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THE NATIONAL FOUNDATION

FRANKLIN D. ROOSEVELT, FOUNDER

800 SECOND AVENUE, NEW YORK, N. Y. 10017

OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

BIRTH DEFECTS  
ARTHRITIS  
POLIOMYELITIS  
THE SALK INSTITUTE

January 15, 1965

Robert E. Shank, M.D.  
Professor of Preventive Medicine  
Washington University School of Medicine  
660 South Euclid Avenue  
St. Louis 10, Missouri

Dear Doctor Shank:

At the start of a new year and a new phase in The National Foundation's history, I would like to take this opportunity to express to you our sincere appreciation for your efforts on our behalf. Your valued cooperation in making site visits and in interpreting the program has played a major part in the development of the centers already in operation across the country.

As The National Foundation moves forward to even greater success in a concentrated effort on Birth Defects in 1965 we look forward with pleasure to another year of close association with you.

Many thanks and best wishes for the New Year.

Cordially,

*Daniel Bergsma*

Daniel Bergsma, M.D.  
Director, Medical Department

**THE NATIONAL FOUNDATION**

FRANKLIN D. ROOSEVELT, FOUNDER

800 SECOND AVENUE, NEW YORK, N. Y. 10017

OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

BIRTH DEFECTS  
ARTHRITIS  
POLIOMYELITIS  
THE SALK INSTITUTE

January 8, 1965

Robert E. Shank, M.D.  
Professor of Preventive Medicine  
Washington University School of Medicine  
660 South Euclid Avenue  
St. Louis 10, Missouri

Dear Doctor Shank:

It is with great pleasure that we send you, under separate cover, the first articles of The National Foundation's Professional Education Reprint Series. A list of the total series with a tear-off order form in the event you wish to request additional copies of any of the articles is enclosed.

Please let us know if you are preparing any material for journal publication which could be considered for this Reprint Series. Further, we will be grateful for information on any other medical and scientific articles you wish to recommend for inclusion in the Series.

The National Foundation-March of Dimes is pleased to make these reprints available as another facet of its program of dissemination of scientific and medical knowledge to reduce the time between discovery and application of the knowledge and improved technics to assure better patient care.

We will be pleased to have your cooperation in this project.

Sincerely yours,

*Daniel Bergsma (u)*

Daniel Bergsma, M.D.  
Director, Medical Department

THE NATIONAL FOUNDATION  
FRANKLIN D. ROOSEVELT, FOUNDER  
800 SECOND AVENUE, NEW YORK, N. Y. 10017  
OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

BIRTH DEFECTS  
THE SALK INSTITUTE

ANNOUNCEMENT

THE NATIONAL FOUNDATION-MARCH OF DIMES is pleased to announce a new Birth Defects Reprint Series. The reprints are of articles which have appeared in scientific and medical literature published in the United States and abroad. The first group of reprints is ready for distribution and includes the following:

	<u>Code No.</u>
<u>Allan C. Barnes, M.D.</u> Prevention of Congenital Anomalies from the Point of View of the Obstetrician -- from the Proceedings of the Second International Conference on Congenital Malformations, July 1963.	PE-RS 1
<u>Leslie C. Dunn, Sc.D.</u> Old and New in Genetics -- from Bulletin of The New York Academy of Medicine May 1964.	PE-RS 2
<u>James L. German, M.D.</u> The Pattern of DNA Synthesis in the Chromosomes of Human Blood Cells -- from Journal of Cell Biology, January 1964.	PE-RS 3
<u>Kurt Hirschhorn, M.D.</u> Recent Advances in Methodology of Human Genetics -- from Bulletin of The New York Academy of Medicine, May 1964.	PE-RS 4
<u>Henry N. Kirkman, M.D.</u> Genetic Control of Human Enzymes -- from Pediatric Clinics of North America, May 1963.	PE-RS 5
<u>Norman Kretchmer, M.D.</u> Whither Birth Defects? -- from Perspectives in Biology and Medicine, Autumn 1964.	PE-RS 6
<u>R. James McKay, Jr., M.D. and Jerold F. Lucey, M.D.</u> Neonatology -- from New England Journal of Medicine, June 4 and 11, 1964.	PE-RS 7
<u>Severo Ochoa, M.D.</u> The Chemical Basis of Heredity -- The Genetic Code, from Bulletin of The New York Academy of Medicine, May 1964.	PE-RS 8
<u>Joseph P. Rossi, M.D.</u> High Risk Babies: Determining the Problem -- from Connecticut Health Bulletin, November 1964.	PE-RS 9
<u>Edward L. Tatum, Ph.D.</u> Medicine and Molecular Genetics -- from Bulletin of The New York Academy of Medicine, May 1964.	PE-RS 10

ORDER FORM

To: Medical Department, The National Foundation-March of Dimes, 800 Second Avenue, New York, New York 10017

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12/64

THE NATIONAL FOUNDATION  
FRANKLIN D. ROOSEVELT, FOUNDER  
800 SECOND AVENUE, NEW YORK, N. Y. 10017  
OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

BIRTH DEFECTS  
ARTHRITIS  
POLIOMYELITIS  
THE SALK INSTITUTE

September 21, 1964

Robert E. Shank, M.D.  
Professor of Preventive Medicine  
Washington University School of Medicine  
660 South Euclid Avenue  
St. Louis 10, Missouri

Dear Bob:

The enclosed memorandum is self-explanatory. It is sent as information, as an excuse to chat a moment, to express a hope and to invite your comments on matters of mutual concern.

As you have probably heard, The National Foundation will henceforth concentrate its various programs on the problems presented by birth defects.

We will be making grants for related research, providing professional education materials, and making grants to help support exemplary diagnostic and therapeutic services in the field of birth defects. Accordingly, your valued services will be greatly needed and very much appreciated as this phase of our activities is expanded. I sincerely hope that you will be able and willing to continue as heretofore to dedicate a part of your time to this worthy endeavor.

Your knowledge and judgment are needed and sought at this time to help us to develop an expanded, high quality professional education program in the broad area of birth defects. As you know, we have certain sound and color films, e.g. Medical Genetic Series Parts I, II and III and certain brochures, both film related and independent items. Our professional education films and brochures are used by both students and practitioners of the medical and paramedical professions.

Please tell me if you know:

- I. of any suitable film
  - a) which exists and might wisely be adopted or adapted for our use

THE MARCH OF DIMES

September 21, 1964

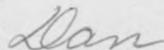
- b) which is in process of development
- c) which has reached the idea stage in someone's mind

II. of any suitable item of literature

- a) which exists and might wisely be adopted or adapted for our use
- b) which is in process of development
- c) which has reached the idea stage in someone's mind.

Any references and suggestions will be carefully reviewed.

Cordially,



Daniel Bergsma, M.D.  
Director, Medical Department

Enc.

THE NATIONAL FOUNDATION  
FRANKLIN D. ROOSEVELT, Founder  
800 SECOND AVENUE, NEW YORK 17, N. Y.

RETURN TO DR. SHANK

MEMORANDUM

To Headquarters and Field Staff

Date August 31, 1964

From Basil O'Connor

Re Appointment - Daniel Bergsma, M. D.

I am pleased to announce that effective September 1, 1964 Dr. Daniel Bergsma is appointed Director of the Medical Department. In this position he will have full responsibility for formulating and supervising The National Foundation's programs relating to patient care, professional education and clinical research.

Doctor Bergsma has been with The National Foundation since July, 1959, serving as Associate Director of the Medical Care and then Medical Departments. Prior to joining The National Foundation he was State Commissioner of Health of New Jersey from 1948 to 1959. He also served on a number of national and international commissions.

Born in Bergen County, New Jersey, Doctor Bergsma was graduated from Oberlin College in 1932; got his M. D. from the Yale University School of Medicine in 1936 and his M. P. H. from the University of Michigan School of Public Health in 1946. He served in the U. S. Army from 1942 to 1946, attaining the rank of colonel. He is now Medical Director of the U. S. P. H. S. Reserve.

In his new assignment Doctor Bergsma will be able to apply his experience and knowledge with even greater effectiveness than in the past. We are fortunate to have his services available to us.

I know all of you join me in wishing him well in his important new duties.

**THE NATIONAL FOUNDATION**  
FRANKLIN D. ROOSEVELT, FOUNDER  
800 SECOND AVENUE, NEW YORK, N. Y. 10017  
OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

WILLIAM S. CLARK, M. D.  
DIRECTOR-MEDICAL DEPARTMENT

BIRTH DEFECTS  
ARTHRITIS  
POLIOMYELITIS  
THE SALK INSTITUTE

August 28, 1964

Robert E. Shank, M.D.  
Professor of Preventive Medicine  
Washington University School of Medicine  
660 South Euclid Avenue  
St. Louis, Missouri

Dear Doctor Shank:

I am enclosing copies of announcements which explain the new developments in consolidating voluntary programs for arthritis.

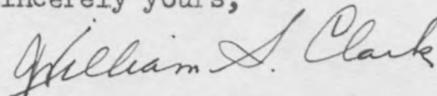
I assume my new position as President of the Arthritis and Rheumatism Foundation, later to become the Arthritis Foundation of America, on September 1, 1964. Commencing on that date, plans will be developed for a gradual phase out of the involvement of The National Foundation's arthritis programs beginning sometime in 1965. As this goes forward, birth defects will become the major target of The National Foundation with dynamic programs of research, patient care and education.

I am sure you will agree to the wisdom of these changes which will make possible greater voluntary effort in both birth defects and arthritis. In a real sense you have contributed greatly to these developments through your imaginative service which has been so influential in the growth of centers. The basic policies for birth defects of The National Foundation will not change. Moreover, the splendid staff of the Medical Department of The National Foundation will continue under the direction of Dr. Daniel Bergsma.

I do hope you will continue to give these programs and the organizations sponsoring them your enthusiastic support. Most of you will be asked to continue to serve The National Foundation, and some of you will certainly be a part of further development of the arthritis centers in the Arthritis Foundation of America. Whatever our assignments and affiliations, all of us will be aware that we are working for common and essential goals in medicine and that our efforts to that end are vitally needed.

I sincerely thank you for your help and will surely call on you for more in the future.

Sincerely yours,



William S. Clark, M.D.  
Director, Medical Department

THE NATIONAL FOUNDATION  
FRANKLIN D. ROOSEVELT, Founder  
800 SECOND AVENUE, NEW YORK, N. Y. 10017

MEMORANDUM

To Chapter Chairmen

Date August 28, 1964

From Basil O'Connor

Re The Future Arthritis Program

On the 31st of August, 1964, The National Foundation, The Arthritis and Rheumatism Foundation and The American Rheumatism Association (the professional medical association) will issue a press release stating that through their joint efforts a single, strong national voluntary agency, to be called The Arthritis Foundation of America, has been created to fight arthritis through research, patient care and education.

The release will further state that the new agency is the result of lengthy discussions which began originally between The American Rheumatism Association and The National Foundation in 1963 because of a mutual desire for a plan to bring about the most effective treatment and, hopefully, ultimate prevention of arthritis.

President of the new agency will be Dr. William S. Clark who has served The National Foundation so brilliantly as Director of the Medical Department. His presence at the new Arthritis Foundation obviously strengthens our confidence in the plan.

In the near future we intend to relinquish to Dr. Clark and his colleagues responsibility for the NF-sponsored Arthritis Clinical Study and Special Treatment Centers, but this must wait, of course, until financial details can be worked out. Until the transition is made, the Centers must continue to receive reasonable support from The National Foundation. The Centers have contributed so much, so uniquely, to the arthritis program I am confident you share my concern that they remain operative.

Present plans are for the new agency to be built around the existing chapters of the present Arthritis and Rheumatism Foundation. Their dedicated volunteers with new executive leadership, a new national research program and the addition of the NF Centers, can move rapidly forward to the credit of all.

These steps have been taken by The National Foundation only after the most serious and deliberate thought. When we entered the arthritis field in 1958, we did so because we knew the magnitude of the problem and we were aware that the then existing resources to meet it were woefully insufficient. It was our purpose to spark a resurgence of interest in the field and to bring to bear on its problems all the skills and know-how we possessed.

I believe we can say in good faith that we have done what we set out to do. Intelligent and thoughtful arthritis specialists throughout the nation have attested to the leadership we have provided. There are many whom I could quote, but perhaps the late, great Walter Bauer, dean of rheumatologists and Chief of Medical Services at Massachusetts General Hospital, said it best when he commented, "Something important is being done for the sick or disabled, for the medical community charged with their care and for the whole community whose responsibility they are. For all these, something is being done that was never done before."

But to do even more than Dr. Bauer suggested was being done, The National Foundation and I, as its President, felt that a single force modeled after our own organization could battle arthritis more effectively than is presently the case. It was for this reason that we sat down and discussed the matter with some of the nation's leading rheumatologists, members of The American Rheumatism Association. In 1963 this group appointed a committee to study the situation, with our assurance that if the proper mechanism could be created to continue the fight, The National Foundation would consider its obligations fulfilled and would be free to turn its full attention to birth defects.

The result as you now see is The Arthritis Foundation of America. Its proposed plan of action meets our idea of what is best for arthritis and it has our unlimited support and best wishes. We are proud of the leading role we played in its creation.

In closing, let me state very affirmatively that the decision to relinquish our responsibilities in arthritis comes at an opportune stage in the development of our birth defects program. Increasing knowledge in the birth defects field has opened up exciting new areas for exploration in research and clinical treatment. The time is ripe for The National Foundation to begin to make even greater progress in this most tragic of all disease problems afflicting our little children. I'm sure you will agree it is heartening to know that we can devote our full attention to these problems.

FROM:  
Public Relations Department  
The National Foundation-March of Dimes  
800 Second Avenue  
New York, New York 10017

FOR RELEASE: TUESDAY, SEPTEMBER 1, 1964

NEW YORK, Sept. 1 -- The National Foundation-March of Dimes announced today a six-point program for stepping up its nationwide fight against birth defects.

The announcement followed disclosure yesterday that the Foundation would begin transferring its multi-million dollar arthritis program to a new voluntary agency it had helped to create -- The Arthritis Foundation of America.

"As we near completion of our responsibilities in arthritis -- having sparked a resurgence of action against thiscrippler -- The National Foundation can now concentrate its efforts on reversing the terrible toll of birth defects," said Basil O'Connor, president of the March of Dimes organization.

He outlined plans for substantial increase in support of birth defects centers, intensified public and professional education programs and more basic research into puzzles related to birth defects.

Mr. O'Connor said that certain steps in the expanded attack on birth defects have already been taken while others await the availability of funds now devoted to arthritis projects.

The six areas in which March of Dimes funds will be used to intensify its program against birth defects are as follows:

1. Establishment of more birth defects special treatment centers and clinics.

The National Foundation now supports 49 birth defects centers and clinics in 26 states and the District of Columbia. So great is the birth defect problem that the nation needs triple that number, Mr. O'Connor said, and the Foundation is moving forward to establish them. The 50th March of Dimes-supported center will be dedicated this month at the James Whitcomb Riley Hospital for Children in Indianapolis.

