

THE ADOPTION AGENCY

Its Thinking and Practice

by

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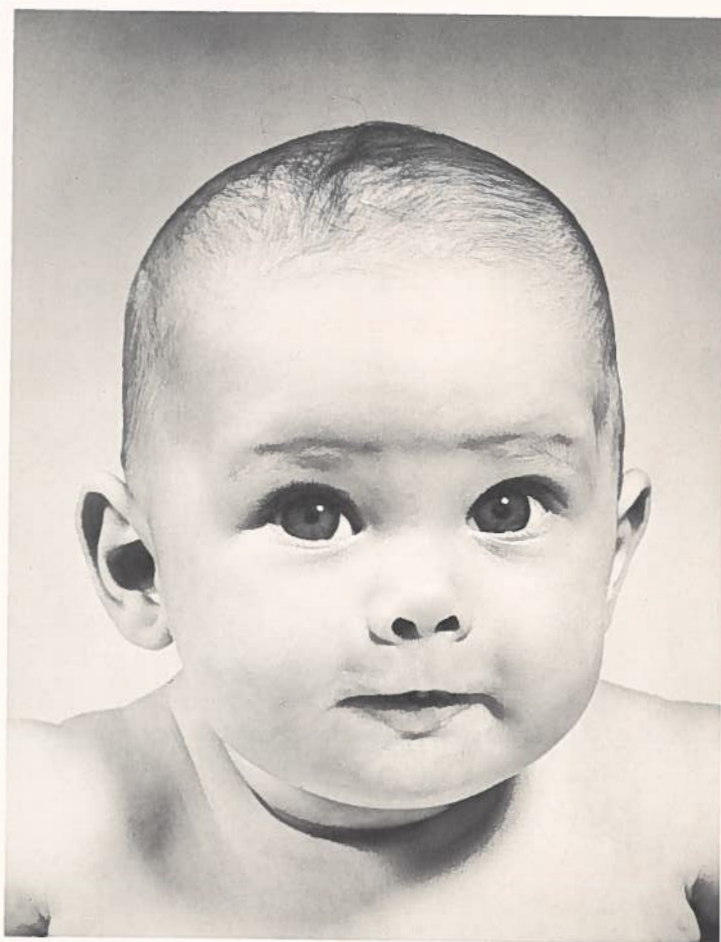


for

THE SPENCE-CHAPIN ADOPTION SERVICE

Six East Ninety-Fourth Street

New York, N.Y. 10028



I am adopted.

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Its Thinking and Practice

by

MAX WYLIE

Published 1958

Second Printing 1962

MAX WYLIE — playwright, novelist, an authority on radio and television programs — brings to this statement on the Spence-Chapin Adoption Service the deep insights of a gifted observer of contemporary social problems. The statement is an objective evaluation of the function which this agency is organized to fulfill. It is reprinted here for those who have an interest in what adoption may mean in their own experience and also for those who are seeking to measure conscientiously the resources in this City which are dedicated to providing this critically needed human service. Here is a statement on the thinking and practice of one of the country's outstanding non-sectarian, interracial adoption agencies, written by and for the layman.

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"It is good for the child to discover . . . that Spence-Chapin had to make sure the adoption was exactly right, since it was going to be forever."

Foreword

The Spence-Chapin Adoption Service defines itself as a private, non-sectarian, interracial agency whose purpose it is to find good adoptive parents for children who are legally free for adoption and who can benefit from family life, so that these children will have homes which offer affection, security and opportunity. Today it is one of the most effective and balanced adoption agencies in this country.

Clara B. Spence

The "Spence" portion of Spence-Chapin is identified with Miss Clara B. Spence, who for many years was head mistress of a finishing school in New York City, the Spence School which is today one of the finest in New York. Miss Spence became interested in placing children for adoption before the turn of the present century. She took these children into her own home, then interested others (including alumnae of her own school) in taking them into their homes on a permanent basis.

The special loyalty that marked the Spence alumnae, and their civic response to other community needs — they had, for example, been assisting in work with crippled and tubercular children since 1898 — responded, in turn, to the gathering problem Miss Spence's adopted babies had finally become. Spence graduates bought a house and ran a 10-bed nursery, placing little boys and girls in homes all over the United States. On a small scale it was a great big success. In 1911 the effort was incorporated under the name of The Spence Alumnae Society, with the two purposes of forming "a bond of union between the former members of Miss Spence's School, and to conduct a home for orphaned babies until placed for adoption."

The death of Miss Spence in 1923 seemed only to stimulate

the enterprise of the organization she had modestly started twenty-five years earlier. That year the Alumnae Society raised over two hundred thousand dollars to carry on the adoption work.

Though practical and sensible, this work was not a professional venture in a legal sense, and the time came when the Welfare Department announced that no more referrals to The Spence agency from other social welfare services would be made unless professional social workers were given permanent appointment to the Spence staff.

That was in 1935. The appointments were made. Referrals increased in number. The Spence program entered a new era.

Alice Chapin

Paralleling Miss Spence's energetic operation was another one, very similar in scope, conducted by Dr. Henry Dwight Chapin, a New York pediatrician, and his wife Alice. This had begun in 1910, starting with one baby — an abandoned little girl — who had been brought to the Post-Graduate Hospital for care and there had come under Dr. Chapin's notice. After this baby was placed for adoption, more and more children were referred to the Chapins. Their "business" grew, as it were, by spontaneous accretion, just as it had (and was doing) for their friend Miss Spence, a few blocks away. The Chapins converted their third floor into a nursery and took care of two or three babies at a time, Dr. Chapin himself serving as the nursery's physician. Because he had seen the effects of institutional life on young babies, Dr. Chapin from the beginning advocated individual home care for infants.

Unlike Miss Spence, who believed in burning all records of the natural parents, Dr. Chapin kept records. And he believed in early placement whenever possible. To expedite these placements, Mrs. Chapin travelled all over the country to visit families before deciding on their merits as adoptive parents. In their

first few years Dr. and Mrs. Chapin took care of 98 children, from two months to 14 years of age.

The trend toward professionalism increased. Caseworkers began to learn the intricate technique of determining who would make a good adoptive parent and who was a poor risk. They began to teach other caseworkers what they had found out for themselves. Social service courses in American universities took on a new dignity. Trained psychologists began to appear on adoption service staffs and to enjoy equal respect with the pediatrician. Confidence grew. Skills improved, sharpened and specialized. During the same decade boarding-homes — now the accepted thing — were opened as an addition to nursery care; and consistent with his conviction that babies were far better off in a home setting, Dr. Chapin closed the nursery and turned it into an office. All Chapin babies thenceforth went directly from post-partem care to a boarding-home.

The Spence-Chapin Forces Consolidate

IN 1943, the independent forces of the Spence group merged with those of Dr. and Mrs. Chapin. The two services were nearly the same, so were their policies; their fund raising problems were identical, their size and their internal structures were alike, and their professional attitudes and objectives were almost indistinguishable. Binding even more firmly this civic and corporate concern was a real respect each group had for the other, plus the existence of scores of friendships, old and new. The merger took place in 1943. Four years later the agency was obliged to seek larger quarters, and is now housed in a fine five-story building on 94th Street just off Fifth Avenue.

