluntary hospital either free or under a voluntary prepayment plan, or he may go to a public hospital where he is entitled to care (including physicians' and surgeons' services) at cost or for whatever he can pay.

Our Small Industrial Plants. The Subcommittee on Industrial Health and Medicine of the Office of Defense Health and Welfare Services is working with other professional bodies for "the promotion of a demand for more complete health services in the small, as well as the large, defense industries." (11) Where no individual plant is large enough for an organized service of its own, industrial hygiene services must be furnished them by some central organization.

Should not the public bureaus of industrial hygiene connected with health or labor departments act in this capacity? They could furnish medical, engineering, and nursing personnel for industrial hygiene service to the smaller plants of an area, at least to those engaged in war production. Could such a plan be worked satisfactorily with industrial management and organized labor? Would it be opposed by organized medicine because it involves increased medical action by government?

Policies of Federal and State Governments. The Division of Industrial Hygiene of the U. S. Public Health Service promotes the officially approved functions and, through financial aid to state departments of health under the Social Security Act, has

enabled about 30 states to set up state bureaus of industrial hygiene to promote or supply them locally. In a few states such as New York and Massachusetts these bureaus are under state departments of labor. In a number of states the effectiveness of industrial hygiene work is diminished by differences between health and labor departments as to attitudes and jurisdiction concerning industrial hygiene. An article in this issue (p. 118) illustrates the situation in one state.

Education of Physicians. By the joint efforts of the Subcommittee on Industrial Health and Medicine, the Council on Industrial Health, and other professional bodies, additional funds for the Division of Industrial Hygiene of the Public Health Service have been obtained, some special researches planned and financed, and an outline for the education of physicians in industrial health has been prepared and promulgated. (12) This program, however, recognizes only private medical practice as the source through which the worker may obtain medical and surgical care for other than industrial illness and accident. It does not recognize prepayment plans through which such care may be organized and financed.

FOR THE SOLDIERS OF PRODUCTION

Action is needed now by industrial management and organized labor, with government participation as required, to provide war workers with all preventive health services and to establish organized plans of medical care for sickness whenever necessary in enlarged plants and new "defense areas." Action should proceed without delay. We are wasting time.

Mr. Donald M. Nelson has recommended "joint labor-management war plant committees which will consider suggestions from all quarters for increasing production." Through these joint committees and through other channels, management and labor have opportunity to initiate or to cooperate in practical steps to reduce absenteeism and to maximize the efficiency of our "soldiers of production." Government has the direct responsibility for action when it is itself the employer.

Production depends on raw materials, transportation, organi-

July 4, 1942

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Dear Mrs. Lasker:

Miss Lenroot is away until
July 14 but I will see her sometime
that week.

Sincerely yours,

d.

Mrs. Albert Lasker
29 Beekman Place
New York, New York

THE WHITE HOUSE
WASHINGTON

E.R.

To make date with Katharine Lenroot
for lunch to talk about Mrs. Lasker's
planned parenthood and letter Public
Health people sent out.

After June 14th.

#30 July 16th

Miss Dow - Bone
Telephoned to ask when Lenroot
to come in July 16 - 11 30
Jace. Mrs Albert Lasker
+ 4 she wants to
come down - delighted
to have her. -

WB79 8

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MISS MALVINA C THOMPSON

SECRETARY TO MRS FRANKLIN D ROOSEVELT THE WHITE
HOUSE WASHDC

DELIGHTED TO BE THERE FOR LUNCH ON THURSDAY

MARY LASKER.

Memorandum
from the Desk of

MRS. FRANKLIN D. ROOSEVELT

Write Mr. Larkin that Miss
Lusk is away till 14th
but I will see her sometime
that week.

THE WHITE HOUSE

WASHINGTON

July 14, 1942

MEMO FOR MR. CRIM:

MR. TOLLEY:

MRS. NESBITT

MISS THOMPSON:

Miss Katherine Lenroot of the Children's Bureau will be here for lunch on Thursday, July 16, instead of at 4:30 p.m. on that date as given in memo dated July 9.

Mrs. Albert Lasker, 29 Beekman Place, New York City, has also been invited for lunch. *(accepted)*

DD

100
July 28, 1942.

Dear Mrs. Lasker:

Many thanks for the gorgeous roses and gardenia corsage. I enjoyed having them so much and am deeply appreciative of your kindness in sending them to me.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
New York, New York.

VDS

With gratitude and
admiration for the
woman who really
gets more good
things done than
any woman in the
U.S. + from Mary Laska

ask
7/25/42

Mrs. Franklin D. Roosevelt
29 Washington Square
West
N.Y.C.

September 9, 1942

Dear Mrs. Lasker:

Thank you for your kind thought in sending me the book. I am delighted to have it and will read it as soon as I have the chance.

Very sincerely yours,

Mrs. Albert Lasker
20 Beekman Place, NYC

0

^{Hyatt}
Dear Mrs. Roosevelt ^{at 9 A}

I found this an important
and exciting book — and thought
it would interest you.

Warmest good wishes

4th / Mary Lasker

October 10, 1942

Dear Mrs. Lasker:

Thank you for your letter of October 7 and for the copy of Parents' Magazine. I was interested to see the article and am glad you called it to my attention.

The gardenias were lovely and it was sweet of you to send them.

Very sincerely,

0

Mrs. Albert Lasker
29 Beekman Place
NYC

Thanks for
letter & mag -
I had to see -
flowers more lovely
+ it was
you to
send
them
ER

ack
10-10

20 BEEKMAN PLACE
NEW YORK CITY

October 7, 1942

Dear Mrs. Roosevelt:

I am enclosing herewith a copy of Parents' Magazine which has what I thought was a very good article on the work of the Planned Parenthood Federation, which I thought you would like to see,--it shows the acceptance of the idea by this type of magazine.

I know you will be happy to know that the Federation has persuaded the health officers of three more states to be willing to begin child-spacing programs this year (with the aid of the Federation in instructing County Health Officers). The states are Texas, Florida and Delaware.

We are very pleased about this, as it makes six states now having a program of child-spacing in their Public Health work. We are hoping possibly before the year is over we will be able to start in at least two more.

In the November elections, Massachusetts is voting on an Amendment as to whether or not doctors should be allowed to give contraceptive information to save the lives of their patients. We are helping the local committee and are in hopes that we will win, and show that this ancient prejudice cannot survive public opinion today, even in Massachusetts. I will let you know, of course, what the result is.

Mrs. Bouverie has returned to England, and writes me that she understands the trip which you and she discussed is being arranged, and she is so happy about it, as she feels it will do so much good. She is hoping she may have a chance to see you.

All my warmest good wishes to you.

Yours,

Harry Woodard Larkin

P.S. John Golden tells me you may be in town tomorrow so I'm sending a few gardenias to greet you!

October 7, 1942

Dear Mrs. Roosevelt:

I am enclosing herewith a copy of Parents' Magazine which has what I thought was a very good article on the work of the Planned Parenthood Federation, which I thought you would like to see,--it shows the acceptance of the idea by this type of magazine.

I know you will be happy to know that the Federation has persuaded the health officers of three more states to be willing to begin child-spacing programs this year (with the aid of the Federation in instructing County Health Officers). The states are Texas, Florida and Delaware.

We are very pleased about this, as it makes six states now having a program of child-spacing in their Public Health work. We are hoping possibly before the year is over we will be able to start in at least two more.

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Mrs. Bouverie has returned to England, and writes me that she understands the trip which you and she discussed is being arranged, and she is so happy about it, as she feels it will do so much good. She is hoping she may have a chance to see you.

All my warmest good wishes to you.

Yours,

Mrs. J. D. K.
24 Wash. Sq. N.Y.

October 13, 1942

Dear Mrs. Lasker:

The chrysanthemums which you
and Mr. Lasker sent me were very beauti-
ful indeed. Thank you so much for remem-
bering me.

Very sincerely yours,

Mrs. Albert Lasker
20 Beekman Place
New York
New York

ds

We hear this is your
birthday and send
you all our affectionate
good wishes

Albert & Mary Lasker

Chrys

Shank
EP

ack
10/2/42

Chrys on chamber
in kitchen PE
10/2

100

December 22, 1942.

Dear Mrs. Lasker:

Many thanks for your letter.

I do hope Mr. Ernst wins the case before the Supreme Court.