2. Appointment of new public education national advisory committee.

A committee of the nation's experts is being organized to advise The National Foundation on a year-round basis on how best to inform and educate the public concerning birth defects.

3. New nationwide public education program in birth defects.

This fall The National Foundation will launch a campaign to saturate the country with information about the enormity of the birth defects problem and what can and is being done about it. All communication media will be used -- newspapers, magazines, television, radio, leaflets, pamphlets, etc.

4. Stepped up professional education program in birth defects.

New materials to inform physicians and others in the health professions concerning advances in birth defects knowledge are in preparation. They include primarily films and booklets. "This program will help close the time gap between the learning of new techniques and their application at the bedside of the birth defects patient," Mr. O'Connor said.

5. Increased research into cause and prevention of birth defects.

The number and variety of research grants for genetics studies and studies of specific birth defects problems will be increased.

6. Increased attention to certain treatment problems.

The National Foundation medical advisors have indicated, Mr. O'Connor said, that three additional birth defects problem areas urgently need more study and attention: (1) Urological problems, (2) Bone defects and (3) Eye problems.

The National Foundation will attempt to heighten medical interest in these areas and to direct increased investigation of them, Mr. O'Connor said.

Mr. O'Connor's statement included added comments on The National Foundation's decision to relinquish its program in arthritis to a new agency capable of unifying the attack on this enormous health problem.

"We accomplished what we set out to do," he declared. "The National Foundation gave the arthritis fight the leadership it needed to get it on solid ground.

"We are pleased that Dr. William S. Clark, whose inspiring leadership as director of The National Foundation's medical department was largely responsible for our accomplishments in the arthritis field since 1958, is directing the new arthritis organization. The two agencies can now move ahead against two major health problems, each with renewed strength gained from singleness of purpose."

# # #

NYC:AA;WS;SW

PRESIDENT  
JOHN J. CURRY, M.D.

VICE PRESIDENT  
JOHN P. HABERLIN, M.D.

SECRETARY  
MARVIN I. MONES, M.D.

TREASURER  
SERUCH T. KIMBLE, M.D.



CHAIRMAN  
PROFESSIONAL RELATIONS  
ROBERT A. BIER, M.D.

EXECUTIVE SECRETARY  
JOHN W. LOY

TELEPHONE  
949-4400

*File  
Natl. Foundation*

**MONTGOMERY COUNTY MEDICAL SOCIETY, INC.**

TRIANGLE BUILDING, 2446 REEDIE DRIVE, SUITES 8 AND 9  
WHEATON, MARYLAND

19 May 1964

Robert E. Shank, M.D.  
Professor of Preventive Medicine  
Washington University School of Medicine  
St. Louis, Missouri

Dear Doctor Shank:

Inasmuch as we have held The National Foundation in high esteem, and in particular the untiring work done for eradication of poliomyelitis in this country through their support of the development of both Salk and Sabin vaccines, we were dismayed to receive a letter from Mr. Basil O'Connor (a copy of which is enclosed).

This letter was simultaneously released to the press so that adequate rebuttal was not possible. The timing of the release is particularly unfortunate since we are in the midst of our public campaign for the oral administration of Sabin vaccine in the Metropolitan Area of Washington; representing hundreds of hours of work on the part of six local medical societies and numerous unpaid volunteer workers.

The timing of the release is also curious because we consulted the local division of The National Foundation in Washington several months ago and were not informed of any such strong opinion as that offered by Mr. O'Connor. Would you please be so kind as to inform us at your earliest convenience if this letter represents only Mr. O'Connor's opinion or that of the Board of Directors of The National Foundation.

In particular, we would like to know if in your opinion:

- 1) The problem of poliomyelitis is "non-existent".  
According to figures just released by the Public

Triangle Building, 2446 Reedie Drive

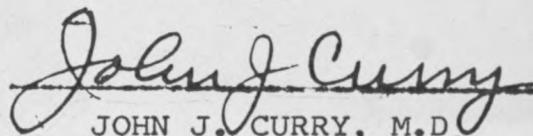
Suites 8 & 9

Wheaton, Maryland 20902

Health Service and reported in Medical World News May 8, 1964, p.64, millions of pre-school children have not received full protection with either of the two polio vaccines and one half of the 368 cases of paralytic polio reported last year were in the under 5 age group.

- 2) If the program locally undertaken by the six different medical societies, after long thought, consultation and with the specific approval of the Surgeon General of the United States, is "gross hucksterism".
- 3) That such a letter should have been released to the press without first consulting with us and especially at this late date in our campaign.
- 4) This program had the support of the individual members of our medical societies speaking in behalf of their patients because we recognize our responsibility. Is the release of such a letter, at such a time, your concept of proper responsibility to the the public of our various health teams?

Sincerely,



JOHN J. CURRY, M.D.  
President

incl:

THE NATIONAL FOUNDATION  
 FRANKLIN D. ROOSEVELT, FOUNDER  
 800 SECOND AVENUE, NEW YORK, N. Y. 10017  
 OXFORD 7-7700

BASIL O'CONNOR  
 PRESIDENT

BIRTH DEFECTS  
 ARTHRITIS  
 POLIOMYELITIS  
 THE SALK INSTITUTE

May 8, 1964

John K. Curry, M.D., President  
 Montgomery County Medical Society  
 11228 Georgia Avenue  
 Wheaton, Maryland

Dear Dr. Curry:

In your advertising circular for the live polio virus vaccine, a copy of which is enclosed, you call upon the people of your area to "Stop Polio" by taking the live virus vaccine "even if you've already had Salk polio vaccine". May I ask whether you have examined the following figures on reported polio cases in your area and in adjacent communities?

	1950-54 Yearly Average	1961	1962	1963	1964 to date
District of Columbia	107	3	2	1	0
Alexandria, Va.	16	0	0	0	0
Fairfax County, Va.	48	1	0	1	0
Arlington County, Va.	35	0	0	0	0
Montgomery County, Md.	59	0	0	0	0
Prince Georges County, Md.	51	0	0	0	0

These are not Dr. Salk's figures or The National Foundation's figures. They come from your own public health departments. Do you seriously think they reflect a continuing threat of polio in these communities?

How may I ask can you justify this kind of high-pressure campaign to sell hundreds of thousands of doses of live virus vaccine (at 25¢ per dose)



Dr. John K. Curry

-3-

May 8, 1964

types of polio virus. Moreover, the selection of a specific preventive is the responsibility of the individual physician. But it is our clear responsibility to the public that made possible the victory over polio to speak out against scare advertising based on unproven assumptions and half-truths and the failure to inform the public of the fact that polio is no longer a public health problem because of the use of the Salk vaccine.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Basil O'Leary".

President

Enclosure

← File

**THE NATIONAL FOUNDATION**  
*Medical Scientific Research, Professional Education and Medical Care*  
FRANKLIN D. ROOSEVELT, FOUNDER  
800 SECOND AVENUE, NEW YORK 17, N. Y.  
OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

POLIOMYELITIS  
VIRUS DISEASES  
ARTHRITIS  
BIRTH DEFECTS  
CENTRAL NERVOUS  
SYSTEM DISORDERS

February 14, 1964

Robert Shank, M.D.  
Danforth Professor of Preventive Medicine  
Washington University School of Medicine  
St. Louis, Missouri

Dear Doctor Shank:

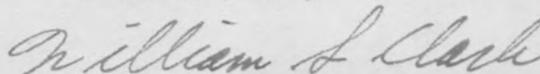
Enclosed is one copy each of Directory of Arthritis Centers and Directory of Birth Defects Centers which receive support from The National Foundation. Each Directory includes Clinical Study Centers, Special Treatment Centers, and Evaluation Clinics, and is arranged alphabetically by state, city, and name of center and institution.

Each Directory page is devoted to one center and includes information on the address of the center, name of medical director, location of clinic session and office, day on which clinic is held, place of hospitalization, diagnostic and age groups served, geographic limitations, services given, sources of payment for patient care, a descriptive statement by the center, and the name of The National Foundation State Representative in the area.

Additional copies of the Directories are available on request from The Medical Department.

Best personal regards,

Sincerely yours,



William S. Clark, M.D.  
Director, Medical Department

The National Foundation - March of Dimes

800 Second Avenue, New York, N.Y. 10017

DIRECTORY OF BIRTH DEFECTS CENTERS

Clinical Study Centers, Special Treatment  
Centers, and Evaluation Clinics Supported  
by The National Foundation

Introduction

List of Centers (alphabetically by state)

Directory (page for each center, arranged  
alphabetically by state, city,  
center name, and institution)

~~9/63~~ 2/64  
(Second Revision)

(A Directory of Arthritis Centers is available from The National Foundation)

Directory of Birth Defects Clinical Study Centers,  
Special Treatment Centers, and Evaluation Clinics  
Supported by The National Foundation

INTRODUCTION

This Directory has been prepared as a reference source for chapters and staff of The National Foundation and for the centers themselves. It should serve an even more important purpose if it encourages chapter members to familiarize themselves with the purposes and day-to-day efforts of March of Dimes-financed centers.

Following this introduction is 1) a list of current birth defects centers; and 2) a description of the activities of the centers, one page devoted to each center. In both the list and the activity-description, centers are arranged alphabetically by states and by cities within states. The Directory pages are not numbered because of the continual addition of new centers for which pages can be inserted later in their appropriate geographical position.

Chapter members who want to become still better acquainted with the outstanding service and teaching activities of the centers are urged to arrange a visit to one or more, either in their own areas or when traveling to a city in which one is located. Such visits should be cleared in advance with the center and the appropriate State Representative of The National Foundation.

The purpose of the center program is to enable The National Foundation to bring about nation-wide improvement in the care of patients with birth defects and thus have greater effectiveness than would be possible solely through direct financial assistance to patients. Both Headquarters and Chapters participate.

There are basically three types of centers as follows:

Clinical Study Centers. Patient care is a major activity at these centers, but as the word "study" implies, clinical research is a distinguishing and required feature. The centers have a three-fold purpose: 1) to provide comprehensive, exemplary care for patients with birth defects; 2) to conduct research to obtain new knowledge of disease and to develop improved treatment methods; and 3) to teach treatment techniques to medical personnel.

Financing is by grants from National Foundation Headquarters to major medical teaching centers. The grants must first be approved by the Foundation's Board of Trustees, on recommendation of the Advisory Committee on Research-Medical Care. This committee is made up of nationally-recognized leaders in medical research and rehabilitation who review each grant application for 1) quality of leadership of the center team and its program; 2) facilities and environment; 3) potential for discovery of new knowledge concerning cause and development of the disease in question; 4) capacity for exploiting clues which develop from observation of patients; 5) capacity for translating findings in basic research to clinical knowledge and practice.

Special Treatment Centers. These too are patient-centered. Their purpose is to promote, develop, improve or expand differential diagnostic services and provide comprehensive, exemplary care and related consultation services to both inpatients and outpatients with birth defects. These centers are financed by chapters or groups of chapters of The National Foundation. The grantee institutions must meet uniform and exacting criteria established by the Foundation. These include accreditation of the grantee hospital by the Joint Commission on Accreditation of Hospitals. In medical treatment, as well as in nursing, physical therapy, occupational therapy, and social aspects, the centers are designed and staffed to provide continuity of care even after patients are discharged from the hospital and return home. Responsibilities of the medical team extend to home care regimens, follow-up for as long as necessary and concern for the disabled patient's family, social, economic, and vocational problems. Support and guidance for patients' families are an important activity of these Centers.

In selection of centers to support, The National Foundation relies on Program Consultants (independent medical and paramedical specialists who visit and appraise institutions applying for center grants) and a Program Review Committee (a small committee at the national level made up of medical and paramedical specialists). The recommendations of these two groups are used by The Foundation to guide it in advising its chapters concerning grant applications.

Evaluation Clinics. The emphasis here is to bring expert consultant services to communities not served by a major medical teaching center. Periodic visits to the communities by specialists from such centers is an essential ingredient of clinic programs. The over-all purposes of Evaluation Clinics are to provide 1) a multi-discipline team approach to diagnosis and evaluation of patients with birth defects in a general hospital outpatient setting; 2) diagnostic and therapeutic consultation service to physicians; and 3) education through clinical demonstrations. Like Special Treatment Centers, Evaluation Clinics may be financed by a National Foundation chapter or group of chapters. Criteria include accreditation of the grantee hospital by the Joint Commission on Accreditation of Hospitals; adequate available equipment for x-ray and laboratory services; adequate space and equipment for comprehensive evaluation of ambulatory patients, including facilities for patient examinations, family interviews, physical therapy and a staff conference; and adequate procedures for use of the skills of visiting medical and paramedical specialists. The procedure for selection of approved applicants is similar to that used for Special Treatment Centers.

All center grants are renewable on an annual basis. The National Foundation requires periodic progress reports on program, and financial reports on expenditures under approved budgets. Acceptance of patients is the responsibility of the Center Director.

If all of those interested in better care for more children afflicted from birth would take the trouble to familiarize themselves more intimately with the operation of the center program, the enthusiasm thus evoked could not fail to help generate even greater progress in the years ahead.