Three Equal Problems

SPENCE-CHAPIN looks at adoption as consisting of three equal problems, all related, and of equal importance: *the natural mother, the baby, and the adoptive couple.*



*A surrender is signed as each mother releases
her baby for adoption.*

Part I

The Natural Mother

A PARENT who brings a child to an agency with adoption in mind is always a troubled parent. Married or unmarried, sure of what is needed for the child or not, the agency must stand by, offering help but not trying to predetermine the outcome.

Spence-Chapin treats the natural mother — whether she is about to have her baby or has already had it — as a true emergency; as a person caught in a crisis situation. It is very much an emergency to the girl having the baby; even though it is not an emergency in the medical sense. An emergency is certainly in the making when an unmarried mother first calls for help and it becomes real if she does not then and there *get* help.

Sympathy and Confidentiality

Spence-Chapin supplies this help. *At the side of the telephone switchboard operator there is at all times a caseworker.* There is no delaying, no passing of an incoming call from one person to another, none of the frustrating: “Just a minute, you’re talking to the wrong department.” When an inquiry comes in to Spence-Chapin, it gets an answer, day or night, and gets it instantly.

How soon does an unmarried mother realize she is in the presence of intelligence and practical kindness? When does she begin to relax? If she phones in first, this experience itself makes an impression, for she is given sensible answers at once. She is told to come over. When she arrives, all the practical resources of Spence-Chapin go quietly to work. She is helped prior to delivery with plans for suitable pre-natal, delivery, and post-delivery care; and for her own maintenance before and after delivery; she is assisted in making realistic plans for the care of her baby, even before its birth.

Her Baby — Cared for in A Boarding Home

After its birth, she can bring the baby to Spence-Chapin for a period of boarding care, thus allowing herself ample time to come to a sound decision as to whether to keep her child or to surrender it for adoption. At Spence-Chapin she is not pressed to sign surrender papers.

She is allowed to see her baby at specified intervals.

Her own circumstance is then looked into. It may be bad. She may need money. Very often she needs a job and doesn't know how to look for one. She may have no place to live. She may wish strongly to put her own parents (or parent) out of their probable anxiety, yet lacks the courage to do this. Spence-Chapin case-workers are ready with answers for all these human snarls and indecisions; and *with job suggestions, places to live, and guarantees — never violated — that anonymities will not be penetrated.*

Natural mothers, however, never visit their own babies *in boarding-homes*. Nor do they ever meet any of the prospective adoptive couples coming to Spence-Chapin seeking babies, the couples who keep returning for the interviews with case-workers which precede every adoption. Nor do any adoptive couples ever see any of the natural mothers, even though *they are supplied with useful although anonymous information about the natural parents when they are finally awarded a baby.*

The unmarried mother who comes to Spence-Chapin (or to any certified adoption service) is a stronger woman than the unmarried mother who rejects the responsibility for planning for her child. The very fact of her being there at all is some index of her sense of responsibility. Many young mothers have repudiated responsibility by allowing a doctor or a lawyer to divert them into "the gray market," or by resorting directly to the black market.

It is the observation of all accredited adoption services that the girl who brings her baby to their care and attention is a good girl; that she is very often a fine girl, and that directly contrary to notions prevailing through the years, she is not necessarily neurotic, sick, disturbed, nor deprived, (though she may feel deprived). Usually she has done well in school, and has a proven record of dependability.

The inhibited girl, held in at home, has taken her inhibitions along with her. Spence-Chapin finds that some of the girls have been prone to work harder than the average girl; that this may be a compensation for the lack of social life, just as yielding to some man had been compensation for being so short-changed in opportunities for dating. Some girls in their desire to escape or to rebel or to assert themselves, in their great need to "individuate," commit certain acts without anticipating involved consequences or in the wild hope that the consequences can be escaped or transferred to someone else.

The Baby's Destiny — Her Deep Concern

Foremost in this whole problem is the special situation set up by the third party — *the baby*. What is special about it, in contrast to the girl's own problem or to that of the biological father— is that it is a new *person*; that it is alive, it is there. Because it is a new living person, the situation is even more special because the mere physical existence of the baby automatically means the problem will not only continue but increase.

This honest review, helps the new mother to see beyond herself and to take a first grip on adult responsibility where other approaches have failed.

To be reassured that her own life will presently return to its normal routine is another bridge to objectivity. And objectivity is the mental climate she must find in order to know that sur-

render does not mean rejection; that separation is not abandonment; that safety and security for her child is paramount to all other concerns, including her own present feeling; and that placing her baby in a home where it will be loved and protected is the best guarantee for that safety and that security. This is a lot more than she herself can do for her own baby. Before long, this reasoning begins to make sense to most unmarried mothers.

There is seldom *any one thing* that explains pregnancy out of wedlock. The so-called "new freedoms" explain much of it — the accepted *mores* that have put chaperones into retirement have put strains on many girls they can't meet, one of the strains being the turn-it-on-turn-it-off basis for their sex drives. But almost always it is a cumulative matter, a whole constellation of hurts and disappointments; a mass of forces that case-workers refer to as "multiple causation."

Practical Assistance

WHILE THE NATURAL MOTHER is lingering in indecision about surrendering her baby (and many do at first), she may be working at a job that Spence-Chapin has helped her to secure; or more probably one that she has found for herself. She may be looking for work. She may have gone back home to clear things up with her family if she feels it right to do so. All the primary physical pressures have been dispersed by the adoption agency: money, concealment, job prospects, and her baby's safety. The mother knows that she may see her baby any time she puts in a request to do so, and that she may be alone with it. This is another psychological and physical reassurance: no one is doing anything "behind her back"; no spiritings away, no indefinite answers, no whispering. It is all right out in the open.

The Special Assistance Fund

Many of the unmarried mothers who seek assistance from adoption centers, such as Spence-Chapin, are not only the homogeneous type but are young women of considerable independence and initiative, who are able to plan for themselves financially. But for some, the need of financial assistance in their planning is acute. For these girls, Spence-Chapin has set up a Temporary Assistance Fund.

Whatever the need — financial or otherwise — Spence-Chapin is there to help. Some of the unmarried mothers have finished college, some have left home, some have come from deprived areas, many have changed their names, given imaginary addresses and phony biographies. Spence-Chapin recognizes that their needs will be various, that one girl won't need money but will need befriending, that the reverse will be true of the next girl. Most want to lose themselves briefly. All need to get back their self-esteem and sense of worthiness.

Spence-Chapin realizes that the agency is not dealing with a special kind of girl but with all kinds of people who are caught in a sudden and special situation. Its purpose in expanding its services and in keeping them elastic is to make possible the exact individual arrangement which has to be made for every one of the young mothers who comes to them.

The Surrender of the Baby for Adoption and the Dis-Service of the "Gray Market"

WITH HER SENSE OF SELF-RESPECT and self-acceptance returning; with the supporting knowledge that her baby is fine and will continue so; with her own personal situation clearing up, the unwed mother now begins to think objectively about her baby, about its future; not what is going to happen to it right now but from here on out.

She has time to turn around and time to think. This matter of time is the area in which lies the main argument against the gray market. Doctors and lawyers, irrespective of motive, irrespective of personal interest, personal knowledge or professional ethics, are in no position to do anything for the unmarried mother except to hurry her baby into the arms and into the home of someone else they already know about; some other woman who wants a baby, or thinks she wants one. This much is not enough.