I hope I shall see you soon.

Very sincerely,

Mrs. Albert Lasker
29 Beckman Place
New York, New York.

VDS

29 BEEKMAN PLACE
NEW YORK CITY

ack
12/23/42

December 16, 1942

Dear Mrs. Roosevelt:

I thought you would be interested to see some reports on the work that has been done recently through the Planned Parenthood Federation in a county and a city health project.

I know you will be interested to know that Morris Ernst is going to plead the Connecticut birth control case before the Supreme Court of the United States the early part of January. If the Supreme Court decides favorably on this Connecticut birth control case, it will clear up the legal tangle in Massachusetts at the same time, so I deeply hope there will be a liberal and wise decision, and that the desperate facts of the case will not be confused with any legal technicalities.

I have heard on all sides from friends in England and here what a success your trip was. I think you went at a most fortunate time, and that it did a great amount of good for both countries.

I look forward to having the joy of seeing you soon. All my warmest good wishes.

Yours,

*Thank you for the
letter of hope
and the
best wishes
of the
Lasker
family*

Harry Woodard Lasker

EP

A BIRTH CONTROL SERVICE AMONG URBAN NEGROES

A STUDY CONDUCTED BY THE DEPARTMENT OF HEALTH,
CITY OF NASHVILLE

By JOHN OVERTON, M.D., *City Health Officer* AND
IVAH UFFELMAN, R.N., *Director Nursing Service*
Department of Health, Nashville, Tenn.

TWO Negro birth control clinics were established by the City Health Department of Nashville, Tennessee, in April, 1940. From the beginning these clinics, conducted with the aid of funds of the Planned Parenthood Federation of America, have established themselves as a valuable part of the general health service of the City of Nashville.

We began our contraceptive clinics in Nashville among the Negro women because of special conditions among the Negro population in Nashville. Their general death rate is high, the infant and maternal mortality rate is high, there is great prevalence of tuberculosis and syphilis, little education, poor living conditions with a resulting high incidence of delinquency, and crime. We have felt that, along with other activities whose object is to improve the individual and raise the standard of living, this service should be added as a part of the public health program. Nashville's population of 47,500 Negroes is concentrated in several crowded areas. Two excellent and well-located centers were available for the establishment of clinics: Bethlehem Community Center and Fisk Center. The clinics were established here without publicity.

In establishing the clinics no serious problems were encountered. There was little opposition on the part of physicians or others not personally affected. The main difficulty was in overcoming the objection of the woman or her husband to adopting preventive measures. In some there was the question of religion; in others, there was fear that it might disturb the normal marital relations or that it might lead to some disorders, such as cancer. The crowded living conditions in many cases, furthermore, gave little opportunity for privacy, while other patients were unable to come to the clinic because of lack of transportation, the lack of clothes to appear in public, or no one to look after the other children at home while the mother was away.

SELECTION OF CASES

The seven Negro nurses who are responsible for all the public health nursing procedures among Negroes were instructed in methods of educating mothers about child spacing. On every post-natal visit, these nurses instructed the mother about the nature of contraception and told her of the availability of the two clinics. Each mother was advised to go to the clinic six

weeks after delivery to obtain both a postpartum check-up and suitable contraceptive advice. She was instructed to avoid pregnancy for at least a year, and then to consult her physician as to whether or not the method should be continued longer. In each instance the nurse made a definite appointment for the patient to appear at one of the clinics.

At present, in addition to the women contacted by public health nurses, many seek this advice after having been referred by other patients or by those working in settlement houses and in welfare and relief agencies. A definite procedure has been established for the management of these cases. A public health nurse visits each of these volunteer or referred cases in the patient's home to make sure that she is eligible for health department care and to instruct her individually in the nature of the service which these clinics render. At this visit the nurse makes a definite appointment for the patient. This pre-clinic education has been found invaluable. The nurse is able, after this visit, to evaluate the public health problem in the home which is an important element in integrating this service with other public health services.

During the two-year period, approximately 2,000 women were urged to come to the clinics for examination and advice. From this group 638 patients reported to the clinics. An additional 255 women were sufficiently interested to be given appointments, but did not report for examination. The ages of those receiving service ranged from 14 to 46 years, and 95 per cent of the group had less than a fifth grade education. An analysis of the incomes in the group reporting to the clinics is given in Table I. It is obvious from this table that the service reached those for whom it was designed. As the aver-

age family had more than five members, the income can in no case be considered adequate for its maintenance.

TABLE I

INCOME	NUMBER OF FAMILIES
Less than \$15 per Week.....	481
On Relief.....	116
On Work Relief.....	31

Of the 638 patients, 71 were known to have had syphilis, and 10 to have had tuberculosis. It is believed there were others with similar conditions which were not recorded. Pelvic pathology was common, though in most cases this was not suspected until it was revealed by the clinic examination. Patients with conditions such as endocervicitis, cystocele, rectocele, and suspected cancer were referred to family physicians or hospital clinics for correction.

TABLE II
Pre-Clinic Pregnancies

Living Children.....	1,995
Dead Children.....	170
Known Abortions.....	163
Stillbirths.....	60
Total Number of Pregnancies.....	2,488

Examination of the pre-clinic pregnancy history affords a valuable means of determining the fertility of the group receiving service as well as furnishing an index to the need for this service in the particular group. Table II shows an average pre-clinic pregnancy rate of 3.89 and an average of 3.12 living children per family. This would indicate that the service has been furnished at an optimal time.

Only 87 of the total number of deliveries

were paid for even in part, all the others were free. It is obvious that this group of patients was financially unable to obtain obstetrical service from sources other than free hospitals and free clinics, and future deliveries would have been expected to be at community expense.

From the data supplied on the selection of cases, there is good evidence that the case-finding methods employed reached the people for whom this service was intended.

METHODS AND RESULTS

Two methods were prescribed at these clinics: the diaphragm and jelly, and the foam-powder and sponge. The tendency was to prescribe the foam-powder method for the apparently less intelligent and for patients having a relaxed pelvic floor or presenting other conditions prejudicial to successful fitting, insertion, or retention of the diaphragm in situ. No attempt is made here to compare the acceptability or results of the sponge and foam-powder technique with that of the diaphragm and jelly technique, as this question has been considered elsewhere.*

TABLE III
Acceptance of Method

	NUMBER	PER CENT
Method Used Consistently and Successfully.....	354	58
Method Discontinued.....	247	40
Other Methods Substituted.....	14	2

Of the total number of patients admitted to the clinics, 351 received the diaphragm and jelly, and 286 the sponge and foam powder. The combined results on the cases followed-up are given in table III.

* Beebe, Gilbert W., and Overton, John, M. D.: The Contraceptive Service of the Department of Health, City of Nashville, *J. A. M. A.*, 111: 1045-1049, March 28, 1941.

Table IV analyses the reasons given for the patients' failure to continue the use of the prescribed method. The unplanned pregnancies listed in Table IV, which amounted to 12 per cent of the total number of patients advised, have been the subject of careful field investigation by the Nursing Service of the Nashville City Health Department. Special techniques were developed by the Supervising Nurse in an effort to determine whether the failure was due to (1) failure of the method *per se*; (2) failure of the patient to use

TABLE IV
Discontinuance or Failure

REASON	NUMBER OF PATIENTS
Not Interested, or Husband Objected.....	91
Left City (Presumed Discontinuance).....	65
Patients Died.....	5
Unplanned Pregnancies (Failures)...	79

properly the technique prescribed; or (3) failure to use the method at all during one or more exposures. In each case the contraceptive supplies in the patient's home were checked by the nurse without disclosure of her intent. She casually asked to see the tube of jelly or supply of foam-powder on hand. The patient's attitude was carefully observed. The patient's response had been recorded in the clinic and on subsequent home visits. From the data on the clinic records showing the materials supplied and the information gathered in the field, the nurses expressed their conclusions as to the regular use of the technique on each patient's record. Where failure occurred, there was some evidence in each instance that the patient had not been using the method regularly and consistently. There is collateral evidence that

the method has not been completely discredited in the eyes of the women having unplanned pregnancies, for 18 of these patients have returned after delivery for re-fitting.

In addition to the unplanned pregnancies, there were 26 patients who were found to be pregnant at the time they visited the clinic, two who planned their pregnancies, and one patient who became pregnant after having received sterility advice at the clinic.