DIRECTORY OF BIRTH DEFECTS CENTERS

Supported by National Foundation Grants

<u>State</u>	<u>City</u>	<u>Title and Institution</u>
ARKANSAS	Little Rock	Birth Defects Special Treatment Center University of Arkansas Medical Center
CALIFORNIA	Los Angeles	Birth Defects Special Treatment Center Orthopaedic Hospital
	Oakland	Birth Defects Special Treatment Center Children's Hospital of the East Bay
	Palo Alto	*Birth Defects Clinical Study Center Stanford University School of Medicine
	San Francisco	Birth Defects Special Treatment Center Children's Hospital Child Development Center
COLORADO	Denver	Birth Defects Special Treatment Center University of Colorado Medical Center
CONNECTICUT	New Haven	Birth Defects Special Treatment Center Grace-New Haven Community Hospital
DISTRICT OF COLUMBIA		Birth Defects Special Treatment Center Children's Hospital of the D.C.
FLORIDA	Gainesville	Birth Defects Clinical Study Center University of Florida School of Medicine
GEORGIA	Atlanta	Birth Defects Special Treatment Center Emory University
HAWAII	Honolulu	Birth Defects Special Treatment Center Kauaikeolani Children's Hospital
ILLINOIS	Chicago	Birth Defects Special Treatment Center University of Illinois College of Medicine
INDIANA	Indianapolis	Birth Defects Special Treatment Center Indiana University Medical Center
IOWA	Iowa City	Birth Defects Special Treatment Center State University of Iowa College of Medicine

<u>State</u>	<u>City</u>	<u>Title and Institution</u>
KENTUCKY	Lexington	Birth Defects Special Treatment Center University of Kentucky College of Medicine
LOUISIANA	New Orleans	Birth Defects Special Treatment Center Tulane Medical School
MAINE	Portland	*Birth Defects Evaluation Clinic Maine Medical Center
MARYLAND	Baltimore	Birth Defects Special Treatment Center Johns Hopkins Hospital
MASSACHUSETTS	Boston	Birth Defects Special Treatment Center Boston City Hospital
MICHIGAN	Ann Arbor	Birth Defects Clinical Study Center University of Michigan
MISSISSIPPI	Jackson	Birth Defects Special Treatment Center University Medical Center
MISSOURI	Kansas City	Birth Defects Special Treatment Center Children's Mercy Hospital
	St. Louis	Birth Defects Special Treatment Center St. Louis Children's Hospital
NEBRASKA	Omaha	Birth Defects Special Treatment Center Children's Memorial Hospital
NEW JERSEY	Newark	Birth Defects Special Treatment Center Babies' Unit, United Hospitals of Newark
	Trenton	Birth Defects Evaluation Clinic St. Francis Hospital
NEW YORK	Albany	Birth Defects Special Treatment Center Albany Medical Center Hospital
	New York City	Birth Defects Special Treatment Center New York Hospital - Cornell Medical Center
	Syracuse	Birth Defects Special Treatment Center Syracuse Memorial Hospital
NORTH CAROLINA	Chapel Hill	Birth Defects Special Treatment Center University of North Carolina School of Medicine
OHIO	Cincinnati	Birth Defects Special Treatment Center Children's Neuromuscular Diagnostic Cl
	Cleveland	Birth Defects Special Treatment Center Cleveland Metropolitan General Hospital

<u>State</u>	<u>City</u>	<u>Title and Institution</u>
OHIO, cont.	Columbus	Birth Defects Clinical Study Center Children's Hospital
		Birth Defects Special Treatment Center Children's Hospital
	Dayton	Birth Defects Evaluation Clinic Barney Children's Medical Center
OKLAHOMA	Oklahoma City	Birth Defects Clinical Study Center Children's Memorial Hospital
PENNSYLVANIA	Philadelphia	Birth Defects Clinical Study Center Children's Hospital of Philadelphia
		Birth Defects Special Treatment Center St. Christopher's Hospital for Children
RHODE ISLAND	Providence	*Birth Defects Evaluation Clinic Rhode Island Hospital
SOUTH CAROLINA	Charleston	Birth Defects Special Treatment Center Medical College Hospital
TENNESSEE	Chattanooga	Birth Defects Special Treatment Center Baroness Erlanger Hospital
	Nashville	Birth Defects Clinical Study Center Vanderbilt University Hospital
TEXAS	Galveston	Birth Defects Special Treatment Center University of Texas Medical Center
UTAH	Salt Lake City	Birth Defects Special Treatment Center Primary Children's Hospital
WASHINGTON	Seattle	Birth Defects Clinical Study Center University Hospital
		Birth Defects Special Treatment Center University Hospital
WEST VIRGINIA	Morgantown	Birth Defects Special Treatment Center University Hospital
WISCONSIN	Madison	Birth Defects Clinical Study Center University Hospitals, University of Wisconsin

\*Directory page not yet received

ARKANSAS - Little Rock

Birth Defects Special Treatment Center  
University of Arkansas Medical Center  
Little Rock, Arkansas  
MO 6-9461 Ext. 346

Medical Director - James L. Dennis, M.D.  
Social Worker - Gwen Price

Location of Clinic Sessions - Pediatric Clinic - Medical Center

Location of Office - Pediatric Clinic

Day on which Clinic is Held - Thursday

Place of Hospitalization - University of Arkansas Medical Center

Patient Group - No geographic restrictions. Admission by referral only, by physician or qualified agency.

Diagnosis - Birth defects, with emphasis on defects of central nervous system

Ages - 0 - 15 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - State and National Foundation  
Inpatient - State and National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The objective of the Special Treatment Center is evaluation, diagnosis, definitive treatment and comprehensive long-term guidance of the care of children with congenital defects, and development of improved methods of research.

Defects of the central nervous system are of particular interest. Through the integration of diversified disciplines a "team" approach that is "child oriented" is encouraged. The joint efforts of social worker, psychiatrist, surgeon and paramedical workers, coordinated by the pediatrician director, permits the development of long-range, comprehensive care programs tailored to the needs of the individual child and his family.

There are no restrictions on eligibility except that referral must be from a private physician or a recognized agency. All patients are classified by eligible workers and all patients and their parents have a social service evaluation. Parent programs are reviewed in "Comprehensive Care Conferences."

Neurologic and neurosurgical techniques are being evaluated. Most of these children would have to be abandoned to their fate without the support of this grant. The Medical Director has been able to interest diverse groups in a team effort to minimize specialty fragmentation of the child who must have multiple consultations.

James L. Dennis, M.D., Medical Director

Birth Defects Special Treatment Center

Little Rock, ARKANSAS

National Foundation State Representative -

Larry J. Morgan

501 Woodlane

Little Rock, Arkansas

Tel: Code #501; Franklin 5-5513 &  
5-5514

CALIFORNIA - Los Angeles

Birth Defects Special Treatment Center  
Orthopaedic Hospital  
2400 South Flower Street  
Los Angeles 7, California  
Richmond 9-3311

Medical Director - J. Vernon Luck, M.D.

Program Coordinator - Robert Mazet, Jr., M.D.

Medical Social Worker - Miss Miriam DuBrow

Location of Clinic Sessions - Clinic Building, 2400 South Flower Street

Location of Office - Room 302, Clinic Building

Day on which Clinic is Held - 1st Monday, 2nd Tuesday, 3rd Thursday,  
4th Friday - monthly

Place of Hospitalization - Orthopaedic Hospital

Patient Group - No geographic restrictions.

Diagnosis - Congenital defects: e.g. spina bifida, arthrogyrosis, clubfoot,  
scoliosis, dislocation of hips, club hand, absence of part.

Age - Birth to 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization and Surgery when Needed  
Intensive Rehabilitation: Physical Therapy, Occupational  
Therapy  
Psychological Testing of Patients and Counseling with Relatives  
Social Service Aid in Interpretation, Financial and  
School Problems

Sources of Payment for Patient Care -

DESCRIPTIVE STATEMENT BY CENTER

Our National Foundation Congenital Defects Clinics have as their goal to improve the diagnosis and clinical management of orthopaedic congenital defects, and to create a better format for the team approach to these problems.

At our Center, there is sub-specialization in several areas of orthopaedic surgery. We have orthopaedists who for many years have specialized in spine problems, foot deformities, hand problems and congenital deformities of the hips. Therefore, it was our conclusion that these men who have distinguished themselves by their contributions in these specific fields should head up the congenital defects clinic in this respective field. It would not be possible for any one orthopaedic surgeon to bring such skill and know-how to all of these fields. Therefore we divided our clinics into the following:

1. Congenital defects of the spine, in which spina bifida is featured,
2. Congenital defects of the feet,

Birth Defects Special Treatment Center

Los Angeles, CALIFORNIA

DESCRIPTIVE STATEMENT BY CENTER, continued

3. Congenital defects of the hands,
4. Congenital defects of the hips.

There is a team conference once each month in each of these fields, with the orthopaedic surgeon specializing in the specific field presiding.

Regarding our facility: we have the advantage of a new 162 bed hospital, a near-new rehabilitation center, and an outpatient clinic building that is modern. Every conceivable facility has been created to help in the work of an orthopaedic center. Orthopaedic congenital defects are the number one problem in this orthopaedic center. Formerly, poliomyelitis was the number one problem, and before that infections were in first place. With such a large number of congenital defects now being diagnosed and treated in this center, it is of profound importance that we improve diagnosis and therapy in these cases. From birth to age 21, any patient with an orthopaedic problem can be seen and treated in this center, if he is unable to pay for private care. There are no geographic restrictions, no restrictions related to color or creed.

The National Foundation program is creating for us a much improved team approach. More consultations are being obtained. Social and psychologic services have been made more available, and are better utilized.

Patients are referred from friends and former patients in the community - from schools, physicians, National Foundation workers, etc. While Southern California is the principal area served, our patients come to us from many parts of the United States; and a few come to us from foreign countries.

National Foundation State Representative -

Southern California - Robert H. Rice  
Franklin Life Building  
3780 Wilshire Boulevard - Room 709  
Los Angeles 5, California  
Tel: Code #213; 381-5105

CALIFORNIA - Oakland

Birth Defects Special Treatment Center  
Children's Hospital of the East Bay  
51 and Grove Streets  
Oakland, California  
Telephone: 654-5600

Medical Director - John Knowles, M.D.

Medical Social Worker - Charlotte Simonds

Location of Clinic Sessions - Children's Hospital of the East Bay

Location of Office - Children's Hospital of the East Bay

Day on which Clinic is Held - Thursday morning and other appointments

Place of Hospitalization - Children's Hospital of the East Bay

Patient Group - Primarily from Alameda and Contra Costa Counties, although no geographic restrictions. Admission by referral.

Diagnosis - Birth Defects

Ages - 0 to 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care - Patient's resources, insurance, Birth Defects Center, The National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The objective of the center is to provide comprehensive diagnostic and therapeutic services for children with birth defects. Birth defects are defined for eligibility under our program as "structural or metabolic disorders present at birth, whether genetically determined or the result of environmental interference during embryonic or fetal life." Further Criteria for Eligibility include:

1. The patient has sufficient potential for independent living
2. The patient is under 19 years of age
3. The condition is generally accepted by physicians as congenital in origin
4. Disability can be substantially reduced or prevented by treatment
5. The patient is not in an institution for mentally retarded children
6. The patient is not eligible for adequate services provided by other agencies.

Patients are referred to the center by private physicians, other hospital clinics, county and private social agencies. Patients may be referred by contacting the BDC secretary, OL 4-5600, Ext. 234. Whenever possible, all available medical records should be provided to BDC in advance of the

Birth Defects Special Treatment Center

Oakland, CALIFORNIA

DESCRIPTIVE STATEMENT BY CENTER, continued

patient's first visit.

All patients have eligibility screening at Children's Hospital of the East Bay. Those with adequate insurance coverage or adequate personal financial resources will pay for the full costs of care. Indigent and part-pay patients will not be billed for professional services. The National Foundation pays the hospital for services at established part-pay rates. The National Foundation does not provide funds for professional services.

A medical history and examination is conducted initially by one of the Team's pediatricians. The parent is interviewed by the Team's social worker. A tentative plan of action is then formulated. Evaluation conferences are held periodically to arrange comprehensive care for the patient as needed.

Consultants are available in all specialties for diagnostic and therapeutic purposes as required. Long-term care directed toward maximum habilitation is provided as needed. The patient is returned to the referring physician insofar as this is at all feasible.

This program has provided the establishment of a center for care of birth defect patients with multiple problems regardless of cost. Heretofore either the patients did not receive complete treatment or they had to go to many locations for this treatment due to the multiplicity of problems.

National Foundation State Representative -

Northern California - Jack Major  
Centre Office Building  
Room 9, 3382 El Camino Avenue  
Sacramento, California 95821  
Tel: Code #916; 482-0881

CALIFORNIA - San Francisco

Birth Defects Special Treatment Center  
Children's Hospital Child Development  
Center  
3700 California Street  
San Francisco, California  
Bayview 1-1200, Ext. 657

Medical Director - H.E. Thelander, M.D.  
Associate Director - Paul E. Wilson, M.D.  
Social Work Consultant - Gertrude Saxton

Location of Clinic Sessions - Children's Hospital Child Development Center

Location of Office -

Day on which Clinic is Held - Daily by appointment

Place of Hospitalization - Children's Hospital

Patient Group - Patient referrals come from a large geographic area.

Diagnosis - Congenital anomalies of many varieties, single and multiple.

Ages - Birth to 19

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Home Care Services  
Hospitalization, if indicated  
Nursery School  
Parent Counseling

Sources of Payment for Patient Care

DESCRIPTIVE STATEMENT BY CENTER

The Children's Hospital Birth Defects Center is open to all children from birth to the age of 19 regardless of race, color, creed or financial status. Patients are accepted by referral from physicians, schools, The National Foundation, social agencies, etc. The program is widely known (21 National Foundation Chapters of Central California participate in supporting this Center) and patient referrals come from a large geographic area.

The children are accepted for comprehensive diagnostic services, team evaluation, therapy, and counseling. The objective is habilitation of these children through an overall program geared to prepare them for living as best they can in our world (not vegetating or dying in an institution). The initial medical workup is done by a pediatrician who then determines the extent of the diagnostic procedures. The total evaluation of the child proceeds by interviews with the social worker, psychologist, physiotherapist, occupational therapist, speech therapist, audiometrist, etc., and indicated treatment is started.

A staff conference is held at the end of each clinic day for discussion of that day's problems. Once weekly (Friday A.M.) a major conference is held to discuss special patient problems with the different medical and surgical

Birth Defects Special Treatment Center

San Francisco, CALIFORNIA

DESCRIPTIVE STATEMENT BY CENTER

consultants attending.

This Birth Defects Center is part of the Children's Hospital Child Development Center and is therefore closely related to programs for children with other handicaps. The Child Development Center also maintains a nursery school for all of these children, allowing observation outside the examining room and away from the parents. This unusual opportunity permits better counseling for future care, school placement, etc.

Parents have a chance to talk not only to the physician but also to the others working with the handicapped child. The child is not only helped to cope with his defect but to develop a wholesome image of himself, adapting his role in life to his handicap, and gaining satisfaction out of living. The Center is designed to help both the child and parents in attaining a realistic goal.

H. E. Thelander, M.D.

Paul E. Wilson, M.D.

National Foundation State Representative -

Northern California - Jack Major  
Centre Office Building  
Room 9, 3382 El Camino Avenue  
Sacramento, California 95821  
Tel: Code #916; 482-0881

COLORADO - Denver

Birth Defects Special Treatment Center  
University of Colorado Medical Center  
4200 East Ninth Avenue  
Denver 20, Colorado  
DUdley 8-4511

Medical Director - Arthur Robinson, M.D.

Location of Clinic Sessions - Pediatric Outpatient Department, Colorado  
General Hospital

Location of Office - Pediatric Department, University of Colorado Medical Center

Day on which Clinic is Held - Monday A.M. and 4th Saturday A.M. of the month

Place of Hospitalization - Pediatric service, Colorado General Hospital

Patient Group - No geographic restriction.

Diagnosis - Emphasis on genetic and cytogenetic problems

Ages - Birth to 19 years of age. Adults seen for genetic counseling if  
index case is 19 years or under.