The doctor who "accommodates" friends or patients by occasional actions in the gray market — whether he takes a fee or not — is inadvertently guilty of an extraordinary lack of professionalism. One of the clichés of the gray market, indulged in by doctors (and believed by many of them) is this: "What she (the unmarried mother) never saw, doesn't exist." This is a most destructive untruth. Universally, case-workers know this. Yet many doctors use the phrase "What you never saw, isn't" to justify the taking of a new-born baby before its mother has even seen it; to speed and simplify their own involvement; and to consummate in a few hours an intricate and critical process that has been developing for months.

It is reported that the unmarried mothers who "repeat," who return in a pregnant condition a second or third time, are those very girls who have been hunting for that very baby "who doesn't exist"; who have had no mothering experience; who are seeking it in another pregnancy.

Adoption agencies know a lot more about the *total* problem than the doctor does. *Too often the doctor knows only the adoptive mother or the natural mother. He seldom knows both equally well. He hasn't studied the problem of either. It isn't part of his job.* To him, it is a happy fortuity that over here is a woman who wants a baby and over there is a woman who has one to give. The need of the one becomes the solution of the other. One's dilemma is the other's fulfillment.

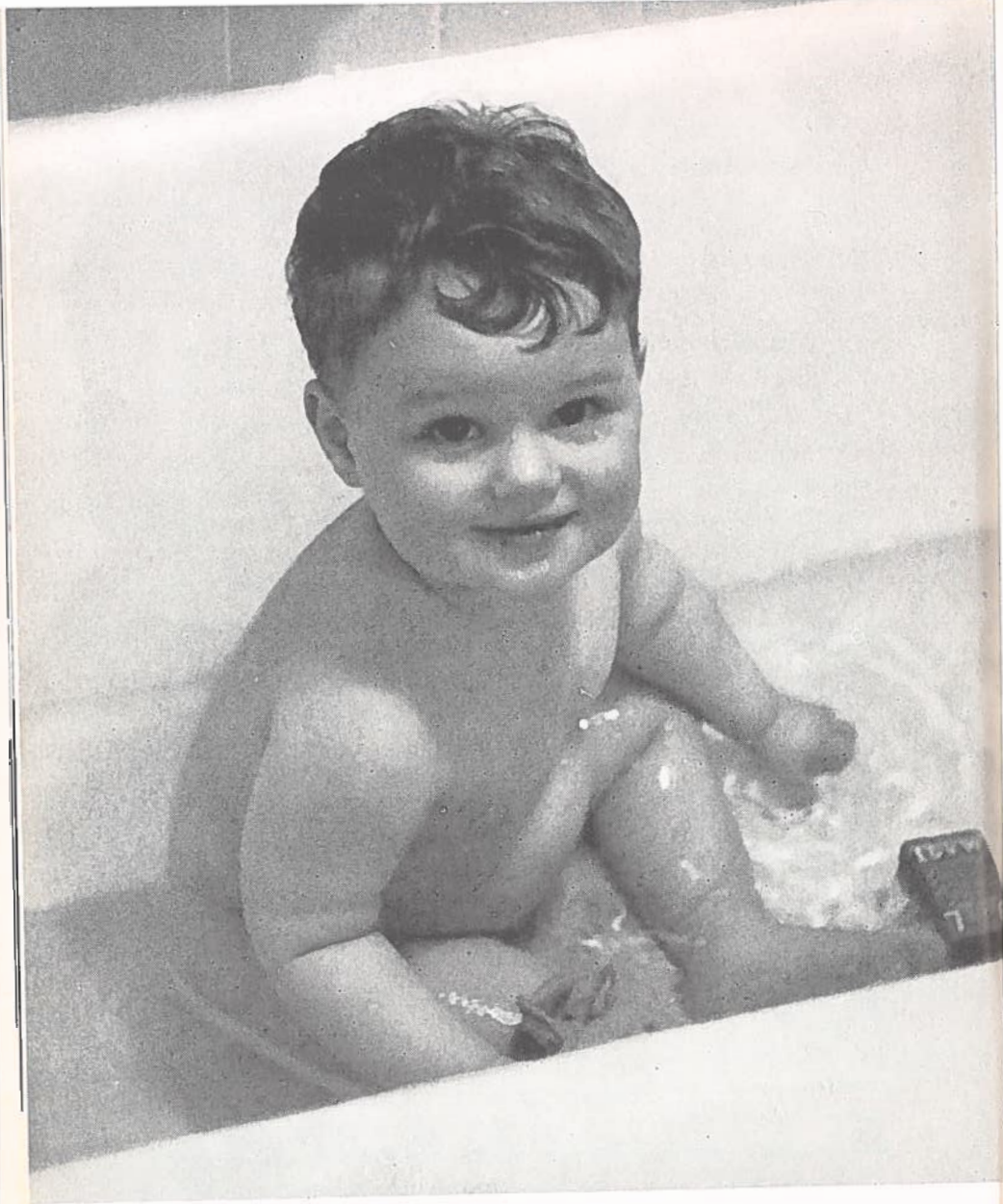
First approaches to doctors are often made by the prospective adoptive father, and with such a sentence as: "This is my wife's idea." Anything as one-sided as this is a bad idea to start with, and although it would not deter many doctors, it would probably void any application by any prospective adoptive couple coming for a first interview to an accredited agency.

This is the root of failure for babies adopted through the gray market, the so-called "private" adoption, where more than half of the adoptions don't work out well.

At Spence-Chapin no one is rushed. No one is rushed in any accredited agency. The unmarried mother can get news of her baby whenever she wishes, and the agency case-worker is constantly available for counseling. Spence-Chapin has no technique for preparing these young unwed mothers to give up their babies for adoption. But it has a whole psychological apparatus for preparing these mothers to be able to surrender their babies for adoption if they so wish. There is a tremendous difference. It is the difference between the induced and the voluntary.

The young mother learns some interesting figures: that in a ten year period out of the 1,600 babies placed for adoption through the agency now caring for her own baby, only 17 babies have ever been returned and all but three of these were re-adopted. She begins to see what the word *protection* means. She begins to consider a truth that has been suggested earlier: that by surrendering her baby for adoption, she is doing a much better thing for the baby than she, its biological mother, can possibly do for it now; a better thing probably than she can ever do for it.

Within herself she begins to grow up. With the help of the agency she continues on, if she chooses, to think through not only the immediate situation but to make constructive plans for a wholesome future.



I am adopted

Part II

The Baby Is In The Starring Role

BECAUSE the Spence-Chapin staff see all kinds of people, every day and all year, they develop great resourcefulness in tact, and astonishing speed of observation. The service is protective of all three units — the prospective adoptive parents, the baby, and the natural parents. But since the baby is a baby and can't speak for itself, *it is the baby who continues in the starring role.*

Psychological Testing and Early Placement

IN ADOPTION PRACTICE in former days, babies weren't placed as early as they are now. At the beginning, Spence-Chapin's psychologist studied every baby prior to adoption. The staff felt they couldn't say much to adoptive parents, or couldn't make a prediction, or get a pattern of the baby's development, before four or five months had passed.

This thinking has been radically altered. It was felt the emphasis was being put in the wrong place; that it should be put on the baby, not on what was of most interest to the adoptive parents. Actually, too, case-workers were getting more and more secure regarding their own observations of the babies they were seeing. So were the boarding mothers and the pediatricians. Between these forces, there gradually developed an increasing conviction that it was more important for the baby to begin to have its relation with its adoptive parents as early as possible. Five months was late. Five months only showed what that baby had become in the setting in which it was being temporarily held. It might have been quite a different baby if it had been in its permanent home all that time. At least it could have begun its adjustment that much earlier.