Cases which are considered to have discontinued the method because they left the city have not been followed. They have been put on inactive status because they could not be found by the field nurses, and did not write for supplies. In this connection, it is interesting to note that some patients have remained active though outside the City of Nashville by writing for supplies and reporting their status. We have been disappointed to note the number of patients referred to clinics in other cities who have written back complaining of their inability to secure supplies at a reasonable rate or of other disillusioning experiences in these clinics. This illustrates a need for a more satisfactory method of transfer from clinic to clinic.

Among the reasons offered by the patients classified as "not interested, or husband objected" are a number of beliefs which are integrated into the folklore of this community. Parallel beliefs exist wherever there are large concentrations of an uneducated population. Among the more prevalent beliefs were that the method would interfere with or make marital relations unsatisfactory or that it would cause cancer, tuberculosis and other unnamed diseases. A large percentage of the patients also belonged to "foot washing" sects, and the preacher and older people sometimes told them it is a sin to

use any birth control measures. An infant death in the family furthermore, is often accounted for by "wrath of God" for using contraceptives.

Some of the other difficulties which require intensive effort to overcome are the crowded home conditions which prevent the mother from using contraceptives. Often an entire family plus relatives live in one room. Indigent parents, furthermore, know that a large number of children will get them "aid to dependent children" and relief from Family Welfare Agencies. In addition, there has been some opposition encountered on the part of physicians who find the practice of contraception a serious inroad into their obstetrical work.

In view of these conditions, it is remarkable that 55 per cent of the total number of patients instructed used the method consistently and properly. We feel that the 5,000 visits made by the field nurses in this program during the past two years were responsible for this satisfactory response. Only intensive and individualized instruction of these women has made the program possible.

In addition to the statistical data which it has been possible to present, certain less tangible but yet important results have been noted. When we consider that where the method has been faithfully used, pregnancies have not occurred; when we note the changed attitude of the woman and her husband, and observe the change in the surroundings of the home and its atmosphere within, we must conclude that in the individual family the health of the mother and her children have been materially improved as a result of the woman's being physically better able to look after her home and to care for her children.

As the benefits in each family are multiplied, the assumption is reasonable that there is improvement in the health and the

living conditions of the community as a result of these childspacing services.

CONCLUSIONS

1. There are special health problems which affect the Negro group in southern urban communities. An intelligent and well-rounded contraceptive service offers a solution to some of these problems.
2. A two-year study of a contraceptive program for Negroes as an integral part of a City Health Department service has been presented.
3. The public health nurse has been demonstrated to be an effective case-finding worker.
4. Selection of cases by the public health nurse in the course of post-partum visits plus family investigation of the volunteer and referred case has resulted in reaching those patients most in need of the service.
5. A number of difficulties peculiar to a southern urban Negro program have been discussed. It has been found possible to instruct a group of women of low educational level in satisfactory contraceptive techniques.
6. Only 12 per cent failures were recorded, and field follow-up was made to determine the causes. Some evidence was gathered in each case pointing to failure of the patient to use the method consistently.
7. Adequate field nursing service is essential to the success of an urban public health program of family planning.
8. While no definite figures have been presented to demonstrate the extent of community improvement, there is evidence that this program has resulted in benefits to the individual family and to the whole community.

110
December 29, 1942

Dear Mrs. Lasker:

The exquisite asalea plant which you sent for Christmas has been put in the hall where everyone can see it. Thank you for sending it to us and for the pleasure it has given at this Christmas season.

Sincerely yours,

ELEANOR ROOSEVELT

Mrs. Albert D. Lasker
29 Beekman Place
New York, N.Y.

ia

SHAFER
FLORIST

Warmest good wishes
for Christmas and the
New Year from,

Mary Woodward Lasker

Recd. Nov. 24/42

Jorge Ayala

Plant

To - Mrs. F. S. Russell

100
January 16, 1943.

Dear Mrs. Lasker:

I have your letter and am much interested and I am looking into the situation before mentioning it again in my column.

I was sorry to be away the day you were in Washington. Miss Thompson told me you called and left a message.

Very cordially yours,

Mrs. Albert Lasker
29 Beckman Place
New York, New York.

VDS

100
January 25, 1943

Dear Mrs. Lasker:

I am sorry that I can not be with you at the dinner on Thursday, January 28th, but I am very glad to send you a word of congratulation on the extension of adequate maternity and child care health services, which has been accomplished during the past year.

I am glad that such stress is now being laid on giving greater care to children and better education to the mothers.

Very sincerely yours,

0

Mrs. Albert Lasker
29 Beekman Place
New York, N.Y.

May 25, 1943

June 3

Dear Mrs. Lasker:

I shall be glad to see you when I am in New York next week.

Would you have lunch with me at one o'clock, on June 5d, at my apartment, 29 Washington Square West? It is apartment 15-A.

Sincerely yours,

Mrs. Albert E. Lasker
29 Beekman Place, NYC

ack
5/22

29 BEEKMAN PLACE
NEW YORK CITY

May 22, 1943

Dear Mrs. Roosevelt:

It was such a joy to see you
yesterday at the party.

As I said then, I need very
much to consult you about several things that
I was sure you are interested in. Could I have
a little time with you when you are in New York
week after next to get your advice?

Warmest good wishes to you.

Sincerely,

Mary Woodard Lasker

Mary Woodard Lasker
(Mrs. Albert D. Lasker)

Mrs. Franklin D. Roosevelt
The White House
Washington, D. C.

*had you been back to the
S. J. about 7:15
2/15*

29 BEEKMAN PLACE
NEW YORK CITY

May 28, 1943

pl

Dear Mrs. Roosevelt:

I shall be delighted to
have lunch with you at one o'clock, June 3,
at your apartment, 29 Washington Square West.

Good wishes to you!

Sincerely yours,

Mary Lasker

Mrs. Franklin D. Roosevelt
The White House
Washington, D. C.

ML

June 3, 1945

100
✓

Dear Mrs. Lasker:

I want to tell you how much I personally appreciate your very generous contribution to the work of the United States Student Assembly. I know the young people ~~too~~ will write you their grateful thanks.

I hope the work this group accomplishes with the money will be a satisfaction to you.

With very pleasant memories of the party and many thanks to you, I am

Sordially yours,

0

Mrs. Albert Lasker
29 Beekman Place
NYC

Thank each of these
people - (not John Garden.)
for their generous contributions
to the work of the US
Student Assembly - I
know they will write you

their grateful thanks but
I wanted you to know how
much I personally appreciate
it. I hope the work
this group accomplished
with the money will

be a satisfaction to you.

With very pleasant
memories of the party &
many thanks

ER

Please send copy of
names & addresses to

Florence Gard

USA

8/11/40

June 5, 1945

Memorandum for Miss Florence Yard

Following are the names of those
who contributed to the USSA fund:

Mrs. Albert D. Lasker 29 Beekman Place New York City (\$100)	Mrs. Harry Brandt 115 Central Park West New York City (\$500)
Mrs. Nellie J. Hynes 29-61 218th St. New York City (\$500)	Mrs. William F. Carey 450 East 52d Street New York City (\$250)
Mrs. Elsie Hyde 11 West 61st Street New York City (\$500)	Mr. T. H. Roulston 568 First Street Brooklyn, N.Y. (\$100)

(M.C. Thompson
Secretary to Mrs. Roosevelt)

0

Offices of
JOHN GOLDEN, Inc.

SAINT JAMES THEATRE
246 WEST 44TH ST.
NEW YORK CITY

June 1st, 1943

Miss Malvina C. Thompson
The White House
Washington, D. C.

Dear Miss Thompson:

To save Mrs. Roosevelt's time, I am replying
to hers of the 30th direct to you.

In a postscript she asks: "Will you ask some
one in your office to send me the full names and addresses
of all those who contributed so both the USSA and I can
thank them.