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Hospitalization

Sources of Payment for Patient Care -

Outpatient - Patient pays for the clinic registration fee, NF  
pays for tests

Inpatient - Insurance, community resources, NF

DESCRIPTIVE STATEMENT BY CENTER

Main Program: At this Center priority must be given the patients with genetic or possible chromosome abnormalities. This emphasis is made in order to utilize the special training and interests of the medical personnel directly concerned with the National Foundation Congenital Defects Center. The outpatient clinic handling the patients is called the Genetic Clinic. For the most part patients are managed on an outpatient basis, but if necessary, they are admitted to the hospital for further studies. A complete and extensive pedigree is taken on each family. The facilities of genetic counseling and chromosome analysis are available as needed. At the present time the patients are seen by three physicians, and the program is coordinated by a three-quarter time secretary. Efforts are being made to hire a social worker to work with the program half-time. Clinics are held on the fourth Saturday morning of every month and also on Monday mornings. Conferences concerning the patient's problems are held during the clinic sessions. Referrals to the Genetic Clinic should come from a physician and should be addressed to Dr. Arthur Robinson or Dr. Jean Priest, Department of Pediatrics. Patients will be referred back to the referring doctor for follow-up care, especially if the traveling distance is great. Patients who live near the University of Colorado Medical Center can be followed at the Center and can be referred back to the

Birth Defects Special Treatment Center

Denver, COLORADO

DESCRIPTIVE STATEMENT BY CENTER, continued

referring physician, depending on the needs of the patient and the desires of the referring physician.

Special facilities: A cytogenetics laboratory is available to perform detailed chromosome analysis. Facilities are also available for the interpretation of buccal smears. Mrs. Reisig, the program's secretary, is specially trained in the technique of interviewing and diagraming pedigrees. The Pediatric Microchemistry laboratory is available for special analysis, such as urine aminoacids and all varieties of blood chemistries.

Admission policies and procedures: These procedures have already been mentioned and will be summarized; to be eligible the person must need diagnosis and treatment of a congenital defect, the cost of which would cause an undue hardship to the family and must not be eligible for adequate services provided by other agencies. At this Center priority must be given to patients with genetic or possible chromosome abnormalities. The outpatient clinic handling the patients for the National Foundation Congenital Defects Center will be called the Genetic Clinic. Referrals to this clinic should come from a physician and should be addressed to Dr. Arthur Robinson or Dr. Jean Priest, Department of Pediatrics.

Special restrictions: The Center will accept patients from all regions of the country. It is anticipated that for practical reasons the bulk of the patients will be from the vicinity of the University of Colorado Medical Center or the State of Colorado.

National Foundation State Representative -

"A" - Wallace Nicoll  
313 Midland Savings Building  
444 17th Street  
Denver 2, Colorado  
Tel: Code #303; Keystone 4-7123 & 4-7124

CONNECTICUT - New Haven

Birth Defects Special Treatment Center  
Grace-New Haven Community Hospital  
789 Howard Avenue  
New Haven 4, Connecticut  
562-1161 Ext. 760

Medical Director - Frederic M. Blodgett, M.D.

Director of Social Work - Anne Robertson

Location of Clinic Sessions - Pediatric Clinic, New Haven Hospital

Location of Office - 4087, Laboratory for Medicine and Pediatrics  
New Haven Hospital

Day on which Clinic is Held - Monday

Place of Hospitalization - New Haven Hospital

Patient Group - Primarily residents of Connecticut

Diagnosis - Congenital abnormalities involving the central nervous system, facial and skeletal abnormalities, gastrointestinal, genito-urinary tracts, and special sensory organs

Ages - Birth through 16

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Sources of Payment for Patient Care - Self pay, medical insurance, private charities such as: Sailors, Soldiers, Marines, Relief Fund; Division of Crippled Children, State of Connecticut; and grant from The National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The purposes of establishing such a clinic are to improve the quality of medical care for patients suffering from birth defects. The grant will permit the establishment of staff people to provide greater continuity and coordination of care for patients needing the many and varied services available in the general hospital. The services will include diagnostic, therapeutic services and will be administered jointly through the members of the clinic working in cooperation with the established specialty clinics of the hospital.

It is the admission policy for patients to be referred by their private physician although there may be occasions when circumstances are such that direct requests from the patient for admission will be honored. Admission procedures require only contact with the medical director of the program who will arrange appointments. Patients residing in the counties of Connecticut with an active Chapter of The National Foundation will be given prior consideration, however, patients from other areas may be served by this clinic when possible. The program will be closely related to all the services of the hospital with particular relationships to the programs for children with cardiac disease, mental retardation, cystic

Birth Defects Special Treatment Center

New Haven, CONNECTICUT

DESCRIPTIVE STATEMENT BY CENTER, continued

fibrosis.

The grant permits a closer and more continuous contact between the patient and the physicians responsible for his care throughout the hospital. In addition, it enables better communication with the patient's family physician. It also makes possible an improved teaching program for students, residents, and graduate physicians.

National Foundation State Representative - Mrs. Ruth Shiffrin  
1184 Chapel Street  
New Haven, Connecticut 06511  
Tel: Code #203;624-5105

DISTRICT OF COLUMBIA

Birth Defects Special Treatment Center  
Children's Hospital of the D.C.  
2125 13th Street, N.W.  
Washington, D.C.  
387-4220, Ext. 135

Medical Director - Richmond S. Paine, M.D.

Social Worker - Mrs. Patricia Gausden

Location of Clinic Sessions - Room 529, Children's Hospital

Location of Office - Room 529, Children's Hospital

Day on which Clinic is Held - Varies, since individual appointments are made involving one or several consultants according to patient's need.

Place of Hospitalization - Children's Hospital

Patient Group - Referrals from the area

Diagnosis - Congenital defects of the central nervous system including metabolic errors. Coexistent defects of other systems are also treated insofar as resources permit.

Ages - Birth to 18 years.

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care - Insurance if available, welfare if eligible, National Foundation Chapter grant, or payment by parents if over income limit on sliding scale

#### DESCRIPTIVE STATEMENT BY CENTER

The staff of the birth defects center will hold regularly scheduled clinics and conduct a comprehensive Medical Evaluation and Care program. This is under the direction of the Neurology Department of the Hospital. Inpatient care is also available for selected cases. Emphasis is on congenital defects, anatomic or metabolic, of the central nervous system. For related defects the entire resources of the Children's Hospital are available including special facilities in speech and hearing in psychiatry. The Clinic also provides through its Director the only specialist in child neurology in the metropolitan area.

Referrals have been received in limited number since the Clinic is new. They have come from physicians in the metropolitan area, from hospitals, health departments, and social agencies, from various Chapters of The National Foundation itself, and, in some instances, from parents themselves who have read or heard about the program. Referrals are also received from other clinics and departments of the Children's Hospital.

DESCRIPTIVE STATEMENT BY CENTER, continued

A major contribution to the hospital and to the community has been making available a portion of the salary of the full-time neurologist of the hospital. He is also Professor of Pediatric Neurology at the George Washington University Medical School and would probably not be available to either institution entirely from their own resources. He also serves as consultant to the crippled children's services of the D.C. Health Department, to the National Institute of Neurological Diseases and Blindness, and to other agencies. The Congenital Defects Clinic also serves a teaching purpose for residents and undergraduate medical students and for a resident in neurology who started service October 1, 1962. At present there is also an exchange resident in neurology from New York Hospital.

National Foundation State Representative - Paul Hughes  
714 Park Avenue  
Baltimore, Maryland  
Tel: Code #301; Mulberry 5-2502

FLORIDA - Gainesville

Birth Defects Clinical Study Center  
Teaching Hospital and Clinics  
University of Florida School of  
Medicine  
Gainesville, Florida  
376-3211, Ext. 5193

Medical Director - Melvin Greer, M.D.

Location of Clinic Sessions - Teaching Hospital

Location of Office - Teaching Hospital

Day on which Clinic is Held - Monday through Friday, depending upon problem

Place of Hospitalization - Teaching Hospital

Patient Group - Residents of Florida

Diagnosis - Birth Defects

Ages - Birth to 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation only  
Hospitalization  
Consultation  
Research and Teaching

Sources Of Payment For Patient Care - Patient's resources, insurance, The  
National Foundation

DESCRIPTIVE STATEMENT BY CENTER

The establishment of a Special Treatment Center in the Department of Pediatrics of the University of Florida School of Medicine is an outgrowth of the specialized services provided by the department for infants and children with structural and metabolic disorders which are genetically determined or acquired in utero. These services include the performance of complex diagnostic studies and integrated therapeutic programs which are not available often to the local physician elsewhere in the state. In addition, patients cared for under this program provide us with material for research and teaching programs especially in the fields of neurology, hematology, genetics, immunology, metabolism and cardiology in which the members of our department have made major research and clinical contributions to the University and Pediatrics at large.

We are a referral institution; each patient, regardless of race, economic status or geographic location within the state, may be sent by his physician who, in turn, will receive a comprehensive report when the patient is discharged back to his care.

All the facilities of the Teaching Hospital as well as all the departments in the medical school offer their services under the terms of the Special Treatment Center proposal.

Birth Defects Clinical Study Center

Gainesville, FLORIDA

National Foundation State Representative -

Central Florida - Norman E. Foreman  
P.O. Box 2546  
Telegrams & packages to:  
122 West Pine Street  
Orlando, Florida  
Tel: Code #305; 422-0301

GEORGIA - Atlanta

Birth Defects Special Treatment Center  
69 Butler Street, S.E.  
Atlanta 3, Georgia  
JA 2-6117

Medical Director - James F. Schwartz, M.D.

Location of Clinic Sessions - Grady Memorial Hospital, 80 Butler Street, S.E.,  
Atlanta 3, Georgia

Location of Office - Glenn Memorial Building, 69 Butler Street, S.E.,  
Atlanta 3, Georgia

Day on which Clinic is Held - Tuesday

Place of Hospitalization - Grady Memorial Hospital

Patient Group - No geographic restriction

Diagnosis - Neurologic Birth Defects

Ages - 0 to 20 years

Services Given - Comprehensive Care on Outpatient Basis  
Home Care Services  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - Crippled Children's Service, National Foundation and private  
Inpatient - Grady Memorial Hospital

#### DESCRIPTIVE STATEMENT BY CENTER

The Emory University Special Treatment Center for congenital neurologic birth defects is established for the purpose of extending comprehensive diagnostic and therapeutic services to infants with hydrocephalus, meningo-myeloceles, meningoceles, encephaloceles and craniosynostosis.

The clinic and inpatient facilities of Grady Memorial Hospital are available to the Center. The patients are interviewed by a hospital clinical investigator to determine financial classification and are given identification cards with Birth Defects Center written on them. No restriction as to race or geographic area has been made but we anticipate application from all of Georgia. An upper age limit of 20 years has been set.

Referrals are made to the director of the Center from the family physician (through The National Foundation), the Crippled Children's Service, and the wards and clinics of Grady Memorial Hospital. Unless emergency admission is deemed necessary, the patient is first evaluated in the clinic and then admitted for diagnostic studies or treatment by group decision. The clinic staff includes the director of the clinic, the regular Birth Defects Clinic staff, and residents from pediatrics, neurology, neurosurgery, orthopedics, and urology.

Birth Defects Special Treatment Center

Atlanta, GEORGIA

DESCRIPTIVE STATEMENT BY CENTER, continued

All inpatients are admitted to the 9th floor of Grady Memorial Hospital. The birth defects house staff consists of the pediatric interns and residents assigned to the ward on which the patient is located and appropriate consultations are sent to the urologic, orthopedic, neurologic and neuro-surgical services. One resident from each of these services is responsible for these patients under the supervision of the regular staff man from his service who is a member of the group. A weekly evaluation conference is held to determine the disposition of the inpatients. The physical and occupational therapy units of the Elks Aidmore convalescent hospital are available to provide instruction for the patient and/or his parents in aids to daily living.

As the Center is located at Grady Memorial Hospital and in conjunction with Emory University School of Medicine, consultation from other specialties can be readily obtained. Previously, these patients have been followed by one or more specialty clinics (orthopedic, urology, neurology, or pediatrics) with no coordination in their care. We feel that this Center supported by The National Foundation will make it possible for these patients to receive exemplary care.

National Foundation State Representative -

Northern Georgia - Cecil McCall  
26 Third Street, N.W.  
Atlanta 8, Georgia  
Tel: Code #404; 872-5855

HAWAII - Honolulu

Birth Defects Special Treatment Center  
Kauikeolani Children's Hospital  
Congenital Defects Center  
226 North Kuakini Street  
Honolulu, Hawaii  
Tel: 54-563

Temporary Acting Medical Director - Donald F. B. Char, M.D.  
Social Worker - Helene Morgan

Location of Clinic Sessions - Kauikeolani Children's Hospital

Location of Office - Kauikeolani Children's Hospital

Day on which Clinic is Held - Not Determined

Place of Hospitalization - Kauikeolani Children's Hospital

Patient Group - From entire state of Hawaii

Diagnosis - Congenital defects, with main program, inborn errors of metabolism and cytogenetics

Ages - Under 19 years of age

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care - Patient; National Foundation funds when needed.

DESCRIPTIVE STATEMENT BY CENTER

Purposes - To provide exemplary care for patients with congenital defects.

Main Program - 1. Inborn errors of metabolism.  
2. Cytogenetics.

Specific Areas of Interest - Diagnostic, treatment, birth defects registry.

Plan of Action - Individual referral, formal clinic sessions, conferences.

Special Facilities - Rehabilitation Services.

Admission Policies - Open to anyone under 19 years of age.

Admission Procedures - Preliminary screening by social worker and Director of Center concerning acceptance for services.

Special Restrictions - None

Birth Defects Special Treatment Center

Honolulu, HAWAII

DESCRIPTIVE STATEMENT BY CENTER, continued

Sources of Referral - Individual referrals from private practitioners and governmental agencies

Area Served - Entire state.

National Foundation State Representative - Mrs. Carolyn Patterson  
1018 Lunalilo Street  
Honolulu, Hawaii 96822  
Tel: 561-045

ILLINOIS - Chicago

Birth Defects Special Treatment Center  
University of Illinois College of Medicine  
912 South Wood Street  
Chicago, Illinois  
Tel: Monroe 6-3900

Medical Director - Gerhard Nellhaus, M.D.

Social Worker - Mrs. Marguerite Chapman

Location of Clinic Sessions - NPI building, University of Illinois

Location of Office -

Day on which Clinic is Held - Each Tuesday

Place of Hospitalization - NPI building wards

Patient Group - Primarily from State of Illinois

Diagnosis - Congenital neurological disorders

Ages - Up to 14 years of age

Services Given - Comprehensive Care on Outpatient Basis

Diagnosis and Evaluation

Hospitalization

Sources of Payment for Patient Care - No financial restrictions

DESCRIPTIVE STATEMENT BY CENTER

Since we function as a diagnostic as well as care center, I think we can help achieve ideal care for children with birth defects if we coordinate all those who might be involved with the child's care right from the start; e.g. social worker, clinical psychologist, urologist, orthopedic surgeon, neurosurgeon, etc. We also feel that such a coordinated program will be time-saving and instructive for the physicians involved.

The only admission policies are that the children be of special interest and require the kind of care that only a well-organized university medical center and treatment center can offer. While children are supposed to be citizens of the state of Illinois, we can on occasion, admit children from neighboring states if we so desire. There is basically no financial restriction.