In the spring of 1949, Spence-Chapin began to place a few of its babies in adoption as early as hospital clearance would allow. Some of these babies were less than two weeks old. In such cases, of course, the "clearance" picture had to be very clear indeed, and in four areas: The surrender of the baby for adoption had to be clear. The baby had to have a clear birth history, a "good health" prediction. The baby's record had to show that its "beginning course" (its first few days in the hospital, after birth) was normal in all ways. There had to be a suitable couple waiting to take the baby.

Though psychologists felt they could tell a good deal about a baby they had had a chance to study for four or five months, they didn't think they could tell much under the age of eight weeks. The present Spence-Chapin psychologist is ready to see any baby but does not think she must see them all. Some Spence-Chapin babies are therefore placed without psychological findings of any kind.

The Role of the Psychologist

What babies, then, *does* the psychologist see? She sees those who are older than two months, and she sees babies younger than this who are atypical. She feels that some adoption agency psychologists tend to be "test-centered." She shares the Spence-Chapin staff's belief that they can best understand a baby through team work; through a sharing of everything the case-worker, doctor, and boarding mother have independently observed. This boils down to knowing what the baby's living experiences are like; then the psychologist helps in evaluating these by testing the child's performance.

For example, some babies are slower than others, slower to follow moving objects with their eye, slower to reach and grasp, slower to smile, to vocalize, to find their toes. A careful check

among all those reporting on the child may find that this slowness is in no sense a defect. It could just as easily be a delay in development, a delay caused, perhaps, because it was in a group setting for longer than most babies before it got to a boarding mother; that it had a longer stay in the hospital — multiple attention there but no individual mothering — and that its longer stay in the hospital was required because it was premature.

Most Spence-Chapin babies are adopted when they are more than two weeks old, to be sure. And most when they are younger than four months. One to three months is an average that would cover most.

How is it working? As stated earlier, in a ten year period 1,600 babies have been placed, only 17 have been returned, and all but three of these were re-adopted. The babies who go out from Spence-Chapin are healthy specimens. They have to be, to establish a percentage like that.

Spence-Chapin's Boarding Home or Pre-Adoption Unit

PENDING ADOPTION, new babies at Spence-Chapin are placed in boarding homes. Spence-Chapin currently maintains boarding homes located in Long Island, Brooklyn, Queens, New Jersey, and a few in Manhattan.

Typical boarding homes are described as the homes of "ordinary suburban families, usually with a couple of children of their own and of an age where they can take care of themselves."

The boarding "mother" is an interesting person. She is first of all a happy, "home-centered" woman. She and her husband have done well with and by their own children. The husband makes about fifty-five hundred dollars a year. The wife belongs to no clubs, no Thursday bridge or Tuesday garden. But she is community-minded, she was a den-mother when she had to be,

Our pediatrician examines Tommy at Spence-Chapin's Baby Clinic, and finds him healthy and alert.



Tommy then goes to his "boarding mother" where he receives loving care while the "right adoption parents" are found for him.



and she is and always was a dependable church-goer. She has a lot of energy she is no longer using, now that her own two children are both in high school. She does not require a continuing parade of small babies in her home to compensate for a maternal insufficiency in her own experience. Quite the reverse. She is so well adjusted to her own status as a mother and so responsive to it, that she's still in stride and wants to stay that way.

Furthermore, she can make good use of the money that Spence-Chapin pays her. It isn't much, but it's paid in a lump sum, and there is a need for it. For example, most boarding families own their house but they still are making payments on the car.

Most Boarding Homes Within a 25 Mile Radius

All the boarding homes that Spence-Chapin uses are within a 50 mile radius of Manhattan, most of them less than 25 miles. All boarding mothers come in for interviews and medical check-ups for the baby at the agency clinic at least once a month but they come in oftener than that with their babies, sometimes so the baby can visit with its natural mother; sometimes so that one of the Spence-Chapin boarding workers can bring the baby to one (or more) of the prospective adoptive couples. About 15 such couples come in each clinic day.

The natural mother and the boarding mother never see each other. The boarding mother is a mature and comfortable woman, contained, uncomplicated, and able to relate to anybody. If the boarding mother never sees the natural mother of the baby she is taking care of, she can develop no prejudice toward her; cannot therefore be anything but objective in regard to the child. That is the way it should be. And that is why natural mothers may never go to boarding homes but must come (when they do come) to the adoption center itself if they want to be with their own baby from time to time.

New babies aren't sent to whatever boarding home may be "next on the list." Many factors determine just what home is to get just what baby. The address of the home is a factor. Medical considerations influence the choices. If the baby was premature, for example, and had to stay on a bit longer at the hospital, there are boarding homes on the Spence-Chapin list that are expert with this problem. There are homes that are good only for short periods of boarding; and a limited number that can take in a new baby and keep it for months and feel no weariness.

More About the Boarding Mother

Besides being a woman with a good deal of "go," the boarding mother, though neighborly, is not looking for fun, or for self-improvement, or recreation. Her backyard, for example, is as good as it's ever going to be. Though she has no serious worries, she refuses to take it easy. She likes what she does, and her labors are sustained by a pleasant quality of self-approval. One boarding mother is a former stock company actress. Another is happily married to a man in a field one seldom thinks of. It's union work, too, and well-paid. He replaces burned-out bulbs in subway stations; nothing else.

The boarding mother's home is clean and happy, as is her private married life. The New York Board of Health gives Spence-Chapin the right to issue a license to a Boarding Home, and in turn Spence-Chapin sends a copy of any license issued to Board of Health Office, indicating such items as that the home has no fire-hazards, that there is plenty of sunshine flooding through the house, that all its occupants are free of t.b. (and other communicable diseases); that the home has good community status, that the home attitude is a good one, not only on the part of the mother but of the father too, and of their children. The average age of the boarding mother is 40.

A baby is born out of wedlock—white, Negro, or interracial—in a New York hospital. The mother of the baby gets in touch with Spence-Chapin. The Boarding Department of Spence-Chapin meets to see where the baby can best be boarded. There are questions to answer. Is it an interracial baby? Is it going to require any special medical attention? Has it a defect that surgery later on can correct? (A syndactyl baby, for example, with surgery ahead of it to separate the attached fingers, would definitely limit the selection to very few homes and very specific ones.) There would be no possibility of adoption for eight or nine months. Not all boarding homes are good for so long a period.

Just the "Right" Boarding Home for Each Baby

An impatient, outgiving, happily wailing howler would not go to the same boarding home as a low-frustration, placid baby; or an asthenic one. Some boarding homes are ideal for the baby whose motor is racing; the wound-up hypertensive baby who thirty years hence will be sales manager. Another baby will be suited to the reverse of this, the baby, for example who sixty years hence will be Dean of Women. Spence-Chapin has two pediatricians. First examination of each new baby usually reveals the baby's tone and tempo. The pediatrician, together with the nurse and the boarding worker (the Spence-Chapin case-worker who deals with this early aspect of the total problem) agree on the exact boarding home, notify the boarding mother by phone. (Usually five or six babies are taken care of, after exams and in one "session"). The boarding mother then drives in, picks up the baby, and takes it to her house.