I think the idea is wonderful, and each one
of our good friends would treasure her signature forever.
The list, then, is as follows:

Mrs. Albert D. Lasker
29 Beekman Place
New York City (\$500)

Mrs. Harry Brandt
115 Central Park West
New York City (\$500)

Mrs. Nellie J. Hymes
29-61 218th St.
Bayside, N. Y. (\$500)

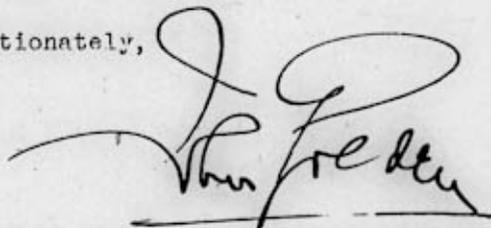
Mrs. William F. Cerey
450 E. 52nd St.
New York City (\$250)

Mrs. Elsie Hyde
11 W. 81st St.
New York City (\$500)

Mr. T. H. Roulston
568 First St.
Brooklyn, N. Y. (\$100)

John Golden's check for \$650 made up the even
amount of \$3,000 -- but he has been thanked more than he
deserves.

Affectionately,



TRADE MARK REG. JOHN GOLDEN THEATRE : 252 WEST 45TH STREET : NEW YORK CITY

Cable Address:
JGOLDS

TURN TO THE RIGHT * LIGHTNIN * 3 WISE FOOLS * THE FIRST TEAR * DEAR ME * THANK-U * SPITE CORNER
THE SERPENT'S TOOTH * SEVENTH HEAVEN * WAGES FOR WIVES * FIGS * THE WISDOM TOOTH * TWO GIRLS WANTED
FOUR WALLS * NIGHT HOSTESS * LET US BE GAY * SALT WATER * THAT'S GRATITUDE * AS HUSBANDS GO * AFTER TOMORROW
KIDDLE ME THIS * WHEN LADIES MEET * DIVINE DRUDGE * THE BISHOP MISBEHAVES * A TOUCH OF BRIMSTONE
SUSAN AND GOD * SKYLARK * CLAUDIA * "THEATRE", Etc.

100
August 10, 1943.

Dear Mrs. Lasker:

Thank you so much for your letter and for letting me see the articles from Reader's Digest and the American Mercury. I think they are excellent.

Very cordially yours,

Mrs. Albert D. Lasker
The Broadmoor
Colorado Springs
Colorado.

VDS



THE BROADMOOR
COLORADO SPRINGS

ml
5/10/13
Thank you for
articles
they are
excellent
61 P

Dear Mrs. Roosevelt,

Here are two articles
for the July Reader Digest and
the American Mercury, which
I think you'll be interested
in; if you haven't already
seen them.

The Mercury article I wish
could be read by every
clergyman in the country;
it makes sense!

The work described in the
Reader's Digest article was

100

November 15, 1945

Dear Mrs. Lasker:

I am sorry that you have not received my thanks for the beautiful flowers you sent me for my birthday. Some of our mail was lost in transit and the letter to you apparently was in the lot.

I enjoyed having the flowers on my birthday and I appreciate your thinking of me.

With many, many thanks, I am

Sincerely yours,

Mrs. Albert D. Lasker
Chrysler Bldg.
New York 17, N.Y.

100

December 14, 1945

Dear Mrs. Lasker:

Thank you for your letter about Dr. Strecker and for the article from Fortune magazine. I would gladly send Dr. Strecker's name to the Secretary of War, but I had word just before receipt of your letter that Lieutenant Colonel Menninger has been appointed as chief of the Psychiatric Division of the Army Medical Corps.

Very sincerely yours,

Mrs. Mary Woodard Lasker
Chrysler Building
NYC

0

12-14
MARY WOODARD LASKER
CHRYSLER BUILDING
NEW YORK 17, N. Y.

Found with notes by Sec. Stimson
December 4, 1943

Dear Mrs. Roosevelt:

I happened yesterday to come across this article in Fortune. "The Psychiatric Toll of Warfare," and as a result of our discussion I thought you might be interested, in case you hadn't already seen it.

In thinking of what you said about Doctor Strecker, I feel that it is perfectly possible for a Catholic psychiatrist in private practice to act without church influence, but when a Catholic becomes a public official the pressure from the hierarchy is even more severe on him than on a non-Catholic. I know, for instance, that Surgeon General Parran has been greatly influenced in his statements and plans by his fear of what the Catholic hierarchy would say about his handling of the venereal diseases program and the use of prophylaxis. He has failed to initiate any program involving child spacing information, without which the number of congenital syphilitic children will not decrease (85,000 a year are born), in connection with any of the health programs he is directly sponsoring. What is being done is being done only on the initiative of health officers in individual states themselves.

If a Catholic psychiatrist were appointed to the job as chief of the psychiatric division of the Army, the same reactionary religious forces would start to work on him, as the intelligent large scale teaching and use of psychiatry would seem to interfere with many of the tenets the Catholic Hierarchy teaches.

Consequently, it seems to me it would be a great public service if you could urge Secretary Stimson to appoint a chief of the psychiatric division of the Army Medical Corps who is not a member of a minority religious group, such as Doctor William Menninger (now a Lt. Colonel in the Army Medical Corps), whose competence as a psychiatrist and as an administrator is praised by other leaders in the psychiatrist field, such as Doctor George Stevenson of the National Committee for Mental Hygiene and Doctor Franz Alexander of the Institute for Psychoanalysis, Chicago, and many others.

I so enjoyed seeing you and hearing of your trip, which everyone feels did such good for the men in service in the Pacific Area.

All my admiration and good wishes,

Sincerely,

Mary Woodard Lasker

Mrs. Franklin D. Roosevelt
The White House
Washington, D.C.

MWL:HRH
Enc.

TELEPHONE LEXINGTON 2-9391

Stimson .

I received a letter the other day from another person telling me that a new head of the psychiatry division was to be appointed but I said I knew nothing about him and was only forwarding the letter for your information.

I am now sendin you a letter because Mrs. Lasker is very much interested in all psychiatry question and spoke to me about the ned appointment. I know Dr. Strecker in private practice and have every reason to believe he is a very good person. Again I have no interest whatsoever in this appointment and am simply forwarding these letters for your information.

e.r.

See her

January 10, 1944

100

Dear Mrs. Lasker:

Thank you for sending me the invitation to the meeting of the Psychotherapy Council, in Chicago this month. I regret that engagements already made would not permit my going to Chicago at the time of the meeting, but I do appreciate your letting me know about the meeting and sending me such a cordial invitation to attend.

Very sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
NYC

0

29 BEEKMAN PLACE
NEW YORK 22, N. Y.

Super handwriting

January 6, 1944

Dear Mrs. Roosevelt,

I am sending you the invitation to the meeting of the Psychotherapy Council, held under the auspices of the Chicago Institute for Psychoanalysis at the Ambassador Hotel in Chicago on January 14, 15, and 16. Leading psychiatrists from all over the country are going to give papers and discuss War Psychiatry the first day, Psychosomatic Medicine the second day, and Group and Child Psychotherapy the third day.

As I am supporting this meeting of the Psychotherapy Council, I am going to be there for the meetings, and I was wondering if by any chance you might be interested enough to come to any or all of the sessions. It will be attended largely by doctors and psychiatrists, as they assume that not many lay people are interested. However, I thought that, as I know you are interested in War Psychiatry, especially, and what can be done to help soldiers, this concentrated series of papers and professional discussion might interest you enough to want to attend.

As you know, it would be the greatest pleasure to me to see you there if it were convenient for you, and naturally, I would be glad to make any arrangements necessary. Do let me know if it is at all possible!

With warm good wishes to you for 1944,

Yours,

Mary Woodard Lasker

Mrs. Franklin D. Roosevelt
The White House
Washington, D.C.

YOU ARE INVITED TO ATTEND
THE SECOND ANNUAL MEETING
OF
THE BRIEF PSYCHOTHERAPY
COUNCIL

JANUARY 14, 15, 16, 1944

THE AMBASSADOR HOTEL
CHICAGO

HELD UNDER THE AUSPICES OF
THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

JANUARY 14, 1944—*War Psychiatry*

MORNING SESSION, 9:00 A.M.

Chairman, COLONEL FRANKLIN G. EBAUGH, M.C., A.U.S.

Some Special Aspects of Psychotherapy in the Army Air Forces
LIEUTENANT COLONEL JOHN M. MURRAY, M.C., A.U.S.

Impairment in Emotional Control Produced both by Lowering and Raising the Oxygen Pressure in the Atmosphere with Observations on Normal Young Men Exposed to an Altitude of 15,000 Feet
ALVAN L. BARACH, M.D.