In addition to those seen on the ward, we saw about 100 children on the pediatric service in neurological consultation during our first six months here, and we are seeing between 20 and 25 patients every week in our pediatric neurology clinic. This institution functions as a referral hospital for the entire state and we see a great number of the more complex and stubborn neurological problems.

Birth Defects Special Treatment Center

Chicago, ILLINOIS

DESCRIPTIVE STATEMENT BY CENTER, continued

The funds made available by The National Foundation will enable us to obtain the services of ancillary assistants to help us to evaluate each child as well as to plan the maximal program for rehabilitation. The children come to us from many medical clinics, well-baby clinics, mental health centers, and physicians throughout the State of Illinois.

During the summer of 1963 a complete remodeling of the Pediatric Neurology-Neurosurgical Ward took place with the result that there has been an improvement in facilities, an increase in bed capacity from 12 to 14 beds, and the opening up of a small area in which a clinical psychologist can work to test some of the children. We felt that a sound psychometric evaluation of many of our children with neurological birth defects was important in terms of helping plan their future. We are also hoping to be able to partition this area in such a way that there will be space for the physicians to talk to the parents privately.

The social worker has proved an invaluable addition to our program in terms of helping us plan for better care for the children particularly in being able to help the parents understand realistically the problems that must be faced and in helping us in the placement of those children for whom institutionalization appears to be the only answer. I think many of the parents of children with neurological birth defects have found that having a social worker to talk to both in the Clinic as well as on the ward has been of tremendous help to them.

Beginning in the fall of 1963 the Pediatric Neurology Service began to see additional patients in a morning clinic, and this has enabled us to see more children somewhat faster. On the first and third Tuesday of each month, we hold a Child Neurology Conference during the course of which we, of course, also discuss neurological birth defects. To these conferences we have invited interested physicians as well as parents.

National Foundation State Representative -

Northern Illinois - Edwin D. Van Woert  
612 North Michigan Avenue - Room 817  
Chicago, Illinois  
Tel: Code #312; 664-8028

INDIANA - Indianapolis

Birth Defects Special Treatment Center  
Indiana University Medical Center  
1100 West Michigan Street  
Indianapolis 7, Indiana  
ME 5-8431 Ext. 2505

Medical Director - Robert F. Heimbürger, M.D.

Location of Clinic Sessions - Riley Hospital Outpatient Clinic

Location of Office -

Day on which Clinic is Held - Clinic is held on every second and fourth  
Tuesday of each month between 9 A.M. and 12 Noon.

Place of Hospitalization - Riley Hospital

Patient Group - No geographic restriction.

Diagnosis - This treatment center limits itself to the care of patients with  
spina bifida aperta or cranial bifida.

Ages - The ages of patients seen in this clinic vary from one day on upward  
with the majority being under the age of 10 years. No age restriction.

Services Given - Comprehensive Care on Outpatient Basis

Sources of Payment for Patient Care -

Outpatient - Most of the patients pay for their own care. A few are  
reimbursed by their local welfare department and a few  
are reimbursed from funds set aside in the special treatment  
center grant.

Inpatient - The source of payment for inpatients is usually insurance  
or their local welfare department.

#### DESCRIPTIVE STATEMENT BY CENTER

For the past ten years the neurosurgery service at Indiana University has been interested in the care of children born with congenital defects of the spine and skull particularly myelomeningoceles. While a fairly satisfactory method of hospital care for these patients has been developed, most of these children after leaving the hospital present a difficult care problem to their parents. In an effort to ease the burden for these parents and improve the function of the child by providing outstanding service for them on an outpatient basis, the special treatment center was established at Riley Hospital on February 13, 1962.

An image intensifier is now available to aid in studying and treating the urinary tract problems that most of these children have.

The center enables a continuity of management of the problems arising from and associated with myelomeningoceles which was not previously available. It enables the patients to combine in one trip visits to Orthopedics, Urologic, Pediatric and Neurosurgical Clinics. The clinic aids in instituting proper

Birth Defects Special Treatment Center

Indianapolis, INDIANA

DESCRIPTIVE STATEMENT BY CENTER, continued

care at a time when habilitation and attaining an independent life can have hopes of success.

There are no restrictions on patients attending this treatment center such as age, race, color, residence, or financial status. Patients are referred to this clinic from almost every county in the state of Indiana as well as a few from neighboring states.

National Foundation State Representative -

Western Indiana - Duane Ostrom

3728 North Shadelon Avenue

Indianapolis 26, Indiana

Tel: (317) LI 7-5293

IOWA - Iowa City

Birth Defects Special Treatment Center  
State University of Iowa  
College of Medicine  
Iowa City, Iowa  
Tel: 337-3111 Ext. 641

Medical Director - Hans Zellweger, M.D.

Co-ordinator - Donna Hepner

Director of Social Service - Thea Sando

Location of Clinic Sessions - Out-Patient Clinic, Pediatric Department

Location of Office - Basement of Pediatric Out-clinic, Room T-25

Day on which Clinic is Held - Wednesday

Place of Hospitalization - For diagnostic work-up: Pediatric Ward, State University of Iowa  
For treatment: Pediatric Ward and/or Specialty Dept.

Patient Group - From state of Iowa and adjacent parts of neighboring states.

Diagnosis - Birth defects, in particular birth defects of central nervous system and of skull and spine. Multiple malformations.

Ages - 0 - 15 or older

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Home Care Services with help of Social Service of State Services for Crippled Children  
Hospitalization  
Organization of outclinic care

Sources of Payment for Patient Care - According to the regulations of State University of Iowa General Hospitals

#### DESCRIPTIVE STATEMENT BY CENTER

The purpose of the Center is the evaluation of the clinical condition and the possibilities of treatment. The clinical evaluation will be done in the treatment center. If it requires hospitalization, the patient will be admitted to the pediatric ward. The neurological section of the pediatric department is organized to guarantee a thorough neurological examination including examination of ventricular and lumbar cerebrospinal fluid, pneumoencephalographies, electroencephalographies (referral to EEG station of SUI), radiological studies (referral to department of radiology), electromyography, and usual laboratory procedures and chromosomal analysis. Evaluation of special aspects of the clinical condition will be obtained by referral to the specialty clinics, in particular the departments of ophthalmology, otorhinolaryngology, urology, orthopedics, and neurosurgery as well as the ancillary services, for instance the department of speech and hearing and the department of psychology of the SSCC (State Services for Crippled Children), a division of physical therapy of SUI General Hospital and of the Hospital-School for Severely Handicapped Children.

DESCRIPTIVE STATEMENT BY CENTER, continued

The clinical evaluation includes investigation of the genetics and an exact prenatal history. This will not only provide a better understanding of the etiopathogenesis of a given case but will also facilitate eugenic and family counseling, which the Center team considers an integrated part of the function of the Center. The clinical evaluation of the patient will be supplemented by a sociological and psychological evaluation of the patient's family. This investigation is done by the clinic co-ordinator and the social worker.

The coordination of the treatment program will be supervised by the Center director and coordinator. Necessary contacts with the patient and his family at home can be established with the kind cooperation of State Services for Crippled Children or through the county welfare department.

The grant will permit several approaches to the problem of birth defects which otherwise would not be possible:

- A. Study of genetic and prenatal causes with the ultimate goal of preventing certain birth defects.
- B. The treatment of many birth defects requires the cooperation of different medical disciplines and specialties. It may happen that the patient is not always referred to the different clinics and offices from which he might benefit. The Grant will allow the Treatment Center to coordinate the efforts of different groups involved in the treatment and rehabilitation of a patient and to direct him to different services which may be beneficial to him.
- C. The Grant will allow the study of effects of the presence of a birth-defective child on other members of the family, in particular parents and grandparents, and their mutual relationship. The psychological and sociological impact and the economic burden the presence of a defective child represents for many families is well known, although not enough attention has hitherto been given to this enormous problem. The Grant will permit the Treatment Center to go into this problem as well.

Practicing physicians who desire to admit patients to the Treatment Center may use the usual admission procedure for SUI clinics and indicate their wish that the child be seen in the Treatment Center on the admission formulary. Representatives of The National Foundation Chapters who wish to refer patients to the Center may do this via the local physician. The Center will help in the admission of these patients if it is notified.

National Foundation State Representative -

Southeastern Iowa - John D. Nitz  
308 Flynn Building  
319 Seventh Street  
Des Moines 9, Iowa  
Tel: Code #515; Cherry 3-5815

KENTUCKY - Lexington

Birth Defects Special Treatment Center  
University of Kentucky Medical Center  
Lexington, Kentucky 40506  
604-255-3600 Ext. 2816

Medical Director - James Rackley, M.D.

Location of Clinic Sessions - University of Kentucky Medical Center

Location of Office - University of Kentucky Medical Center

Day on which Clinic is Held - Monday through Friday

Place of Hospitalization - University of Kentucky Medical Center

Patient Group - No geographic limitation

Diagnosis - Birth defects

Ages - 0 - 16 years

Services Given - Comprehensive care on outpatient basis  
Diagnosis and evaluation only  
Hospitalization  
Outside consultation

DESCRIPTIVE STATEMENT BY CENTER

The purpose of the Birth Defects Special Treatment Center is to make available to people in the Kentucky area special care for persons suffering from birth defects. One of the main programs will be the diagnosis of the exact nature of birth defects and determining what can be offered in the way of treatment or management. Genetic counseling will be stressed in the case of hereditary disorders. There is no geographic limitation of patients, but all patients are used for teaching purposes and there may be delay in accommodating non-emergency patients owing to a limited number of beds and clinic appointments.

Patients referred to the special treatment center are attended by the full-time members of the Department of Pediatrics of the University of Kentucky Medical Center and are seen either in the outpatient clinic or admitted to the University Hospital. It is a policy of the University Hospital to charge all patients for services and materials provided and to collect payment according to the financial ability of the patient. Physicians or agencies wishing to refer patients to the special treatment center should write or telephone the Program Director, Dr. James Rackley, at the Department of Pediatrics, University of Kentucky Medical Center. Referring physicians are requested to provide as much relevant medical information about the patient as possible prior to the time of admission. Discharge summaries will be furnished to the referring physician at the time of the patient's discharge.

Birth Defects Special Treatment Center

Lexington, KENTUCKY

DESCRIPTIVE STATEMENT BY CENTER, continued

The Program Director may refer patients to any of several attending physicians on the staff of the University Hospital, who have special interests and have available special techniques for the diagnosis and management of certain kinds of birth defects. This may be the case in such disorders as deficiencies in immunity, blood coagulation, or in the metabolism of food substances.

National Foundation State Representative -

Eastern Kentucky - George H. Mitchell  
184 North Mill Street  
Lexington, Kentucky  
Tel: (606) 255-7995

LOUISIANA - New Orleans

Birth Defects Special Treatment Center  
Tulane Medical School  
Department of Pediatrics  
1430 Tulane Avenue  
New Orleans, Louisiana 70112  
Tel: (504) 523-3381, Ext. 241-242

Medical Directors - R. V. Platou, M.D., Professor and Chairman, Department of Pediatrics  
Robert H. Lennox, M.D., Professor of Child Health and Pediatrics

Location of Clinic Sessions and of Office - Room 4204, 4th floor,  
1430 Tulane Avenue

Day on which Clinic is Held - By appointment, Mondays 1:00 to 4:00 P.M.

Patient Group - No geographic limitation

Diagnosis - All types of birth defects, congenital or acquired at delivery

Ages - (Initially) Newborns and infants to one year

Services Given -

1. A comprehensive epidemiologic study of all birth defects encountered among 5,000 consecutive deliveries in our own teaching hospital, with particular reference to causative or conditioning factors, various significant diagnostic and prognostic associations, and early management of these. From such a "fact-finding" survey will be selected patients for further special studies.
2. Detailed and elaborate clinical, biochemical, radiologic, chromatographic and chromosomal studies, to the limits which available time and staff talents permit, will be carried out in selected patients discovered during the survey, or referred from authorized agencies or physicians in this area.

Sources of payment for Patient Care - Initially, it is assumed that practically all patients will be indigent and therefore eligible for care in our clinics at the medical school and in our clinics or wards at the Charity Hospital of Louisiana (our major teaching center). Later, patients may be selected without restrictions as to economic circumstance, race, or geographic considerations. Those able to pay for medical care will be expected to do so, and when insurance and other benefits are available, they also will be used according to standard and accepted practices.

#### DESCRIPTIVE STATEMENT BY CENTER

While the initial efforts are directed at our epidemiologic survey of birth defects, we will also be concerned very shortly with elaborate diagnostic studies in selected cases. The survey is being set up and will be conducted by a team of competent authorities on this faculty from the Division of Epidemiology, the Bio-medical Center, and the Departments of Pediatrics and Obstetrics.

Birth Defects Special Treatment Center

New Orleans, LOUISIANA

All talents and facilities available in this school and its faculty will be utilized, and special facilities will be arranged through this grant to "fill in" in situations where existing facilities are not adequate for all indicated studies in selected cases. Basically, this program is research-oriented, though obviously the closely supervised care of affected and carefully selected individuals will be essentially related to our primary objectives.

We are anxious to avoid duplication of services. For example, several staff members are now intimately concerned in the work of our very comprehensive Collaborative Study of Child Development arranged through the National Institutes for Neurologic Disease and Blindness - wherein we function as one of a number of such units, all directed at discovering cases of any or all defects - on a nationwide scale, planned to embrace some 50,000 careful and serial observations from the second month of gestation up to at least the 6th birthday. Other staff members are regularly concerned with direction or participation in several local Crippled Children's Services, the Cerebral Palsy Center, several ongoing special clinics at the medical school or teaching hospital and a number of other such agencies already functioning well in this community for the care of categorical birth defects of various types.

The present program under the auspices of The National Foundation, in essence, provides funds and facilities for completion of a badly needed fact-finding survey and for conduct of special studies in selected cases emanating therefrom; it is hoped that developments will soon permit expansion of the survey and also additional services to patients referred by other agencies or physicians, and for whom adequate facilities are not otherwise currently available.

National Foundation State Representative -

Southern Louisiana - Warren Brechtel  
P. O. Box 19386  
Telegrams & Packages to:  
400N. Carrollton Avenue  
New Orleans, Louisiana 70119

MARYLAND - Baltimore

Birth Defects Special Treatment Center  
The Johns Hopkins Hospital  
601 North Broadway  
Baltimore 5, Maryland  
OR 5-5500, Ext. 2523

Medical Director - John Menkes, M.D.

Social Worker - M. Leonadakis

Location of Clinic Sessions - Neurology Clinic, 2nd Floor, Carnegie Disp.

Location of Office - Neurology Clinic, 2nd Floor, Carnegie Disp.

Day on which Clinic is Held - Tuesday

Place of Hospitalization - Harriet Lane Home, occasionally Brady Urological  
Institute or Halsted Surgical Clinic

Patient Group - No geographic restrictions.