Boarding homes from time to time have their own problems, such as sudden illness, the need for a vacation, death in the family, trouble at school (rare). Because they are, after all, families and because they function as families, there are times when they can't take a baby. Spence-Chapin could use another



*Spence-Chapin nursed me back to health and gave me
the gift of Home and Happiness.*

ten to thirty boarding homes beyond the number they are now using. It would spread out the problem more conveniently, and give a little time off to some of the boarding mothers who need it.

All the boarding mothers feel they are a part of the program of adoption; that they are in the current of it. They realize the babies in their care are getting older each day and that individual, consistent mothering is essential for every child. That is one reason Spence-Chapin has found it wiser to place babies as early as possible. It has found that from a few weeks to three months is best. It is difficult after a year; tougher on everyone. Boarding mothers work cooperatively toward the common objective of early placement.

***Baby Selling in the Black Market... The Rate
of Illegitimacy... The Limitations of
Legal Protection...***

THE BLACK MARKET will be here till it is killed by federal law. The Gray Market — in some form — is going to be here for good.

The Black Market is active for simple reasons: the money is big and sure, the work is easy, the hazard negligible. Illegitimacy rates are climbing, and prospective adoptive parents continue to outnumber adoptable babies.

Because state laws are supreme within their own borders (there is no federal control of any kind over the adoption of babies), and because no two states have the same laws, no clear chart can be drawn. One state won't allow the adoption of a child except through an authorized agency or by placement with relatives, while another state will permit any couple to adopt a child if the couple appears at court to make out an application. The fitness of such couples is not questioned. It is assumed. They could be as fit or as unfit, as the biological parents.

Although state laws provide punishment for illegal placement in 28 of our states, punishment is seldom exacted and illegal placement is only a misdemeanor in most states. Nobody ever goes to jail. The hard cash that is exchanged in direct baby selling is no crime in 31 states. There's nothing on the books against it. If a state gets tough, the racket floats to another state and instantly prospers there. There is nothing local or seasonal about the demand for babies.

In 17 of our states there is *no* restriction on placing children for adoption, and no license necessary. In the remaining states, not one court, but eight different courts, are empowered to accept petitions of adoption. And all courts differ in their handling of cases. Sixteen states have laws providing care for the child where petitions are denied, but a child's destiny can shift from a separate action in juvenile court, to the State Welfare Department through custody transfer, to county court, probate court, or continue on as the responsibility of the court in which the petition is filed.

Thirty-four states have mandatory rulings about investigation of all adoption petitions, but *mandatory* unfortunately does not mean *obligatory*. Investigation of adoption petitions is obligatory in only 28. In the ten states where no investigation of petitions is spelled out, six depend on the courts. Four states do nothing. They just have no such service.

The simplicity and despatch with which the business of baby-selling can move from one state to another was shown many times in the course of the hearings of the U.S. Senate Subcommittee investigating juvenile delinquency in 1955. Mr. Ernest A. Mitler was the very able special counsel for the Senators. A single excerpt, from the Dade County (Florida) portion of the investigation will be enough. Senator Kefauver had asked Mr. Mitler how large the baby-selling traffic was in New York.

Mr. Mitler: "The traffic there (in New York County) went into several hundred thousand dollars. At one time he (Mr. Irwin Slater) had a pool of about 60 babies from which he was drawing. His overall activity went into hundreds of babies. He had initiated this activity first up in New York, and then, when New York passed a babyselling statute, on that very day he flew down here (Miami) and decided he had another sharp angle and would operate from Dade County. . . . These people were paying between \$1,500 and \$2,500 for the children."

What are the circumstances surrounding the actual birth of a typical "black market" baby and how is this baby put in the physical possession of its new parents? From the same hearing, the same day, a section of Exhibit 7 reads as follows:

"I thought to myself that the baby was going to be born right there on the porch. . . . I finally made it back to the living room. Mrs. Floyd . . . asked me to lie down so that she could examine me. I finally got myself into a position so that Mrs. Floyd could make an examination. When she examined me, she yelled for a maid. . . . We drove to the hospital at a fast rate of speed. At the hospital I was placed on a stretcher and immediately carried into the maternity ward. I did not register. . . . The baby was born five or ten minutes after I reached the delivery room. I never saw the baby. . . . Mrs. Floyd brought a paper to my hospital room and told me to sign it. I did not read the paper and do not know what it said. But I did sign the paper. . . . I left the hospital to go home. I was taken home in a Colonial Funeral ambulance. Bruce Moore was one of the ambulance drivers. He knew me. Mr. Moore was in the back of the ambulance. He had my baby wrapped up. I did not hold the baby, nor did I see it. The ambulance stopped near the Sunny Lane Cafe. . . . An automobile drove up beside the ambulance. Riding in the automobile was Mrs. Floyd and another woman. . . . Mr. Moore got out of the ambulance with the baby. He walked to the back of the ambulance and gave the baby to Mrs. Floyd. Mrs. Floyd and the baby got into the automobile and the two women and the child drove away. The ambulance then carried me to my home. . . . I was unmarried when Billy was born. My husband was killed in Korean combat in 1950. . . . The paper which I signed at the hospital at Mrs. Floyd's request was folded in such a manner that I could have not possibly read its contents. I have no idea what the paper said. . . ." (SIGNED) Mary Lou Case." (To protect identities, all names are fictitious, although the true names are on file with the subcommittee.)

A further word about the Black Market is contained in the final pages of this pamphlet.



A baby is introduced to his adoptive parents.

Part III

The Adoptive Couple

WHILE IT IS TRUE that some couples who want a baby fail to get one; while it is true that of the fortunate who succeed many have had to wait (some even giving up during the waiting); it is also true that agencies have borne much criticism for the time this process takes. Delay has been one of the most serious unsolved problems in the adoption complex.

It is gratifying to report that progress has been made at Spence-Chapin in solving this problem. The skills and insights of a highly qualified staff of caseworkers have streamlined the process involved in the screening and certification of the applicant . . . so essential to the ultimate welfare and happiness of both baby and adoptive parents.

Misconceptions About Adoption

HOWEVER, public misconceptions about adoption persist:

The public has the notion that because there are babies to be adopted and nice couples who want the babies, it is the adoption agency's obligation to bring these couples and babies together. The Yale *Law Journal* early in 1950 pointed out that "the unfitness of the natural parents does not establish the fitness of the petitioners."

There is also a lack of understanding on the public's part of the infinite *variety* of adoption problems. These problems are going to be with us until all babies are adoptable or all women are married. This is not going to be soon.

Demand and Supply

WORSE THAN ALL THIS, however, is the everlasting disparity between the number of available babies and the number of couples who want those available babies.

The Risks of Disappointment

THE SUCCESSFUL COUPLE takes its baby home and that is the end of the matter. The unsuccessful couple takes its disappointment home and sometimes that is not the end of the matter. Reaction to disappointment can become a community matter. Often it can, and does, reach print.

Whether it reaches print or whether it gets into the public consciousness through a radio program, or whether it gets there by word of mouth as each disappointed couple reports its own experience to its own home community, does not much matter. The disappointed couples, who outnumber the happy couples have done damage they don't realize and didn't intend. The agencies assume much of the blame for this, knowing that what is reported of and about them is not reported out of vindictiveness but only out of hurt; and knowing that each couple sees only its own experience, never the continuous movement or the whole panorama.

The blame which agencies are accepting has to do with those couples for whom there was no baby and who have gone off with the feeling that they were "psycho-analyzed by case-workers"; or that they had to stand "in front of a social fluoroscope."