Use of Brief Psychotherapy in War Neuroses
LIEUTENANT COLONEL ROY D. GRINKER, M.C., A.U.S.

Discussion: DANIEL BLAIN, M.D.; MAJOR HENRY BROSN, M.C.; SANDOR RADO, M.D.

SPECIAL LUNCHEON, 12:30 P.M.

THE RORSCHACH, AND RELATED TESTS, IN MILITARY PSYCHIATRY
Chairman, SAMUEL J. BECK, Ph.D.

The Use of the Multiple Choice Test in the Military Services
MOLLY HARROWER-ERICKSON, Ph.D.

Rorschach's Test in Men Discharged from the Military Services
SAMUEL J. BECK, Ph.D.

Notes on the Recognition of the Psychologically Marginal Recruit
F. L. WELLS, Ph.D.

Discussion: MAJOR HENRY BROSN, M.C.; DAVID RAPAPORT, Ph.D.

AFTERNOON SESSION, 2:30 P.M.

Chairman, LIEUTENANT COLONEL ROY D. GRINKER, M.C.

The Cornell Selectee Index: A Method for Quick Testing of Selectees for the Armed Forces
BELA MITTELMANN, M.D.

Brief Psychotherapy in a Pre-flight Training Center of the Air Corps
MAJOR MILTON MILLER, M.C., A.U.S.

Psychiatric Observations in Two Station Hospitals of the Army Air Force

CAPTAIN CAREL VAN DER HEIDE, M.C., A.U.S.

Discussion: LIEUTENANT EUGENE FALSTEIN, M.C., U.S.N.R.; CAPTAIN MARTIN GROTHJAHN, M.C., A.U.S.; LIEUTENANT COLONEL LEON SAUL, M.C., U.S.N.R.

JANUARY 15, 1944—*Therapeutic Aspects of Psychosomatic Medicine*

MORNING SESSION, 9:00 A.M.

Chairman, FRANCIS J. GERTY, M.D.

The Brief Psychotherapy Council and its Outlook
FRANZ ALEXANDER, M.D.

Gastro-intestinal Disturbances
EDWARD WEISS, M.D.

Diabetes
GEORGE E. DANIELS, M.D.

Asthma
THOMAS W. FRENCH, M.D.

Discussion: FELIX DEUTSCH, M.D.; FRANK FREMONT SMITH, M.D.; ERNEST ZEISLER, M.D.

AFTERNOON SESSION, 2:30 P.M.

Chairman, EDWARD WEISS, M.D.

Rheumatic Disease with Special Reference to Psychosomatic Diagnosis and Treatment
FLANDERS DUNBAR, M.D.

Psychological Approach to Hypoglycaemic Fatigue
FRANZ ALEXANDER, M.D.

Discussion: LEONARD BLUMGART, M.D.; O. SPURGEON ENGLISH, M.D.; EDWIN GILDEA, M.D.; SIDNEY PORTIS, M.D.

DINNER, POLO ROOM, AMBASSADOR HOTEL, 8:00 P.M.

Guest Speaker, DANIEL BLAIN, M.D.
Sr. Surgeon (R), U.S. Public Health Service

JANUARY 16, 1944—*Psychotherapy for Children*

MORNING SESSION, 9:30 A.M.

Chairman, C. ANDERSON ALDRICH, M.D.

Sado-masochism in a Case of Thrombocytopenic Purpura
Hemorrhagica

EDWARD LIS, M.D.

Brief Psychotherapy with Orthopaedic Cases

EDITHA STERBA, M.D.

Psychotherapy in a Guidance Center for Infants and Pre-School
Children

MARIAN C. PUTNAM, M.D.

Emergency Treatment of Severe Feeding Disturbances

EMMY SYLVESTER, M.D.

Discussion: MARGARET GERARD, M.D.; ADELAIDE JOHNSON, M.D.;

GEORGE J. MOHR, M.D.; ADRIAN VAN DER VEER, M.D.

BUFFET LUNCHEON AT THE INSTITUTE FOR PSYCHOANALYSIS

43 EAST OHIO STREET, 1:00 P.M.

Group Psychotherapy

AFTERNOON SESSION, 2:30 P.M.

Chairman, NOLAN C. LEWIS, M.D.

Problems in Clinical Group Work with Children

FRITZ REDL, PH.D.

Experiments on Rapid Changes in Industry

KURT LEWIN, PH.D.

A Case of Paranoia Treated Through Psychodrama

JACOB L. MORENO, M.D.

Discussion: THOMAS W. FRENCH, M.D.; ABRAHAM LOW, M.D.;

HELEN ROSS; ALFRED SOLOMON, M.D.; LOUIS WENDER, M.D.

*On account of Food Rationing it is necessary to have
all reservations for luncheon and dinner in advance.*

100

May 3, 1944

Dear Mrs. Lasker:

I do not know whether you have already been asked to give again to the United States Student Assembly. You will remember coming to Mr. Golden's party last year and I think if you would be willing to see one of the young people, she could give you an account of the work which would make you feel it was worth while.

If you do feel that, I hope you will give this year as you did last year.

Very sincerely,

0

Mrs. Albert Lasker
29 Beekman Place NYC

100

May 13, 1944

Dear Mrs. Lasker:

You are very generous and kind to renew your contribution to the United States Student Assembly. I do feel they are doing worth while work and hope you will have time some day to talk to one or two of the young people actually doing the work, so you will feel convinced that your money is wisely used.

Many, many thanks. I know you will hear from the young people of their gratitude.

I hope I shall see you before long.

Sincerely,

0

Mrs. Albert Lasker
29 Beekman Place
NYC

at
5:30

TWENTY-NINE BEEKMAN PLACE

May 10, 1944

Dear Mrs. Roosevelt,

No one had asked me to give to the United States Student Assembly, and I am delighted to send you the enclosed check! I am so happy to give to anything you think is worth while and are interested in, as I feel you do so much constructive work both for this organization and for human beings everywhere.

It was such a pleasure to see you in Washington with Doctor Grinker!

Best wishes always,

Sincerely,

Hand at home
Robert H. Grinker
Mary Woodard Leask

100

May 26, 1944

Dear Mrs. Lasker:

Mrs. Roosevelt will be very happy to have you and Mrs. Rose come to her apartment, 29 Washington Square, West, on Monday, the 28th, at 10 a.m.

Very sincerely yours,

Secretary

X Mrs. Kenneth Rose

TWENTY-NINE BEEKMAN PLACE

May 23, 1944

Dear Mrs. Roosevelt,

Mr. Kenneth Rose, National
Director of the Planned Parenthood
Federation and I are very anxious to
get your advice about something we
think is important in connection with
the Red Cross. Is there any chance of
seeing you the next time you are in
New York, or sometime soon?

With warm good wishes,

Yours,

Mary Lasker.

Handwritten notes:
help you from
planning of
the in the
10-

100

May 30, 1944

Dear Mrs. Lasker:

Many thanks for the beautiful flowers which
you sent me. I appreciate your thought of me always.

Sincerely

Mrs. Albert Lasker
29 Beekman Place
NYC

Many thanks for
your wonderful
help always.
Mary Parker

100
✓

June 2, 1944

Dear Mr. Lasker:

I wonder if you and Mrs. Lasker would be willing to come to tea with Judge Delaney, Mr. Paul Robeson, Mrs. Pratt and myself, at my apartment, 29 Washington Square West, at 4:30 p.m. on Monday, June 12.

No one else will be there, but I want very much to tell you and Mrs. Lasker and Mr. Robeson about Wiltwyck School. It does a remarkable job, under great difficulties, for young colored boys who would otherwise have to be sent by the courts to reform schools like Warwick, where undoubtedly they would learn more that is harmful than good.

We need very badly to put this school on a better foundation. I think you once told me that you were particularly interested in helping the colored people, and I am sure that helping young people of any group is one of the most constructive ways of doing this.

If you and Mrs. Lasker are sufficiently interested by what we are able to tell you, perhaps later in June you would care to come to Hyde Park for the night and let me take you over to the school and actually show you some of the children and the school in operation.

Hoping very much that you will be free to come.

Very cordially yours,

Mr. Albert Lasker
29 Beekman Place NYC

0

June 15, 1944

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✓

Dear Mrs. Lasker:

I hope you and Mr. Lasker will be free and care to come to Hyde Park on July 6th for the night.