Diagnosis - About one half are hydrocephalics with or without meningomyeloceles.  
Any congenital defect as defined by The National Foundation is  
accepted.

Ages - Any age. Largely pediatric.

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care - Supported by The National Foundation  
when city, county, insurance, and  
Crippled Children's funds are un-  
available.

#### DESCRIPTIVE STATEMENT BY CENTER

The purposes of this Center are three: First, to provide the best possible outpatient - inpatient diagnostic and therapeutic service for children with congenital defects. Second, to provide an opportunity for young physicians and surgeons to become acquainted with, and interested in, all aspects of the problem of congenital defects. Third, to carry out productive research into the causes, pathogenesis, and treatment of congenital defects.

The main program concerns itself with congenital defects of the nervous system - both structural (hydrocephalus, meningomyelocele, etc.) and metabolic (lipid storage degenerations, congenital and familial neuropathies, leukodystrophies, etc.) - but in order to present a complete survey of congenital defects, any child whose problem falls within The National Foundation's definition of a birth defect is eligible for registry in the clinic, although his study and supervision may be largely in other clinics.

The clinic does not limit itself specifically to diagnosis, treatment, or research procedures, but tries to apply each of these as the situation warrants. Our principal therapeutic interests at present have to do with

DESCRIPTIVE STATEMENT BY CENTER, continued

the management of hydrocephalus and with the impact of long-term rehabilitation work on the family. Our chief research interests are study of cerebral circulation in hydrocephalus, and lipid disorders in congenital central nervous system disease. The facilities of the entire hospital - diagnostic, therapeutic, and investigative - are available.

Any child with a suspected congenital defect is eligible for consideration, without racial, geographical, or other limitation. Proven congenital defects, or those requiring further study for delineation of their problems, are eligible for study, either as outpatients or inpatients. They are eligible for National Foundation support if all usual resources of support are proven unavailable. Should they come from outside the Maryland area, the local Chapter refers the problem to the Chapter of the patient's region; obviously, National Foundation support is available only to children from within the U.S., but the general facilities of the clinic short of direct financial support for care are not denied any child, on a basis of nationality.

Patients of the clinic are a part of the general population of the hospital, and registered in the usual fashion. They are also recorded on the card file of the Congenital Defects Clinic, for which a diagnostic file and clinical summary record is now being developed.

The grant is of value in that: 1) It concentrates congenital defects in one place, enabling one group of physicians to develop a uniform approach, a reasonably standardized set of basic studies, and an adequate diagnostic classification; these in turn present a much clearer idea of the nature and extent of the problems of congenital defects, and enable the concentration of diagnostic, therapeutic, and teaching activities. 2) It removes the more serious financial limitations which in the past did occasionally restrict admission or study of certain patients with severe birth defects. 3) It has materially improved the technical assistance, particularly by providing social service help. 4) It has, by providing a small amount of financial resources for research, already increased the possibilities for productive study of patients with birth defects.

Referrals come from various sources. Private practitioners, patients or physicians of the area who apply directly to the Chapter, other clinics in the hospital, and county health clinics have been the principal ones. The area served is a large one, since the hospital receives referral patients from most of the southeastern United States, as well as random patients from all the U.S. and Latin America.

National Foundation State Representative - Paul Hughes  
714 Park Avenue  
Baltimore, Maryland  
Tel: Code #301; Mulberry 5-2502

MASSACHUSETTS - Boston

Birth Defect Special Treatment Center  
Bill Cunningham Birth Defects Center  
Boston City Hospital  
818 Harrison Avenue  
Boston 18, Massachusetts  
CO 7-1422

Medical Director - Sydney S. Gellis, M.D.

Location of Clinic Sessions - Children's Outpatient Clinic

Location of Office - Children's Building

Day on which Clinic is Held - By appointment

Place of Hospitalization - Children's Building

Patient Group - Boston and Greater Boston area

Diagnosis - Birth Defects

Ages - Birth to 16 years

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - Free

Inpatient - Free to residents of Boston

Limited funds for nonresidents

DESCRIPTIVE STATEMENT BY CENTER

Our main emphasis is 1) on training of doctors, medical students and nurses in early detection of birth defects, 2) total care of infants with defects - followup by physicians who consider not only the defect and its treatment but the impact of the defect on child and his family, 3) getting to the local physicians information regarding the early detection of birth defects.

Our chief limitation in care of patients is only with regard to nonresidents of Boston. Residents receive total care without charge if no insurance is available. Our funds for care of nonresidents is limited and we prefer this, for the load of patients would otherwise be too great.

We are in a position to deal with any type of congenital defect, having strong departments in pediatric surgery, orthopedics, genito-urinary surgery, cardiac surgery, plastic surgery, dermatology, neurosurgery, metabolic defects and child psychiatry. There is no need to refer our patients elsewhere. Our sources of referral are newborn service of the hospital and outside physicians.

Birth Defects Special Treatment Center

Boston, MASSACHUSETTS

National Foundation State Representative - Jean Dargis  
Room 407  
Two Park Square  
Boston, Massachusetts 02116  
Tel: Code #617; 426-4047

MICHIGAN - Ann Arbor

Birth Defects Clinical Study Center  
University Hospital  
Ann Arbor, Michigan  
Tel: 663-1531, Ext. 7234, Area  
Code 313

Medical Director - Donita B. Sullivan, M.D.  
Medical Social Worker - Theresa Tenereillo

Location of Clinic Sessions - Pediatric Clinic, North Outpatient Building,  
University Hospital

Location of Office - Room 13035 Hospital

Day on which Clinic is Held - Wednesday afternoon

Place of Hospitalization - Children's Rehabilitation Service,  
13th Floor, University Hospital

Patient Group - State of Michigan, parts of Northern Ohio and Northern Indiana

Diagnosis - Neuromuscular or orthopedic disabilities with special emphasis  
on myelodysplasia and hydrocephalus.

Ages - Birth through sixteen years.

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Consultation Services for Referred Patients  
Home Care and Vocational Planning

Sources of Payment for Patient Care -

- Outpatient - Family, insurance, Michigan Crippled Children's  
Commission, welfare
- Inpatient - Family, insurance, Michigan Crippled Children's  
Commission, welfare, National Foundation Chapter  
guarantees are acceptable when available.

DESCRIPTIVE STATEMENT BY CENTER

The purpose of the Center is to support an integrated program for the care and study of patients with congenital malformations; to develop new and improved methods of treatment, including rehabilitation; to facilitate where possible the search for new knowledge of disease mechanisms; and to improve graduate and undergraduate teaching of this field.

The Birth Defects Program is conducted as an integral part of the Children's Rehabilitation Service which is a division of the Department of Pediatrics. Included in the broad Children's Rehabilitation Program are children with a variety of other handicapping conditions including such things as juvenile rheumatoid arthritis, poliomyelitis, and paraplegia.

DESCRIPTIVE STATEMENT BY CENTER, continued

The program is particularly designed for the child who has multiple handicaps, whose interest cannot be well served by a single medical specialty, and who in general requires the coordinated efforts of the multi-disciplined approach.

There are no special restrictions for admission of patients to the program. In general, the Center serves the State of Michigan as well as parts of Northern Ohio and Northern Indiana.

Referrals to the Center should be made through the responsible family physician.

National Foundation State Representative -

Southern Michigan - Ernest Bates  
1501 McKay Tower  
Campau Square  
Grand Rapids, Michigan  
Tel: Code #616; Glendale 8-1406

MISSISSIPPI - Jackson

Birth Defects Special Treatment Center  
University of Mississippi  
2500 North State Street  
Jackson, Mississippi  
Tel: Emerson 6-2681

Medical Director - Blair E. Batson, M.D.

Location of Clinic Sessions - University of Mississippi Outpatient Department  
and Physical Therapy Department

Location of Office - University Hospital

Day on which Clinic is Held - Third Monday of month - Neurosurgical  
Tuesday each week - Newborn Surgery  
Friday each week - Metabolic - inborn errors  
of metabolism

Place of Hospitalization - University Hospital

Patient Group - From entire state of Mississippi

Diagnosis - Neurosurgical, newborn surgery, metabolic

Ages - Newborn to 14 years

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Hospitalization

Sources of Payment for Patient Care - National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The Special Treatment Center for congenital defects was established at the University of Mississippi with the specific aim of providing comprehensive, exemplary care to specific groups of patients with congenital defects through a multi-disciplinary approach to the problems of these children, particularly as it relates to their long-term follow-up and their ultimate rehabilitation.

There are three groups of patients with congenital birth defects in whom we have special interest and for whom facilities are available for care through our Special Treatment Center.

Group 1 includes patients with congenital developmental defects of the central nervous system. These patients are seen in the Birth Defects Clinic, which meets in the Physical Therapy Department once a month. The clinic staff consists of a pediatrician, orthopedic surgeon, neurosurgeon, physical therapist and medical social worker.

Group 2 includes patients with developmental abnormalities of the gastrointestinal, genitourinary and pulmonary systems. These patients usually fall in the newborn age group and in most instances the defects are life-threatening. Many such patients need long-term follow-up care and rehabilitation.

DESCRIPTIVE STATEMENT BY CENTER, continued

These patients are seen in the regular Pediatric Clinic on Tuesday of each week. The patients are seen by the clinical director of the Birth Defects Program and a representative of the appropriate surgical service.

Group 3 includes patients with congenital metabolic defects. These patients are seen in the Pediatric Endocrine Clinic, which meets Friday of each week. These patients are seen by Dr. J. Darrel Smith, pediatric endocrinologist, the medical social worker, and on occasions representatives from Dietary, Psychology and Surgery. Many of these patients require elaborate laboratory studies and we are very fortunate to have an endocrine laboratory directed by Dr. Smith, which is capable of performing these complicated studies.

We now have a medical geneticist on the staff of University Hospital and he works with us on specific cases which require chromosome studies.

The Birth Defects Program provides both out-patient and in-patient care. Admission procedures to the Outpatient Department and to the Hospital are those of routine established hospital policy. Since the number of beds available for pediatric patients is extremely limited, all admissions are cleared with the pediatric admitting resident and no patient is accepted for hospitalization unless a bed is available.

Physicians throughout the State have been informed of the Birth Defects Program as it is set up in this institution. We have informed them of the patients in whom we have special interest but have also indicated our desire to help them with any Birth Defects patients with major problems with whom they have difficulty arranging for adequate diagnosis, care and treatment. Correspondence in reference to children with birth defects is reviewed by the clinical director of the program, who in turn decides on the proper disposition of the patient.

One of our major problems has been that of arranging for suitable transportation to and from the University Hospital. Our patients come from throughout the State and the distance traveled to the Clinic is extreme in some cases. This presents a definite financial problem for many of our patients.

National Foundation State Representative -

V. T. Anthony  
712 Electric Building  
Jackson 1, Mississippi  
Tel: 601 - Fleetwood 2-2902

MISSOURI - Kansas City

Birth Defects Special Treatment Center  
Children's Mercy Hospital  
1710 Independence Avenue  
Kansas City, Missouri  
GR 1-5250

Medical Director - Ruth Yohe, M.D.  
Social Worker - Florence M. Miller

Location of Clinic Sessions - Children's Mercy Hospital

Location of Office - Children's Mercy Hospital

Day on which Clinic is Held - Monday through Friday with outpatient clinics

Place of Hospitalization - Children's Mercy Hospital

Patient Group - No geographic restriction

Diagnosis - Birth and genetic defects

Ages - 0 - 15 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Sources of Payment for Patient Care - Patients, insurance, governmental agencies, voluntary agencies and individual contributions

#### DESCRIPTIVE STATEMENT BY CENTER

The Special Treatment Center at Children's Mercy Hospital is actively diagnosing, treating, and following birth and genetic defects through its medical and numerous specialty clinics. Any child is seen regardless of residence, race, or financial status. Children are seen through age 16 and new patients are accepted through age 15, unless their problem is one which will require a long period of follow-up. We see patients from Kansas City, Missouri, the greater Kansas City area, and the surrounding communities in Kansas, Missouri, and other states.

Through our Special Treatment Center we are emphasizing complete medical and surgical care whenever indicated. Our social worker, provided by The National Foundation grant, is making a concerted effort to help the families understand the nature of their child's disability and make realistic plans for his future. We are emphasizing the follow-up of medical and surgical care through return appointments. If the return appointment is not kept, our social worker is contacting the parents regarding the necessary follow-up to prevent the development of serious complications.

With the help of the grant from The National Foundation, we are making a registry of patients with birth defects and keeping a record of the patient's visits.

Birth Defects Special Treatment Center

Kansas City, MISSOURI

DESCRIPTIVE STATEMENT BY CENTER, continued

The availability of the Special Treatment Center will increase the number of patients referred for diagnosis and treatment.

The sources of referral of patients to Children's Mercy Hospital are practicing physicians, nurses, former patients, and local National Foundation Chapters.

With the addition of social work and secretarial facilities, I am sure we will be able to improve our care for children with birth defects.

National Foundation State Representative -

Northern Missouri - Peter Palermo

P.O. Box 504

Telegrams & packages to:

410 Jefferson Street

Jefferson City, Missouri

Tel: Code #314; 636-6133 & 34

MISSOURI - St. Louis

Birth Defects Special Treatment Center  
St. Louis Children's Hospital  
500 South Kingshighway  
St. Louis, Missouri 63110  
Tel: Forest 7-6880, x. 266-267

Medical Director - Donald L. Thurston, M.D.

Location of Clinic Sessions - in a special out-patient clinic area.

Location of Office - out-patient department

Day on which Clinic is Held - Clinic sessions all day Thursday by appointment only

Place of Hospitalization - St. Louis Children's Hospital

Patient Group - from Eastern Missouri and Western Illinois

Diagnosis - Neurological surgical defects

Ages - The age accepted will be newborns or unevaluated infants

Services Given - Evaluation and hospital treatment in in-patient service with program for long-term follow-up and continuing evaluation and treatment on an out-patient basis.

Sources of Payment for Patient Care - Illinois and Missouri Crippled Children's Programs, Local Chapters of the March of Dimes, Patient's insurance if available, county funds and a very, very small amount from the unit for supplementation if necessary.

#### DESCRIPTIVE STATEMENT BY CENTER

The purpose of the birth defect center is to develop a longitudinal program for the care of infants with neurological surgical defects specifically. This program is supervised by a pediatrician with neurosurgeons, orthopedists, genito-urologists, pediatric specialist with rehabilitationist, psychologist and social worker. Consultants in any area of medicine are available from all branches of the Washington University School of Medicine. The longitudinal program will be the main concern of the individuals in the program. It is felt that all children should be referred to the birth defect center by a physician. This is to avoid repetition of services rendered by other medical schools or the units with these facilities. The program covers the area of Eastern Missouri and Western Illinois.

The basic approach to the problems of children of this type will be:

1. A rendering of professional services without any obligation to the patient for the services.
2. A longitudinal program concerning these individuals with these types

Birth Defects Special Treatment Center

St. Louis, MISSOURI

DESCRIPTIVE STATEMENT BY CENTER, continued

of birth defects with the hope of eventually solving the problem not only of the treatment of the physical defect but of the future of these individuals from knowledge obtained by the longitudinal team approach.