This is the last thing any agency wishes any couple to feel.

Spence-Chapin is meeting this problem. Much confusion can be cleared away at the very start if couples are told in the first interview that the purpose is *not* to find this or that couple a baby, but that the purpose is to *explore* adoption; to "think together" about it.

This may sound a little too simple. It is not, though. It cannot be assumed that all of these couples really want babies; only that they *think* they want them. The more findings new couples can make for themselves, in feeling their way through some of the speculative intricacies of adoption, the more reconciled they will be to the result, no matter what the result is.

The First Interview

In the first interview — and for all others, too, no matter how many there are — couples are reminded that they may be disappointed in most cases, just because of the *disparity factor alone*. *Excellence of qualification has little to do with final decisions made by the agencies, and for one quite simple reason: almost all of the prospective adoptive couples would make good parents*. General eligibility is always consistently high. *This is a dilemma as hard on the agency as on the applying couples; or, as interpreted bitterly by a disappointed "father": "Even if you're great, you can't win."*

At this point, however, there is an interesting cleavage in the social and sociological sense. Here the agency must see the whole problem and act upon it according to its own wisdom. Every adoption agency has one clear obligation above all others: *To plan for the children who come to it*.

Adopting a Baby Is Not the Only Service An Adoption Couple Can Render the Community

IT ALSO HELPS to keep things in balance to point out to the couples (since it seems never to have occurred to them before that moment) that they are already enjoying a stable and successful marriage, and that this is a secure investment in itself. This enables them to realize that if they are not successful in getting a baby to take home, it's still a fine home; their life and

usefulness are not hanging on this decision, and that an enormous range of opportunities is all about them all the time; opportunities to be constructive and creative in every day life without children of one's own. If they can't *have* children, they can nonetheless *do* something for children; for handicapped children, for hospitalized children, for children who are tucked into day nurseries while their mothers work, for children with reading problems, for children going through a long convalescence, for children whose fathers are in the Armed Forces. They can take a load off some other woman's back, or they can bring some help and happiness into a life they may already know of but have never thought of as being in the need of help. More than likely, if they have been aware of a situation in their own neighborhood, they have never thought of themselves as a possible instrument for its amelioration.

The quest for a baby can be an all-absorbing one. It can be too absorbing. When the reality of the situation strikes them (the reality being that no matter who they are and how much they want a baby, they may not get one), they begin to adjust to the situation, and discover that life still is going to be survivable. If they missed what they came for, it doesn't mean they've missed everything. Far from it. But it does mean they are now forced to think of other things, other outlets. From the mental health point of view this is strengthening to them.

In the course of these interviews, it occurs to some couples that adoption may not be the answer for them, even if they were to receive a baby. This is a real victory in this new technique of honest exploration of the problem. It saves much heartache. It is quite different, too, in its psychological side-effects, when the couple itself makes this discovery; different from the agency's evaluating the adequacy or inadequacy of applicants per se. Under these conditions the decision not only sticks, it is welcome. Sometimes it is even a relief.

Hundreds of Thousands of Americans Must Live With Childlessness

WHEN the prospective adoptive couple gradually realizes that childlessness is something that hundreds of thousands of Americans must live with, even though they themselves would be fine parents, they begin to take inventory of their own heritage and surroundings; to think of what they can do for others, or think of a return to their own artistic or avocational bent, or to an occupational interest they've either put aside or just "never got around to."

The main point is this: the couple is not hurt. The agency has never let hopes soar, so the return to earth is smooth. There has been no talk of unfitness. The word "rejection" has never been used. Spence-Chapin expresses it this way: "We must not stand aside and let a prospective adoptive couple *assume* there must be something the matter with themselves when we know there isn't."

For Some Couples the Adopting of a Child May Pose More Problems Than It Will Resolve

THERE IS A SPECIAL SKILL in creating and maintaining an atmosphere in which each separate member of a prospective couple can re-assess his or her own self, calmly and honestly make some re-examinations about motive: — "Do I really want this with the same true enthusiasm my wife does?" (or "that my husband does?") — and get a brief but hard-glare glimpse of what their life is going to be like, what changes might take place in their marriage, if a third party suddenly and permanently joins it.

Right here, many find that there *is* a one-sidedness in the spirit behind this search, and many are intelligent enough to suspect that this unbalance will be bad for the child (over-loved and over protected by one parent, short-changed by the other), and hurtful

directly to a marriage that has been real and rewarding up to now. Others make an equally useful finding and often just in time: that husband and wife, though childless, have made *too good* an adjustment to their own childlessness. They could never adjust to this new situation. They just don't have the resilience any more, perhaps never had it. They make perfect aunts and uncles, just as they are, but parents, no.

Reflection on the freedom losses they are going to suffer has sobered many sentimental couples into a re-evaluation of what they are currently enjoying, and has brought a new look to old habits that they find sustaining. *This reaction often accompanies the finding that there is no social stigma connected with childlessness.*

Techniques Have Improved

In informal, almost incidental ways, prospective adoptive parents are reminded that children available for adoption have already suffered one separation and that it is a responsibility of Spence-Chapin to be sure that all children placed for adoption are going into homes where major crises like crippling illnesses, death of one of the parents, or divorce, will not occur. The agency must have assurance that all the couples it is dealing with are healthy, happy, and economically stable. Economically stable doesn't mean well-to-do, or "upper brackets." It means solvent, steady-income dependability. It's the continuum, not the amount; the signs and promises of stability, the agency is looking for. House visits are required but they are most pleasant to both the case-worker and the applicant. There is no "inventory-taking," no snooping.

Techniques have improved dramatically here. Questions are put, almost rhetorically, to sound out and set in motion the

inner thought of each prospective parent. For example, does the father wish to adopt a son in order to have a son carry on the family business or the family name? If he finds this to be at the bottom of his adoption purposes, the insufficiency of the reason may be enough for him to question his own right to proceed. But no one has challenged him or X-rayed him. *Spence-Chapin never challenges anyone, never "rejects" anyone.* If you aren't "selected in," it does not at all mean you are "rejected out." If couples ask questions, they get answers. An agency is deeply concerned about the welfare of the children coming to it. Similarly it is deeply concerned in the well-being of the couples who turn to it. *It seeks to find the situation which will make for the greatest happiness for all. It knows that children do not always provide it.* Prospective couples may not know that and have never thought of it. They find it in these interviews, their own questions and own meditations often establishing the doubts of their own qualifications; doubts about their actual motive, their amount of domestic elasticity, and state of their marriage. This does not mean that couples are inadequate or that they have personality defects. It does mean that they can accept their own doubts, and in so doing, accept themselves. They can go away knowing they tried, knowing more of themselves than they did when they came. They can go away without a baby and go away happy. To many couples, it had never occurred that a baby (of all things!) might *disturb* a marriage already satisfactory. Neither had the common, though subtler, correlative of this occurred to them: a baby might meet their needs for a little while only.

And there are, of course, couples who discover, when "thinking together" with case-workers at Spence-Chapin, that they are perhaps expecting more in a baby that is not theirs than they would happily accept in one of their own.

Medical Resources Opened up to Adoption Couples

ON THE MEDICAL SIDE of this exploration, revelations are quite often made to couples who had come to believe they were physically not able to have children of their own.

Knowing that one out of every eight married women fails to get the children she wants, the assistance rendered by Spence-Chapin medical resources has turned many lives completely around by revealing to them that childlessness does not at all have to mean sterility. This is something couples ought to know *before* going to an adoption agency.