There is a good train at 9:20 a.m. from Grand Central Station to Poughkeepsie. I will meet you at the train and take you to Wiltwyck, which is just across the river. We will be back in Hyde Park in time for lunch.

Looking forward to seeing you,
I am

Sincerely,

0

Mrs. Albert Lasker
29 Beekman Place
NYC

JULY 6
JUN 21 1944

TWENTY-NINE BEEKMAN PLACE

June 20, 1944

Dear Mrs. Roosevelt,

Albert and I will be delighted to come to Hyde Park on July 6, and will leave on the train from Grand Central for Poughkeepsie at 9:20 A.M.

We look forward so much to seeing the School and spending the time with you!

With warm good wishes,

Yours,

Mary Lasker

P.S. Many thanks for the copy of the letter you sent me from Mr. Norman Davis' secretary. We have not heard from them as yet.

5

100

July 13, 1944

Dear Mrs. Lasker:

I went to thank you and Mr. Lasker for your check for \$6,000 for the Wiltwyck School. I have given it to Mrs. Pratt and we are all deeply grateful to you.

It was a joy to have you both here and it was a pleasant day for all of us.

With ~~deep~~ appreciation of your kindness and generosity, I am

~~Stronsky~~
Affectionately

Mrs. Albert Lasker
29 Beekman Place NYC

\$ 6,000 given Mrs. Pratt

TWENTY-NINE BEEKMAN PLACE

July 10, 1944

Dear Mrs. Roosevelt,

What a lovely time we had with you! We enjoyed it very much! Albert joins me in many, many thanks!

I am enclosing a contribution to the Wiltwyck School: \$5,000 to be used for the building fund and \$1,000 for the maintenance fund, as that is what we agreed might be the best way of distributing it. We think it has wonderful possibilities, and are so anxious to see them realized!

Best wishes to you always,

Affectionately,

Mary Lasker

Hyde Park, New York
July 23, 1944

100

Dear Mrs. Lasker:

I find that I am not going to spend the night of the 31st in town and therefore will not be able to have dinner with you. Will you be patient with me and let me come the first time I am free?

I can not tell you how much I enjoyed having you and Mr. Lasker here. I think of your visit with pleasure.

Very cordially yours,

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TWENTY-NINE BEEKMAN PLACE

JW / 100
July 28, 1944

Dear Mrs. Roosevelt,

Many thanks for your note about the 31st! We do hope you will let us know the next time you are going to be in town and free to dine, as it would be such a joy to see you! Aubrey Williams is dining with us the night of the 3rd of August, just in case there is any chance you would be in town then. Naturally, any time you can come is fine with us.

I have been waiting for a list of the books and magazine subscriptions which Doctor Cooper would like for Wiltwyck School, but have not heard from him yet.

I was so happy to hear from Trude Pratt that the worst houses are already being rebuilt!

I see by your column that you have made some long trips since our visit, but hope you are going to have some more peaceful time at Hyde Park soon.

Warm good wishes to you always,

Yours,

Mary Lasker

SHAFER
FLOHIST
Warm good
wishes for many
many happy returns
of the day Albert
by Mary Lasker

October 11, 1944

Dear Mrs. Lasker:

The very beautiful orchids and the good wishes of you and Mr. Lasker warmed my heart and added beauty and cheer to my birthday.

You are both always so kind and I am most appreciative.

Sincerely yours,

Mrs. Albert Lasker
29 Beekman Place
NYC

October 11, 1944

Dear Mrs. Lasker:

X I felt I could not serve on the
National Committee for Mental Hygiene and
I wrote to Fr. Stevenson. My plans for
November, after the election, are very un-
certain. So I did not want to make any
further commitments.

With every good wish, I am

Sincerely yours,

Mrs. Albert Lasker
Chrysler Bldg. NYC

MARY WOODARD LASKER
CHRYSLER BUILDING
NEW YORK 17, N.Y.

October 6, 1944

Dear Mrs. Roosevelt:

Dr. Stevenson, the Director of the National Committee for Mental Hygiene, has told me that the Committee is very anxious that you be the one to present an award Albert and I are giving to the National Committee for whoever is selected as having made the greatest contribution to war psychiatry during the last several years.

We are giving this award in the hope that it will interest the public in mental problems of soldiers and sailors and, also, in the hope that it will bring the recognition to those who try, with far too little help, to bring aid to the hundreds of thousands of men who have either mild or serious emotional disturbances as a result of the war.

We should be so happy if you would feel able to add the inspiration of your presence in making the presentation at the Annual luncheon of the National Committee for Mental Hygiene on November 9th.

Warm good wishes to you,

Yours,

Mary Woodard Lasker

Mrs. Franklin D. Roosevelt
The White House
Washington, D.C.

P.S. You may be interested in the attached clipping.

Jan 23

100

January 20, 1945

Dear Mrs. Lasker:

P. Kennick

Mrs. Roosevelt has your letter of January 13 and she appreciates Mr. Rose's offer to come for her and take her to the luncheon. She has, however, another engagement the morning of the 25d and will go direct from there to the Waldorf.

Mrs. Roosevelt will be thinking out how she can follow your suggestions in her speech.

Very sincerely yours,

Secretary to
Mrs. Roosevelt

Mrs. Mary Woodard Lasker
~~Chrysler Building~~
New York, New York

0

See Mrs. Lillian M. G... 100-125

2

AM
1-20

MARY WOODARD LASKER
CHRYSLER BUILDING
NEW YORK 17, N. Y.

January 13, 1945

Dear Mrs. Roosevelt,

Mr. Rose, I believe, has written you that I would be very happy to come down to your apartment about 11:45 on Tuesday, January 23, and take you up to the luncheon meeting at the Waldorf.

Handwritten notes:
I am hoping that you may feel able to indicate its importance in your remarks.
I am hoping that you may feel able to indicate its importance in your remarks.

I understand from Mr. Rose that the suggestions on the needs of the American Family, submitted by the voluntary and Federal agencies, represent very intelligent thinking and a desire, at least, for cooperative action. Naturally, most of the agencies have not mentioned the value of Planned Parenthood, and I am hoping that you may feel able to indicate its importance in your remarks.

In a sense, one of the most significant statements made was by Mr. Louis Dublin in a recent speech here in New York under the sponsorship of the New York Academy of Medicine. I quote it as something you might possibly want to include in your remarks.

"...The perfection of the methods of contraception and their spread over the whole civilized world, are of the same order of importance as the extraordinary advances in saving human life. Together, these two changes constitute the most significant events of the last century... The control of the birth rate and of the death rate, give man the power to determine not only the size, but the character of the nation."

I look forward to seeing you. With warm good wishes,

Yours,

Mary Lasker

Mrs. Franklin D. Roosevelt
The White House
Washington, D.C.

TELEPHONE LEXINGTON 2-9391

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Chairman Nat'l Medical Council

D. KENNETH ROSE
National Director

CLAUDE C. FERCH, M.D.
Medical Director

This is your invitation to you - 2/3.

Planned Parenthood Federation of America, Inc.

Formerly Birth Control Federation of America, Inc.

501 Madison Avenue, New York 22, N. Y., WICKENHAM 2-8600

January 16, 1945

Mrs. Franklin D. Roosevelt
The White House
Washington, D. C.

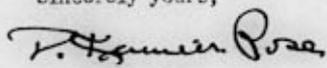
Dear Mrs. Roosevelt:

Because we are keeping the dicests from Federal and voluntary agencies, Mrs. Gruenberg has asked me to forward this material to you.

With the tightness of the program of having you, Dr. Woodward and Mr. McCloskey on the air, timing for your remarks will be from 1:01 to 1:10 and you would then turn the meeting over to Dr. Woodward.

We are enclosing some notes about Dr. Woodward which are a suggestion from which you may wish to build your introductory remarks about him.

Sincerely yours,



D. Kenneth Rose

EKR:r
Encs.