3. To use any information gleaned from these patients to try and prevent in the future the development of these congenital or birth defects.

National Foundation State Representative -

Eastern Missouri - John F. Heifner  
P.O. Box 504  
Telegrams & Packages to:  
410 Jefferson Street  
Jefferson City, Missouri  
Tel: (314) 636-6133 & 34

NEBRASKA - Omaha

Birth Defects Special Treatment Center  
Children's Memorial Hospital  
44th and Dewey Avenue  
Omaha, Nebraska  
553-5400, Ext. 207

Medical Director - Theodore R. Pfundt, M.D.

Assistant Director - Carol R. Angle, M.D.

Social Worker - Alina H. Knipprath

Location of Clinic Sessions - Outpatient Department, Children's Memorial Hospital

Location of Office - No official office designated - Utilize Medical Social Service Office at Children's Memorial Hospital

Day on which Clinic is Held - 3rd Thursday of each month

Place of Hospitalization - Children's Memorial Hospital

Patient Group - Primarily the state of Nebraska, but not necessarily limited to the state

Diagnosis - Birth defects which qualify under National Foundation program

Ages - Birth to 19

Services Given - Comprehensive Care on Outpatient Basis

Diagnosis and Evaluation

Hospitalization

Consultation by any medical specialty such as plastic surgery, urology, general surgery.

Sources of Payment for Patient Care -

Outpatient - Through Birth Defects Center grant to Children's Hospital.

Inpatient - Hospital insurance and direct payment by parents and local Chapters, The National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The purpose of the Treatment Center is to offer a well-organized program featuring the finest available consultation services for diagnosis and treatment of birth defects in the Midwest area of the country. The program offers the combined efforts of Pediatrics, General Surgery, Neurosurgery, Orthopedic Surgery, Genetic Counseling, and all other additional specialties as represented on the Medical Staff of Children's Memorial Hospital and can be drawn from a medical staff of approximately 265 physicians. The program is based on an outpatient screening clinic, once each month on the 3rd Thursday of the month, during which time any child referred to the clinic by a physician in the area serviced by the hospital, primarily the State of Nebraska but not necessarily limited to the state, may be seen and an opinion formed by the team of specialists including social worker casework as to the propriety of the patient fitting into The National Foundation program, and whether or not definitive therapy can be offered. An important feature of the program is the 72 hour inpatient extension of diagnostic services begun in the outpatient department, covered by the terms of the

DESCRIPTIVE STATEMENT BY CENTER, continued

grant prior to the necessity of requesting local March of Dimes Chapters to subsidize hospitalization costs of the patients coming from their respective units.

The Omaha Center operation is designed specifically to supplement and complement the Crippled Children's Commission Program since the Nebraska definition of the crippled child, under the aforementioned program, is perhaps a little more limited than in most states. This has been very well worked out and is well understood by all parties involved, since in our state there is a Medical Advisory Committee functioning at the state level on which are appointed representatives of the major organizations interested in child care.

The facilities in which we operate are among the finest in the United States, and comprise a 130 bed private children's hospital and an adjacent children's rehabilitation center, a children's convalescent hospital, and a school for handicapped children operated by the Omaha Public School System.

There are no restrictions as to race, creed, or color on children admitted to the program, as long as they qualify under published limitations of The National Foundation granting agencies. Financial screening does take place in our clinic, since we have interpreted the phrase "for whom no other resources are available" to include eligibility for private medical care.

Patients have been referred to our Center from a very wide area in Nebraska, as a matter of fact, the entire State of Nebraska, and a few from counties from other states adjacent to ours.

The Special Treatment Center grant has permitted, not only the Medical Director but the Medical and Para-medical Team, to function as a demonstration unit and to bring to our medical community some of the important and exciting information in the general field of birth defects as it is developing in the basic science subjects pertinent thereto, and in the clinical skills being developed around the country.

Theodore R. Pfundt, M.D.  
Director

National Foundation State Representative -

Eastern Nebraska - Clinton Belknap  
State House Station  
P.O. Box 4813  
Telegrams & packages to:  
Nebraska State Education Association Building  
605 South 14th Street - Room 303  
Lincoln 9, Nebraska  
Tel: Code #402; 432-0117 and 18

NEW JERSEY - Newark

Birth Defects Special Treatment Center  
Babies' Unit, United Hospitals of Newark  
15 Roseville Avenue  
Newark 7, New Jersey  
HU 2-6200

Medical Director - William P. Barba, II, M.D.

Assistant Director - Anita Falla, M.D.

Location of Clinic Sessions - Babies' Hospital

Location of Office - Babies' Hospital

Day on which Clinic is Held - Monday

Place of Hospitalization - United Hospitals of Newark

Patient Group -

Diagnosis - Any congenital defect except mental retardation

Ages - Any child one day to 19 years.

Services Given - Comprehensive Care on Outpatient Basis

Diagnosis and Evaluation

Hospitalization

Outside Consultation

Other - Almost any defect can be cared for as needed, except for intensive psychiatric therapy, within the United Hospitals of Newark.

Sources of Payment for Patient Care - From Patient, Insurance, Crippled Children's Service or other agencies, and National Foundation Grant

#### DESCRIPTIVE STATEMENT BY CENTER

The primary purpose of The National Foundation Center for Congenital Defects at Babies' Unit of the United Hospitals of Newark is to develop a group to provide optimal total care for children with congenital defects. The program can provide both inpatient and outpatient care. The entire facilities, both physical and professional, of the United Hospitals of Newark will be utilized and coordinated to care for children seen in The National Foundation Center.

Any child under age 19 with any congenital defect will be accepted in the program, except those with significant mental retardation. The child will be evaluated by the clinic staff and a program planned for care. Other specialists will see the child as indicated. The child will be referred as needed to the special facilities of the Eye and Ear Infirmary, Crippled Children's Unit or the Kessler Institute for Rehabilitation. General medical and surgical care will be provided by The Center staff or associates on the staff at Babies' Unit. Follow-up will be arranged through The Center with family physicians or other available agencies. The Center staff will provide evaluation or total care as requested by a

Birth Defects Special Treatment Center

Newark, NEW JERSEY

DESCRIPTIVE STATEMENT BY CENTER, continued

referring physician.

Patients should be referred to the Social Service Department of Babies' Unit with an abstract of their history and a note as to the services desired by the family physician or responsible medical agency. Each case will be evaluated as to financial need and available funds from sources such as insurance programs, government aid or grants and an equitable program developed. The National Foundation grant provides the medical director with funds to care for some children who have no other means to finance adequate medical care and to develop a group capable of providing optimal care to children with congenital defects.

National Foundation State Representative - Joseph Andrews  
21 Peace Street  
Trenton, New Jersey  
Tel: Code #609; Export 3-7119

NEW JERSEY - Trenton

Birth Defects Evaluation Clinic  
St. Francis Hospital  
Trenton, New Jersey  
Export 6-7676

Medical Director - Harold Davis, M.D.  
Coordinator - James Fitzpatrick, M.D.  
Nurse Social Worker - Miss Jean Karaffa

Location of Clinic Sessions - St. Francis Hospital

Location of Office - St. Francis Hospital

Day on which Clinic is Held - First Tuesday of each month, at 9:30 A.M.

Place of Hospitalization - Evaluation Clinic. (Patients placed where their needs can best be met.)

Patient Group - Children of Mercer County, referred by private physician and other agencies.

Diagnosis - Congenital defects

Ages - Pediatric age group

Services Given - Diagnosis and Evaluation  
In addition to diagnosis and evaluation there is a referral service and a careful follow-up on patients referred

Sources of Payment for Patient Care -

Outpatient - National Foundation

Inpatient - When needed, assistance is obtained from National Foundation, Crippled Children of the State of New Jersey and other organizations.

#### DESCRIPTIVE STATEMENT BY CENTER

Purpose of the Clinic is to evaluate children referred with defects that may be congenital. After establishment of an adequate diagnosis, children are referred to appropriate treatment organizations and if funds are needed for their care, interested agencies are approached for assistance.

Main program consists of evaluation of children by four pediatricians and consultants that are invited to attend as need for their services and special knowledge arises. This is anticipated by the administrative staff.

Plan of action consists of referring physicians and agencies contacting the secretary of Clinic, requesting appointment for evaluation. The secretary requests medical and surgical work-ups thus far obtained, to be sent to the Clinic and if the evaluation is inadequate, the clinic sociologist does a complete social history and inadequacies in the medical evaluation are corrected as much as possible by the pediatric staff of St. Francis Hospital.

The child is then given an appointment at a future clinic and if consultants are needed for evaluation of the specific problem, they are invited to attend

Birth Defects Evaluation Clinic

Trenton, NEW JERSEY

DESCRIPTIVE STATEMENT BY CENTER, continued

that specific clinic for this child. On the day of the Clinic, the four pediatricians and the indicated specialist evaluate the child's case which is presented by the nurse social worker and the pediatric staff of the hospital.

Special facilities of the Clinic consist of the pooling of the medical resources of the community with an evaluation by a team of trained pediatricians and certified specialists in any of the indicated disciplines.

The admission policies in this Clinic consist of suggesting admissions to appropriate institutions that will best meet the needs of the patients, either through the referring physician or through an interested agency such as The National Foundation, Crippled Children, etc., and then through the nurse social worker attached to the Clinic, following up the recommendation to assist in the implementation of the needed therapy.

There are no special restrictions regarding admission to the Clinic, as long as the condition or defect is not in the category that is covered by another agency available to the patient.

The pediatric residency training program of this hospital which is coordinated with the Children's Hospital of Philadelphia, is related from the educational standpoint to this Clinic and interns and residents assigned to Pediatrics attend the Clinic for learning purposes. This program has widened the scope of the pediatric efforts in this hospital, and review of the cases seen thus far seems to indicate that by having participation of pediatricians of all the major hospitals in the county there is a spirit of common interest and cooperation developing, and a rapid referral of complicated medical problems to this unit. At the last clinic session, which was the fourth held, it became evident that in the future it may be necessary to run two monthly clinics, one for new patients and one for follow-ups. The first four clinic sessions averaged seven patients per session and each has improved in its administrative organization.

Sources of referral consist of physicians in the community, health agencies in the community, school health programs and the hospitals themselves, (through hospital physicians).

The area served is primarily Mercer County in New Jersey, but patients from adjacent counties without similar facilities have been seen in the Clinic.

National Foundation State Representative - Joseph Andrews  
21 Peace Street  
Trenton, New Jersey  
Tel: Code #609; Export 3-7119

NEW YORK - Albany

Birth Defects Special Treatment Center  
Albany Medical Center Hospital  
New Scotland Avenue  
Albany 8, New York  
462-7521

Medical Director - William A. Petersen, M.D.

Location of Clinic Sessions - Clinic area of Albany Medical Center Hospital

Location of Office - Clinic area of Albany Medical Center Hospital

Day on which Clinic is Held - Wednesday 1 P.M. to 5 P.M.

Place of Hospitalization - Usually Albany Medical Center Hospital

Patient Group - Center serves 25-county area (see Descriptive Statement by Center)

Diagnosis - Gross congenital abnormalities

Ages - Birth to 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - \$5.00 Clinic fee established, but this is paid in full, in part, or is waived depending upon financial status.

Inpatient - Appropriate insurance policies or state aid funds.

#### DESCRIPTIVE STATEMENT BY CENTER

The March of Dimes Birth Defects Diagnostic and Treatment Center and its associated Birth Defects Clinic was established to provide a correlated approach to the infant born with a congenital defect in Albany and the surrounding area.

The clinic serves a 25-county area which extends north as far as the Canadian border, east to include the counties in New England which border New York State, south to include Newburgh in Orange County and west to include Utica, New York. Patients from outside this area would not be denied admission to the facility unless a similar service was available closer to their homes.

The clinic is operated as a referral clinic in the sense that I insist upon talking to the family, the referring physician or one of the clinic residents prior to scheduling an appointment. This is done in order that I may have some knowledge of the existing defect and can therefore have the necessary consultants available on the initial clinic visit. The patients are initially interviewed by the Director, the child is thoroughly examined by me and any necessary photographs are obtained prior to the time at which the child is seen by the appropriate consultant.

Birth Defects Special Treatment Center

Albany, NEW YORK

If admission is required, arrangements are made and the necessary insurance or state aid forms are submitted by the parents and the consulting physicians. If hospitalization is not required, arrangements are made for further evaluation or for follow-up visits as the case may warrant.

Presently we are seeing all children under 19 years of age who have a gross congenital abnormality, enzymatic and microscopic defects being excluded at the present time. It may become necessary in the future, however, to focus more closely on a given defect, but time alone will decide the wisdom of such a move.

Establishment of the clinic at the Albany Medical Center Hospital has enabled the director to provide a "team approach" to the child who is referred to us with a Birth Defect. Many of these infants come from great distance and in former years frequently had to make three or four trips to be seen by various consultants in various parts of the city. Under the existing structure of the clinic these children are seen, examined, the parents are interviewed and as many as four consultants have seen them in one afternoon and the entire problem summarized and definitive treatment outlined. In addition it has enabled me to spend considerable time counseling some of these parents and providing them with some of the answers which were not obtained from their family physicians or which they had previously been unable to talk about. On January 1st the Obstetrical Department of the Albany Medical Center Hospital acquired the services of a geneticist who has indicated his desire to help me in counseling families of children with Birth Defects.

We are very fortunate in being located in close proximity to the New York State Department of Health Laboratories where many specific viral studies may be obtained and where we have the services of a Mr. Charles Brown who is willing to perform chromosome studies on infants if we feel a chromosome aberration is likely.

National Foundation State Representative -

Eastern New York - Alvord Clements  
1107 Home Savings Bank Building  
11 North Pearl Street  
Albany 7, New York  
Tel: Code #518; Hemlock 4-5197 & 4-5198

NEW YORK - New York

Birth Defects Special Treatment Center  
New York Hospital - Cornell Medical Center  
525 East 68th Street  
New York, N.Y.  
Tel: TR 9-9000, Ext. 478

Medical Director - Robert Sharkey, M.D.  
Social Worker - Mrs. Janet Stephenson

Location of Clinic Sessions - Pediatric Clinic area N-B

Location of Office - NO5

Day on which Clinic is Held - Thursday, 1:00 P.M.

Place of Hospitalization - New York Hospital

Patient Group - No geographic restriction.

Diagnosis - Birth Defects of central nervous system, metabolic diseases,  
and cytogenetic anomalies.

Ages -

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Sources of Payment for Patient Care - Family Resources and National Foundation

#### DESCRIPTIVE STATEMENT BY CENTER

The Special Treatment Center at The New York Hospital Cornell Medical Center is part of an associated Birth Defects Program recently instituted by the pediatric service. Because an enlarging amount of total hospital and medical effort is directed toward the care and habilitation of children suffering from congenital defects, the Birth Defects Program has been organized to determine how best to effectively mobilize the pediatric facilities to meet the shifting emphasis in pediatric care.