Many couples have found that they are not sterile but merely infertile; that infertility is often both temporary and curable.

Sterility is a condition that cannot be altered. It is permanent. *It has increased in the U.S. 600 per cent in the past century.* But infertility is quite a different thing. Doctors attached to adoption agencies find that nearly all the infertility examinations that the prospective adoptive couples have had, have been too hurried. Couples have accepted negative verdicts that have not been clinically established.

A good many cases of correctible infertility are found right here. Spence-Chapin does not take indicated remedial measures, but they have a referral list of other doctors, including gynecologists, for those couples who can benefit from their attention. *This information is given to the prospective adoptive couple so that no couple, in a repairable situation, is denied the privilege of natural parenthood because of supposed infertility.*

While freely acknowledging the supply-and-demand imbalance in the total number of adoptable babies and the number of couples who seek them, there is genuineness in the welcome to all those couples who *do* come. Particularly at the beginning, nothing is perfunctory; nor allowed to seem to be perfunctory. Despite

the known unfavorable differential, all couples instantly receive the impression that their approach to the agency is appreciated and approved. (And indeed it is.) They are reminded that without such couples, there would *be* no adopting.

New couples are encouraged to think what their own significance can be to possible baby adoption. If after hearing the realistic facts and *really* knowing the numerical risk of disappointment they run, they still want to stay and try, they should do so.

Sometimes these explorations uncover problems having nothing to do with babies. This is part of the social human complex. It is part of living. It should therefore be a part of the responsibility of social welfare in its most pragmatic sense.

If a patient goes to an eye doctor to have his eyes checked and discovers that he has hepatitis, the eye doctor doesn't dismiss his patient. He brings the case to the attention of a liver specialist. Or to an internist.

From the sociological point of view alone, this is a great step forward. For many years workers in adoption agencies have been aware of other needs, beside the activating "baby" need.

From the physical point of view it means that Spence-Chapin case-workers who work with prospective adoptive couples will have to be more in number; and it means they will have to have time for *any* study, if the initial application for a baby reveals another problem, known or unknown to the couple that needs help. This greater service is being urged because it is recognized at Spence-Chapin that adoption is never going to solve the problem of the childless couple. Medicine can help, and the correction of cases of infertility is increasing. Psychological approaches are helping too. But the problem is far larger than the mechanical transfer of a baby in a boarding home to the private home of a childless couple.



In our "Showing Rooms" at Spence-Chapin, babies become acquainted with their prospective parents.

Children Who Have Unusual Need for Adoptive Parents

SPENCE-CHAPIN would like to see a change in the public's attitude toward the handicapped child who is adoptable, as well as toward the "minority group" child who is adoptable.

Too often, the essential excellence or brilliance of an otherwise adoptable child is not sufficiently noticed because of some visible defect. Fortunately most handicapped children are brought up in homes where they are loved, because they are born into those families. About two million American families have children who have something wrong with them. They are greatly loved by their families. They receive great help in overcoming their handicaps.

Not enough childless couples are as yet willing to take on a handicapped child. At the same time, the number of couples who would do so, would go up quickly if all the opportunities were known to all the childless couples.

Many children of minority background suffer for lack of available adoptive homes. Spence-Chapin has increased its efforts in behalf of these children; but there is great need for more couples to become interested.

It is the estimate of Joseph Reid, Executive Director of the Child Welfare League of America that there are between 60,000 and 80,000 children in foster homes and institutions, youngsters who would once have been considered unadoptable. Spence-Chapin endorses the definition of an "adoptable" child, as it was fashioned by the Child Welfare League's convention in 1958:

"Any child can be considered adoptable who can gain from family life, and for whom a family can be found who will accept him with his history and capacities."

Spence-Chapin wants *all* levels of couples to be doing *all* the adopting. Even though good homes are now getting babies, other

good homes are not, many because they aren't seeking them; there are fine potential adoptive parents who have never even thought of adoption. At Spence-Chapin, and generally in agencies all over America, they don't want baby adoption to stratify. They want it to percolate through every crevice of our social and economic system so thoroughly that *any cross-section of the adopted children in this country will be a true representative of all of our nation's children.*

This is the only way that all of America's children can be safe.

Introducing Spence-Chapin to the Adoptive Couple

EACH WEEK at Spence-Chapin, in a large, bright living room, several prospective couples who have been approved are asked to come in, for each week a certain number of babies are ready for placement. The couples are never told that a certain baby is being "recommended" to them. They are told that a certain baby is being "suggested" and that they should come in and see the baby.

Reactions at these first meetings are as different as the people themselves. New prospective fathers sometimes get quite as foolish as new fathers do when seeing their first-born through the nursery window in the hospital. But these meetings make a lot of sense.

Spence-Chapin has kept things on the more tentative side. The ground-swell of enthusiasm is of the couple's making. Couples previously in excited conversation become oblivious of each other as soon as they are given this first brief "custody" of a baby; the baby who might be theirs. Each couple can now be alone with the baby the agency has provided. The case-worker is there to answer questions. And there are a great many of these.

Baby "Matching"

THE BUSINESS OF MATCHING a baby to a homogenous setting has taken much of the agency's time and thought. Prospective parents usually want a child of a background more or less similar to their own. This similarity in a child can stand as a point of identification for the prospective parents. Most people, whether they admit it or not, take secret pride in their own backgrounds. Adoptive parents feel safer when adopting "inside their own kind."

Of the main factors considered most important in the matching process, four have to do with backgrounds: physical resemblances, physical characteristics in the child's parents, temperamental needs, geographical separation. The last named matching factor is actually a separating one. Agencies would not knowingly place a baby close to the address of its natural relative. Even though surrender papers have been long since signed by the natural mother, the possibility that she might accidentally come upon the baby she gave birth to, could upset much careful planning and throw into confusion a situation that is now close to being permanently secure.

Introducing the Adoptive Couple to the Baby

THE SOCIAL CASE-WORKER helps the child to become "acquainted" with his prospective parents. She brings the baby to them, shows it to them, then hands it over when either one shows any inclination to hold it. Usually both want to, but usually each lets the other have this first chance. Things get close to the physical here. The baby gets passed back and forth, scrutinized, cooed at. The prospective parents see, and often hear, the baby for many minutes, get the feel of the child, perhaps the opportunity to change it (breathless moment), to ask several questions in a row without hearing the answers. They are too busy playing, and their minds are racing. They get a little used to the baby,

and to themselves as being identified with it in this new relationship.

Before long, their questions lose some of their burble. The weight, feeding habits, and general health of the baby are reported on. So is its heritage. The prospective parents are very quiet during this recital. They are given helpful data about their baby's background, its growth potential, and its artistic or cultural heritage (if any), which can mean ever so much to the child in later life.

Given the assurance that the baby is free for adoption, and the greater assurance of common background and good prognosis, the couple ask in a variety of ways if they can take the baby home. Here the Spence-Chapin philosophy and practice is flexible. *No pressure is ever exerted on a couple to accept a suggested baby when there is any apparent disinclination to take the baby.* They may see another. Most couples, however, accept the reasoning that has put this particular baby before them. They respect the accumulated findings that the agency's combined services have been able to make; that have materialized in the agency's offering of this baby and not some other. What is being shown the couple as a suggestion *only* is usually interpreted and acted on as a recommendation. This is right, and it has been the agency's hope that exactly this will happen.