January 18, 1945

SUGGESTED INTRODUCTION FOR MRS. ROOSEVELT
TO USE IN INTRODUCING
Dr. Luther E. Woodward

Having presented from a lay point of view my general observations on the problems affecting the Future of the American Family, I am glad to turn the Meeting over to one who has studied this whole problem from the psychological point of view, particularly in the field of psychiatry and mental health -

Dr. Luther E. Woodward of the Department of Rehabilitation of the National Committee For Mental Hygiene.

oOo

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

501 Madison Avenue

New York 22, New York

Replies to Questionnaire Submitted to Agencies

Relative to Luncheon on "The Future of the American Family"

I. What important needs of the family have been well met during this war period?

A. Security

Full employment in wartime has reduced to low minimum the economic hazards to the family in most areas. Millions of families for the first time have been able to establish a backlog of savings which tends to reduce the fear of future insecurity.

The social security system has quietly operated during wartime to assist the relatively few families subjected to involuntary unemployment. At the same time the care of the aged, blind, and homeless (including the care and placement of foster children) have been better provided for than at any time previously through grants in aid and other benefits.

B. Health

In contrast to the last war, there have been no major epidemics and general health standards have at least been maintained despite acute shortage of physicians, nurses and hospital facilities in many areas. Generally mortality rates have been held to pre-war levels.

The EMIC has enabled thousands of service wives to have babies safely and at least possible cost - contributing thereby to the lowest maternal and infant death rates on record. Despite a high incidence of venereal disease, the threat of a much worse health toll from this source has been offset by vastly improved methods of treatment, and an improved though still not completely realistic attitude toward education and cure on the part of both military and civilian health agencies.

There has been noteworthy progress in industrial health programs.

C. Child Care

The adequate provision of day care in some areas has enabled working wives to carry on in their jobs and has safely guarded the needs of the children for adequate supervision in a healthful and companionable environment.

D. Morale

Family morale has been bolstered through the sense of a united people working and fighting in a single cause.

The morale in the many homes broken or shattered by the departure of male members for service in the armed forces, has been helped by the efforts of many agencies, government and private to maintain and expedite the contact between those at home and those away in camps or overseas.

An important corollary of the total effort to provide for both the needs of men in the service and their families at home, has been the training of hundreds of thousands of volunteer workers who are serving as workers in civilian defense and rationing, as nurses aides, U.S.O. volunteers, etc. These workers represent a new potential for the improvement of family services in each community after the war.

II. Which are not now being adequately met?

A. Housing

Our housing picture is vastly inadequate. Wartime housing efforts are mostly temporary expedients to meet an immediate need in temporarily congested areas. Some of the housing is convertible to peacetime needs but most of it is unsuitable for the long-range family needs. Post-war housing needs should be planned with thought as to what is necessary for the individual family to live most desirably from the standpoint of security, health, environment and general social good - including accommodations for the number of children they desire.

B. Recreation

Wartime juvenile delinquency has revealed the inadequacy of recreational facilities in many of our urban and rural communities. Recreation must be provided community-wide, so as to meet the needs for wholesome social intercourse among citizens of all ages. Particularly from the standpoint of youth, recreation must represent more what its participants desire and need, rather than what oldsters think they should have. All available community facilities must be used, and new facilities established where present services are inadequate.

C. Health

Except to members of our armed forces, there has been no appreciable broadening of the base of our health services - and millions of our families are still without the most elementary forms of health facilities.

This
There is evident when a special phase of health care is examined, such as maternal health. With the aid of better (though not increased) medical treatment, particularly the advent of the sulfa drugs, maternal deaths have continued to decline in the war period. On the other hand, the number of maternal deaths still represents a largely unnecessary loss and practic-

ally no progress has been made in reducing the high total of human wastage represented in stillbirths and baby deaths within a month of life.

The draft rejections (4 million of 15 million examined) show an appalling gap in our present health care and what is needed to produce the maximum of physical fitness. Obviously our services for good dental care are far below what is urgently required. We have evidences of great need for extension of not only general medical care, but also such specialized phases as psychiatry, venereal disease control, physical therapy, etc.

D. Marital Guidance and Sex Education

Few adequate services exist at present to which married couples can go for friendly and scientific counsel in problems of marriage and family relationships. Such services as do exist are within access only of the relatively well-to-do. Some welfare services exist for the indigent but they tend to attract only those cases marked by an abnormal degree of maladjustment. There are almost no services for those of moderate means.

Juvenile delinquency reflects the frequent inadequacy of the home, school and church, either together or singly to guide and inform young people in matters of sex. The wartime rise in abortion and the estimate that one in every 12 births is illegitimate, indicate further the need for realistic sex attitudes and the application of educational methods found effective in relation to other problems.

III. What additional needs do you foresee after the defeat of Germany?

A. Service for Veterans

The first step in the rehabilitation of the return will be his readjustment to peacetime family living.

Community services must be prepared for a task of "mass therapy" in helping veterans make the adjustment from military to peacetime family life. This period will probably mark the first mass exodus of men from the armed services and will be a testing period in preparation for still larger tasks at the end of the war.

There must be recognition that the many hasty war marriages, coupled with long separation, will make for serious family maladjustments when our men return. Communities must be ready to provide such assistance as will serve to counter a mass of divorces and broken homes, such as followed the last war.

B. War Workers

Just as veterans will need practical assistance and guidance, so will there be a need for aid for thousands of workers who will begin the return to peacetime living. From an economic point of view, high living costs have prevented the amassing of large savings on the part of workers in war centers, despite higher wages, and they will need aid in various forms in the shift from one job to another and the reestablishment of homes.

Help and guidance will be particularly important for many women industrial workers who plan to retire to home life when their men return from war service. For them homemaking and rearing of a family will constitute a new or revised art. Among them the desire for interests beyond the home may be strong and important to satisfy. Many others will need to continue work to help support families until such time as veteran husbands are able to assume full responsibility.

C. A New Emphasis on the Family and Democratic Living.

The release of some of our energies from total war, suggests the time for shifting some of our resources toward realization of some of the aspirations and plans crystallized during the war period for a better and stronger America.

Since the family is the unit of the nation, and the determinant of its strength, cohesion and virility, it would be important that efforts be put forth in this period to dissolve those factors which have had a disintegrating influence on the family in the war period and prior to it. It would also seem important that we move in this period toward formulation of overall population policy, so that whatever health and welfare programs are carried forth after the war, will be based on the concept that every measure must contribute to the ability of the single family to live healthfully, independently and democratically.

A population policy in a democratic society would not seek a mere stimulation of the birth rate as in Germany and other fascistic countries. Its aim, as conceived by Sweden for example, would be the strengthening of the family unit, by the provision of health and welfare measures to that end. It would not provide cash bonuses for babies. But it would endeavor to assist parents to achieve their aspirations as to family size, health and stability by facilities at their disposal - good maternal health care at low cost for all - including contraceptive advice, housing adequate to the family's needs, nutritional programs, school and the like. At present, such central motivation is largely lacking from planning in this country, with the result that health and welfare services, official and private, present a haphazard supplying of family needs - with large gaps in between.

While many factors have contributed to the making of the family unit in past decades, we have done progressively less for each generation in making it aware of the social importance of the family and preparation for its responsibilities. New efforts, divided between the home, school and church are needed to restore this emphasis and also to break down the barriers that separate the family from full participation in the life of the community. These include religion and race prejudices and loss of a sense of participation in community and governmental affairs.

IV. What new methods and procedures do you believe need to be developed in order to serve the family fully after the war?

- A. Emphasis on preventative health care as against merely curative medicine as in the past.
- B. Complete coverage of public health services to reach all areas - to include general medical care, minimum nutritional programs, and adequate dental care.

- C. Extension of industrial health programs so as to be easily available to workers. Such programs should not be confined to treatment of injuries on the job but should include general health care and health education and should be a responsibility of public health services.

- D. Extension of counselling service on all phases of family living in each community as part of the educational system. Such services should be such that they would be available to all and without social stigma. It will be particularly important to make good psychiatric treatment, at low cost, easily available, particularly in the smaller communities where no such service now exists.

- E. Emphasis in total educational efforts on family values and responsibilities and on education for personal living (see III C.)
 - F. Adoption of an American population policy designed, as in Sweden to plow back into "our most important crop" — our children — our excess physical resources in the form of decent homes, school lunches, and milk, and medical care (see III C.)
- V. What agencies — Federal or voluntary — do you believe need to be developed in order to serve the family fully after the war?
- A. Expansion of present voluntary health, welfare and educational services to meet as far as possible the above needs.
 - B. Establishment of Cabinet posts for health and education so as to develop consistent and comprehensive programs in those fields.
 - C. An overall planning body of representatives from official and voluntary agencies to permit a degree of coordination in their services. To be effective, representation from the agencies must consist of both professional and public leadership.
 - D. Formation of a national overall agency concerned with maternity and child care problems.

- VI. What do you see as the role of Federal and state governments in helping to meet family health and welfare needs?

It should be the responsibility of Federal and State governments to constantly analyse and be aware of health and welfare needs of the family. Because there has been a tendency on the part of the public to consider Taxations for such purposes as a form of public charity, Federal and State governments have an obligation to emphasize to tax-payers that the taxes necessary to carry on and expand such efforts are an investment in people of far greater importance than expenditures for roads, bridges or other public works.

Because of the natural limitations inherent in any governmental program, the voluntary agencies must continue to have important responsibilities in filling the still unmet needs. Private agencies will continue to have the most important part in pioneering education, the demonstration of new services, establishment of standards, and the mobilising of public opinion behind health and welfare legislation.

- VII. What do you suggest in the direction of coordinated action on the part of voluntary agencies and on the part of voluntary agencies with Federal agencies?

The suggestion of an overall planning body (see VI C.) is offered with the idea of reducing the duplication of effort and of providing for needs otherwise unserved. There is no need for the setting up of additional agencies but there is great need for planning which will permit the extension, coordination and maximum use of present facilities.

One major weakness in relation to many of the welfare agencies which serve the family in one capacity or another, is their inability to treat the family as a unit. The frequent effect of these multiple and sporadic forms of family service, is to divide and confuse the family rather than to unite and strengthen it. The same is true in relation to agencies serving family health.

Comprehensive program planning by agencies with common interests to permit the most effective use of time, money and personnel is clearly indicated.

U.S. Office of
Education

Answers to questions submitted by Mrs. Sidonie Gruenberg, Chairman of the Organization Committee of agencies participating in the conference on "The Future of the American Family" in New York City, on January 23, 1945.

1. What important needs of the family have been well met during the war period?
 - a. Higher incomes have enabled many thousands of families to raise the physical standards of family living in many desirable ways.
 - b. The need for closer cooperation between families with common needs in neighborhoods and communities has been partially met by such wartime measures as OGD, block organizations, consumer panels, and community meetings of different kinds to promote the war effort.
 - c. The need for equalizing opportunities for families to buy such necessities as food, housing, and transportation has been met to a fair degree by such measures as price control and rationing.
 - d. The need for family members to know more about the social and economic structure of our culture has been partially met through educational programs in the community offered by the schools and also by many other educational agencies and organizations.
 - e. The need for seeing more clearly and feeling more deeply the inter-relatedness of families over the world has been promoted by our common danger as well as by the wartime developments which have emphasized this interdependence and made the world seem much smaller.
 - f. In spite of shortages of doctors and nurses and some new health hazards in communities, the health needs of families have probably been better met during the war period than before. Measures like the national nutrition program; the school lunch program; extended school services and other child care programs; industrial feeding; and the new emphasis on health education, have already had noticeable effects.
 - g. The need of families for skills in food preparation, food preservation, clothing care and conservation, repair of home and farm equipment, and care of children, have been partly met by schools teaching these skills to youth and adults, and serving as centers for consultation and cooperative activities by community members.

2. Family needs which are not now being adequately met.

- a. Many American families have not benefited by increased income during the war. In most cases where income has remained at pre-war levels, the purchasing power of families is actually decreased because of increases in living costs. This means that many families have been or will be forced to lower their standards of living. It should be remembered in this connection that a large proportion of families in this country have in the past lived and are still living below a decent subsistence level.
- b. Opportunities for education are still extremely unequal from State to State and in different parts of many of the same States.
- c. The needs for recognition and social status and security of many families belonging to minority groups are completely ignored in some communities.
- d. The need for wide-spread comprehensive programs of education for family living is being met in only a very limited way, especially as it pertains to the meeting of emotional problems caused by the war.
- e. Comparatively little has yet been done to meet the need for special educational programs and other public measures which would help young people who have married during the war, to establish homes for the first time, or to re-establish them.

3. What additional needs do you foresee after the defeat of Germany?

- a. If young people who have been making fairly large sums of money during the war cannot find employment during readjustment, families will need a great deal of help in guiding these young people and assisting them to find ways of channeling their creative energy.
- b. There are some reasons for thinking that there will be unemployment for many, for varying lengths of time, after the war. In this case, families will need a good deal of help in readjusting incomes and family budgets to whatever situation develops. All families will need help in determining how rapidly, and for what goods and services, money should be spent in order to keep prices from rising too rapidly and the market from being flooded with shoddy and otherwise undesirable goods.
- c. Many women who have been working outside the home during the war will have to decide whether or not to continue. Many of these women will need help in seeing the issues and factors which should be considered in making such decisions.

- d. The family adjustments of returning service men and women will be very difficult in many cases. For a good many years after the war is officially over, families will need help in understanding and dealing with the emotional as well as the physical problems involved in these readjustments.
 - e. Because, following the war, there will be increasing interdependence between families and communities, between communities, States, and nations, families will need more help in learning how to evaluate and make constructive use of new opportunities for cooperation and coordination.
 - f. Because of the great need for replacements in housing and home equipment after the war, families will have many choices to make. They will need education which emphasizes how to make these in ways that bring satisfaction and well-being to the family.
4. What new methods and procedures do you believe need to be developed to serve the family fully after the war?
- a. The best single step from the standpoint of the Office of Education would be a greater measure of equalization of educational opportunity for all people so that there may be excellent schools to serve children, youth, and adults in all parts of the country.
 - b. There needs to be a much greater development of adult education through the schools and through other educational agencies and forces. The schools should become much more the center of community life, used by family members of various ages for all kinds of educational, recreational, and health needs. Much greater use will need to be made of the informal educational agencies and forces at work in our country. New methods and procedures for public education in communities will need to be developed immediately.
 - c. In order to make all education more effective, time and money should immediately be invested in the development of appropriate new materials for improving and vitalizing education on all levels and in all areas.
 - d. New ways of relating home experiences and school education should be developed. Home-school collaboration must become a vivid reality at all school levels.
 - e. Many new ways of utilizing informal learning experiences should be developed. Little is yet known, for example, about how to set up and staff different kinds of family consultation centers.

5. What agencies — Federal or voluntary — existing or not in existence, do you feel should provide these new methods and procedures?

New agencies are not needed but there should be more cooperation between voluntary workers and established agencies, and between organizations in the interest of better family living. Cooperation among agencies giving educational and other kinds of service to families is an imperative need. This cooperation must be worked out on Federal and State, as well as community, levels. Consideration should be given to ways to strengthen schools, hospitals, clinics, public health services, recreational activities, and others, through cooperation between professional and lay workers.

6. What do you see as the role of Federal and State governments in helping to meet family health and welfare needs?

The Federal and State governments have a responsibility for seeing that family health and welfare needs are met. This responsibility should be that of stimulating communities and groups to meet their own needs through cooperative planning and individual initiative as far as that is possible. Where these needs cannot be met adequately in this way, State and Federal governments must develop plans which will insure to all adequate health care and some measure of economic security. This will probably require Federal financial assistance.

There seems to be an increasing feeling that the Federal government has certain additional responsibilities for (1) making and keeping up to date studies which will show continuously what is happening to families the country over, (2) proposing measures for dealing with family problems which are national in scope or in their implications, (3) helping States to find ways of equalizing opportunities for families in the various States, and (4) giving advisory and consultative help to State governments working on State programs for better family living.

7. What do you suggest in the direction of coordinated action on the part of voluntary agencies and on the part of voluntary agencies with Federal agencies?

This is too complicated a question to be answered without a great deal of study.

The voluntary and Federal agencies would probably be able to work more closely together if there could be developed a well articulated system of advisory committees for the respective Federal and voluntary agencies. The executive heads of these agencies would then find collaboration much more fruitful.

January 25, 1945

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Dear Mrs. Lasker:

Thank you for the delightful and most unusual flowers. I enjoyed having them while I was at the apartment and I appreciate your thoughtfulness always.

Affectionately,

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Mrs. Albert Lasker
29 Beekman Place NYC

all my appreciation
and affectionate
good wishes.

Mary Lane