Finalizing Adoption . . . Babies Supervised in Adoption Homes for One Year Before the Adoption is Legalized

NEW YORK STATE LAWS require that a baby remain a minimum of six months with the adoptive parents before adoption can be finalized. Spence-Chapin generally increases this period to a full year as do many adoption agencies throughout the country.

Once the baby gets into its new home, it stays there. The instant the baby is put down, its adoptive mother calls Spence-Chapin to report its safe arrival. Some days later, after the

aggressions of cordiality have abated; after every kid in the community has peeked into the crib; after the phone and doorbell have given up, the cakes have been acknowledged, the Oleum Perkamorfum re-ordered, the formula sweetened, the telegrams pasted in the baby book, the minister received, the christening scheduled, Mother Lies Down. She understands why there needs to be a maternal age-limit on adoption of infants!

Telling the Child He Is Adopted

SPENCE-CHAPIN instructs every couple to inform their child it is an adopted child as early as it can tell one word from another. It is vital that it first hears this from its adoptive parents and not from others. Parents should be relaxed about this. If it is found that the prospective parents plan not to tell; or if it seems that they are going to have great trouble with the telling, they may not be the right couple for the child, or for any child. All agencies agree the child must know, and know early.

If the parents seek help in the matter, the Spence-Chapin adoption worker will stay with the problem while it lasts, making as many home visits as the situation asks for. And a child just can't be told. It must be told over and over again. It must be told each time its expanding understanding or curiosity or anxiety is aroused; each time it comes spontaneously forth. The child's questions must be instantly met, but met quietly and lovingly and most of all, undramatically. A short, slow, simple answer is enough for a small child. An older child needs to know more. But children of all ages forget what they are told, or misinterpret some of the elements in the story. The story needs frequent "going over." Both parents should participate in this. It is good for the child to discover that its adoptive parents had to wait a long, long time; that Spence-Chapin had to make sure that the adoption was exactly right, since it was going to be "forever." "We had to wait to get you, and we were glad to do it." "We knew somewhere there was the exact baby for us."



“When an inquiry comes in to Spence-Chapin, it gets an answer, day or night, and gets it instantly.”

IF YOU ARE ASKED . . .

for information from someone who is concerned about an unwed mother to be, or from the young mother herself, or from a couple seeking to adopt . . . suggest these services.

They are here for no other purpose. They are run by experts. The thinking, the practice, the planning, and the accumulated experience — all this is at your disposal; all of it socially tested. And all of it is as sanitary as the physical apparatus of our finest hospital.

A few glimpses into the areas and attitudes prevailing in the black market should have dramatic reminder value to any person concerned with or interested in the problem of baby adoption. Many people still do not understand how the baby racket is so huge, so ugly; yet so successful and so uncontrollable. In the Senate Committee Hearings, summer of 1955, on interstate adoption practices, already referred to in this pamphlet, a single terrible sentence by Ernest A. Mitler, special counsel to the Senate’s investigating subcommittee, shows how it can happen: “In this second chart, the red marks show the States where any person, insane person or criminal, can place out a child for adoption without any restriction; where it is not necessary to have any State authorization to engage in placing out a child.”

States as heretofore mentioned where there is no criminal law against baby selling are 31 in number.

In the same investigation, the focus of the infection of baby selling was stated as this: *“The source of the evil in the black market is that the adoptive home is selected not because it is the suitable home for the particular child but because the adoptive couple is able to put up a stated sum of money.*

There are other basic dangers: "Where the natural mother goes into the hospital under the name of the adoptive couple, the child's rights of inheritance are never secure; the adoptive couple is exposed to blackmail; the adoptive couple probably never will get a legal adoption decree."

One report reads: "She told me the following procedure was the procedure that she used. She said at that time — I gave my name as Irving Miller — she said that when she had a natural mother, who was pregnant, and when the girl gave birth she would go to the hospital as Mrs. Irving Miller. In other words, she would represent herself as my wife. That we would then be summoned to (name of town), that we would receive the child from Mrs. H., that the birth certificate would read as if it were our own child, and there would be no more formalities; we never had to get a legal adoption decree, and never had to be concerned about any social investigation that would safeguard the welfare of the child, or the adoptive couple, or the natural parents." *In the same direct testimony:* "She then proceeded to explain that the same day we arrived, she was celebrating her 889th placement for adoption."

Question: "If she handled 889 cases at an average of \$400 a case, that would have been in the neighborhood of \$360,000 in money?"

Answer: "Yes."

On baby-smuggling between Canada and New York, testimony of Mr. Moyneur: "The papa and mama comes over and get themselves a baby. I am not from New York City but in the State of New York, and this louse is — he knows about the gimmicks, you see, and he knew where the baby went, and you know what he did after the baby is in the papa's and mama's home; do you know what he does after he is there for five or six weeks? He comes over and says: "Mach with the geld; where

is the money, because you have a baby here which is not right." And this and that. See what that guy does?" Mr. Mitler: "He blackmails them . . . ?"

Some of the civic sanitariness of Mr. Moyneur can be reconstructed from his record: he was arrested and convicted of theft at age 16. Since then his crimes have included attempted house-breaking, reckless driving, violation of the Liquor Act, found in common bawdy house, shopbreaking, and four more convictions for theft.

Often the physical sanitariness is no better than the moral. "We knocked at the door and this grotesque woman appeared. She looked like a character from the French Revolution — wiry hair, long knobby hands, and she was filthy. I thought I was going to a maternity home but there was filth and dirt wherever we went. We walked in a long dark corridor. Finally she opened up a bedroom door. On the bed was a small baby. I went over and looked at the child. The breathing was laboured and the general contour of the baby was emaciated. I insisted the child was sick and needed care. There were absolutely no facilities, no incubator, no oxygen, no sterilization. I was shocked to think this woman had been operating since 1942, raising these young unwed mothers, and delivering their children under such dreadful, shocking and terrifying circumstances. I knew immediately that this child needed fast, quick, medical attention. The woman's only concern was in getting the money. This child needed attention and all I had in front of me was this psychopathic, crazy woman. I virtually kidnapped the child and ran back to my hotel. I called a pediatrician. We set up hospital facilities right there in the kitchen."

Only a tiny fraction of black market cases could be looked into by the Senate subcommittee. But these quotes are "normal" for the Senators' findings. Much is unprintable.

Tell Others

THE QUIET WORK that is going forward in adoption agencies in America is beset by one obstacle before all others: The public doesn't know what these agencies do and *most people don't even know these centers exist*. All pregnant unmarried girls are terrified. Why shouldn't they be? Most of them are totally inexperienced. Worse, most of them have run away. They are in a city they don't know. Can such a girl get help from the Yellow Pages of the Classified? No, she can't. Not in New York. Not in most cities. Many girls don't know what the word "Welfare" means and many calls to anything that indefinite in the average American city would produce nothing useful.

The whole nation needs to know that these places exist; that their work is confidential, that they re-assume care of any child found to be un-adoptable (three out of 2,000 at Spence-Chapin); that their fees are nominal and you pay it if you can; that if you have no money, they'll take you anyhow; that they are professionals and not amateurs, that their range in experience is enormous; that in addition to being under the care of understanding and compassionate experts, the unwed mother and the prospective adoptive couple and the new baby — all are under the care of the most creative *practical* intelligence in the social field.



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