The primary purpose of the Special Treatment Center is to develop a program of medical management of children with birth defects with the aim of minimizing or correcting completely the congenital disability. Under the guidance of a full time pediatrician, appropriate medical and non-medical specialists assembled in a single clinic setting, are able to evaluate, discuss and contribute a comprehensive program of patient care formerly available only fragmentarily.

A Congenital Developmental Problems Clinic has been created to provide comprehensive and coordinated medical and paramedical services to patients suffering single and multiple congenital defects. New patients, as they present or are referred to the pediatric service, are first seen in the General Pediatric Clinic. Here, a comprehensive history is obtained and a complete physical examination is performed. Minimal laboratory studies

DESCRIPTIVE STATEMENT BY CENTER, continued

(hemoglobin, urinalysis, Mantoux, etc.) are obtained. Patients found to have birth defects, together with any medical records from other physicians or institutions (to avoid duplication), are referred to the Congenital Developmental Problems Clinic which meets weekly on Thursday afternoons at 1:00 P.M. Resident house staff members are present and receive informal teaching at these sessions from the appropriate specialty consultants participating in the clinic. In addition, more formal education is available at the monthly combined specialty conferences where specific congenital defects are discussed by faculty members invited to present their own studies or research in the area. The attending and consulting staff of this clinic includes virtually all the medical and surgical specialists available at the hospital and many of the faculty members of the Cornell University Medical College.

Another area of major interest of this Birth Defects Program is the establishment of a birth defects registry, wherein the types and incidents of birth defects can be recorded and classified. It is hoped, thereby, to establish a surveillance system to aid in the epidemiological approach to the occurrence of birth defects. In addition, this program has deep interest in the origins and clinical management of children with congenital renal diseases, obstructive uropathies and the so-called "inborn errors of metabolism." In addition, conferences and seminars are held for the attendings and house staffs both to stimulate and instruct them in the principles of detection and care of birth defects.

This program will be expanded during the 1963-64 period with the establishment of a laboratory for studies in human genetics within the Department of Pediatrics. This facility will make it possible to obtain cytogenetic studies and will aid in genetic counseling.

Geographic or financial disabilities do not constitute a restriction to enrollment in the Special Treatment Center.

National Foundation State Representative -

Southern New York - Mrs. Margaret Cook  
199 Main Street, Room 211  
White Plains, N.Y.  
Tel: (914) White Plains 8-3814 & 8-3815

NEW YORK - Syracuse

Birth Defects Special Treatment Center  
Syracuse Memorial Hospital  
736 Irving Avenue  
Syracuse 10, New York  
478-6611, Ext. 222

Medical Director - Neil S. Stewart, M.D.

Location of Clinic Sessions - Outpatient Department, Syracuse Memorial Hospital

Location of Office -

Day on which Clinic is Held - 2nd and 4th Fridays of each month

Place of Hospitalization - Syracuse Memorial Hospital

Patient Group - Primarily from Central New York and Onondaga County, though no geographic limit.

Diagnosis - Meningocele (and related conditions), hydrocephalus, encephalocele

Ages - Under 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Limited Home Care Services  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - National Foundation Grant, State Aid, Fee for Service

Inpatient - Mostly through State Aid

#### DESCRIPTIVE STATEMENT BY CENTER

We feel that the purpose of this clinic is to give the patient with meningocele, hydrocephalus, and encephalocele comprehensive care in the field of general pediatrics, orthopedics, urology, and neuro-surgery. We feel that the patient of this type can best benefit from continuity of care under one clinic structure. As of the present time, we are just getting our clinic started, and having our first patient in September of 1962.

We have sent out letters to all doctors in the Onondaga County area to notify them of our clinic and patients are just beginning to be referred into our clinic.

As far as specific facilities to the clinic, we have the laboratory facilities of the Syracuse Memorial Hospital as well as the Physio-Therapy and X-ray Department facilities. We also plan to use Dr. Gardner's Department for problems that might arise in the clinic relating to genetic abnormalities (Dept. of Pediatrics, Upstate Medical Center).

As far as admission policies go, our patients are referred in by physicians. Afterwards, the patient is notified by our clinic office, as to the time he is to come into clinic for workup.

Birth Defects Special Treatment Center

Syracuse, NEW YORK

DESCRIPTIVE STATEMENT BY CENTER, continued

At the present time we are restricting our patients to the above category of meningocele, hydrocephalus, and encephalocele.

There is no limitation to areas to which we cover, although the majority of our patients come from Onondaga County and the Central New York region.

As Medical Director, I feel that the grant given us by The National Foundation enables us to give a broad comprehensive care to these patients that otherwise would be fragmentary. These patients have been adequately covered for hospitalizations through State Aid grants from New York State, but follow-up afterwards has been poor in these patients. Due to their many problems they need a clinic of this sort to have a multi-discipline approach to their problems.

National Foundation State Representative -

Western New York - Donald Sparka  
6 South Main Street  
Pittsford, New York  
Tel: Code 716; DU 1-1177

NORTH CAROLINA - Chapel Hill

Birth Defects Special Treatment Center  
North Carolina Memorial Hospital  
Chapel Hill, North Carolina  
Tel: 9668441

Medical Director - Loren G. McKinney, M.D.

Medical Social Worker - Miss Kay Felty

Location of Clinic Sessions - Outpatient Department, North Carolina Memorial Hospital

Location of Office - Department of Pediatrics, North Carolina Memorial Hospital

Day on which Clinic is Held - Tuesday

Place of Hospitalization - North Carolina Memorial Hospital

Patient Group - from State of North Carolina

Diagnosis - Birth Defects - no limitations

Ages -

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Source of Payment for Patient Care - Individualize as with rest of our patients.

DESCRIPTIVE STATEMENT BY CENTER

The overall purpose of the Center is to provide an organized program for the evaluation and best comprehensive, coordinated medical care possible by a real "team" approach to birth defects patients. Approximately 50% of children admitted to North Carolina Memorial Hospital have had some type of congenital defect.

Patients with all types of congenital defects will be considered eligible for admission to the Special Treatment Center, or referred to other programs. Because every effort will be made to study all patients in depth, the number of patients actively involved on the program will be limited. Emphasis will be on quality of patient care and teaching value for students, house staff and physicians in practice. Furthermore, we are well aware that many of these patients are being cared for quite well by private physicians, State Crippled Children's Service and other health agencies. In the Special Treatment Center program, priority consideration will be given to those patients whose needs are not now being adequately met.

A prospective patient referral questionnaire is used to enable the Center to selectively screen patients to be accepted. Referrals will be accepted only from physicians and health agencies.

Birth Defects Special Treatment Center

Chapel Hill, NORTH CAROLINA

National Foundation State Representative -

Jack McGee  
P.O. Box 10691  
Telegrams & packages to:  
413 Glenwood Avenue  
Raleigh, North Carolina 27605  
Tel: Code #919; Temple 2-7834

OHIO - Cincinnati

Birth Defects Special Treatment Center  
Children's Neuromuscular Diagnostic Clinic  
295 Erkenbrecher Avenue  
Cincinnati 29, Ohio  
Tel: 861-9830

Medical Director - Jack H. Rubinstein, M.D.

Social Service - Charles J. Keohan

Location of Clinic Sessions - 295 Erkenbrecher Avenue

Location of Office - 295 Erkenbrecher Avenue

Day on which Clinic is Held - 5 days per week

Place of Hospitalization - The Children's Hospital, Cincinnati (if needed)

Patient Group - Priority for service will be given to patients from the United Appeal area and from those counties designated by The National Foundation. These include the counties of Hamilton, Madison, Auglaize, Hancock, Miami, Champaign, Lucas and Darke.

Diagnosis - Neuromuscular diseases

Ages - Birth to 16 years

Services Given - Diagnosis and Evaluation  
Outside Consultations  
Parent Counseling  
Referral

Sources of Payment for Patient Care -

Outpatient - A standard fee established by the Board will be charged. This fee may be modified according to the family's ability to pay. In addition to the fee, a contribution may be made to the Clinic if the family so desires. Some insurance policies may pay for outpatient evaluations.

Inpatient - Arrangement made between hospital and patients - e.g. insurance, etc. Not covered by fee for outpatient evaluation.

DESCRIPTIVE STATEMENT BY CENTER

The Children's Neuromuscular Diagnostic Clinic is a service geared to serve neuromuscularly handicapped children and their families. The fields of pediatrics, nursing, social work, and psychology are represented on the Clinic staff. Consultations are available in the medical specialties and allied areas. Special evaluations and laboratory procedures are carried out at The Children's Hospital and other community facilities.

The Clinic evaluates the physical, mental and emotional functioning of the child with a neuromuscular handicap. The evaluation is performed by a multidiscipline team. It includes: a social service history and review; pediatric, neurologic, and psychological examinations; any special medical examinations, consultations, or studies which may be indicated; nutritional, educational, vocational, nursing,

DESCRIPTIVE STATEMENT BY CENTER, continued

speech and hearing, occupational therapy and physical therapy evaluations when indicated. The focus of the evaluation is not only upon the specific handicapping condition of the child and its causes, but upon the potential the child has with which to achieve his maximum level of functioning.

Following the evaluation, and with the concurrence of the referring physician, the parents are informed of the diagnostic findings, the causal factors and the medical and social implications of the child's condition. Recommendations are made for a program that is both optimal and realistic for the child and his family. A detailed summary of the evaluation is sent to the physician who has the responsibility for the medical supervision of the child. Selected information may be sent to appropriate educational and social agencies which have community responsibility for training and direct services. Progress of the child and his family may be re-evaluated, with the approval of the family physician.

The Clinic, in conjunction with the Diagnostic Clinic for the Mentally Retarded will operate as a center for the training of medical students, residents, nurses, psychologists, social workers and other personnel in the field of neuromuscular diseases. The Clinic will cooperate in research on neuromuscular diseases with the University of Cincinnati and The Children's Hospital.

The Clinic will accept children under the age of 16 with neuromuscular handicaps, and only those referred by physicians. Upon completion of the Clinic's diagnostic evaluation the patient will be referred back to this physician for follow-up medical care. There are no restrictions because of race, color, religion or income.

National Foundation State Representative -

Southern Ohio - Gerry Goerlitz  
85 East Gay Street  
Columbus, Ohio  
Tel: Code #614; Capital 8-5363

OHIO - Cleveland

Birth Defects Special Treatment Center  
Cleveland Metropolitan General Hospital  
3395 Scranton Road  
Cleveland 9, Ohio  
Florida 1-4820

Medical Director - John E. Allen, M.D.

Social Worker - Margaret Saunders

Location of Clinic Sessions - Cleveland Metropolitan Hospital

Location of Office - Bell Greve Clinic Building

Day on which Clinic is Held - Tuesday P.M., Wednesday A.M. and P.M.

Place of Hospitalization - Cleveland Metropolitan General Hospital

Patient Group - Children from Northern Ohio though there are no geographic restrictions.

Diagnosis - Birth defects of any type

Ages - Birth through 18 years

Services Given - Comprehensive Care on Outpatient Basis

Home Care Services

Hospitalization

Outside Consultation

Sources of Payment for Patient Care - Patient, and/or Local Chapter

#### DESCRIPTIVE STATEMENT BY CENTER

The Pediatric Comprehensive Care Program is a diagnostic and treatment center for children from birth through 16 to 18 years of age who have a handicapping condition of chronic disease. Emphasis is on the neuro-muscular disorders. A grant from The National Foundation provided for a special, intensified program devoted to birth defects.

The Birth Defects Division provides diagnostic, consultative, and therapeutic services for children from Northern Ohio. There are no geographic restrictions. The only restrictions are that the patient be under 18 years of age, and that financial support is available if the patient is not eligible for free care at Cleveland Metropolitan General Hospital.

We attempt to provide as many services as possible on an outpatient or home basis. Our special interest is to provide a well-organized team of medical and paramedical personnel in one setting who can deal effectively with a wide variety of birth defects ranging from primary mental retardation through hereditary metabolic defects.

Our method of approach is through formal clinic sessions and staff conferences. Existing community agencies and facilities are utilized especially for education and vocational training.

Birth Defects Special Treatment Center -

Cleveland, OHIO

National Foundation State Representative -

Eastern Ohio - Vern Reynolds  
85 East Gay Street  
Columbus, Ohio  
Tel: Code #614; Capital 8-5363

OHIO - Columbus

Birth Defects Clinical Study Center  
Children's Hospital (Sellars Wing)  
561 South 17th Street  
Columbus 5, Ohio  
Clearbrook 3-7441

Medical Director - J. Philip Ambuel, M.D.

Social Worker - A. W. Burchinal

Location of Clinic Sessions - Children's Hospital (Sellars Wing)

Location of Office -

Day on which Clinic is Held - Friday

Place of Hospitalization - Children's Hospital

Patient Group - From area around Columbus within radius of about 300 miles

Diagnosis - Myelomeningocele and hydrocephalus

Ages - Birth and onwards

Services Given - Comprehensive Care on Outpatient Basis  
Outside Consultation

Sources of Payment for Patient Care -

Outpatient - National Foundation and Parents

Inpatient - Parents and State Services for Crippled Children

#### DESCRIPTIVE STATEMENT BY CENTER

The purpose of the program is to stimulate the development of and to document and teach technique procedures which will enable children disabled from central nervous congenital malfunction to return as nearly and as readily as possible to normal life. Our plan is mainly directed toward documentation of the course of the illness by a close and continuous follow-up through our outpatient clinic. The great majority of our cases have been diagnosed at birth and the defect was attacked on admission to the Children's Hospital after further evaluation and extensive diagnostic tests such as IVP, BUN, creatinine, X-ray of the spine, in addition to the routine CBC, urine analysis, C.S.F., etc. In cases with suspected hydrocephalus, ventriculogram is also done. EMG evaluation for neuromuscular deficit is routinely done. In addition to the routine myelomeningocele repair, corrective procedures are being carried out as the necessity for such procedures dictates. In general almost all myelomeningoceles are repaired in the first few hours after admission. Those with infection of the sac or complicating meningitis are first treated; surgical repair is postponed until their infection is cleared. Usually patients with accompanying congenital hydrocephalus are shunted during their first hospital stay. Patients with other abnormalities may have corrective procedures during the first admission such as casting, transurethral resection, etc.

DESCRIPTIVE STATEMENT BY CENTER, continued

All patients are referred to The Children's Hospital by pediatricians, obstetricians, and general practitioners. They are either admitted as private patients, or as State Service for Crippled Children - supported patients (exclusively under neurosurgery). Therefore their hospital expenses are paid by either family insurance program or the state.

Although most of our patients are residing in Ohio we are currently following a few from adjacent states. Our activity includes a geographic area of about three hundred miles radius.

The grant of The National Foundation is vital in serving the following purpose:

1. The team approach makes expert consultation available to every patient over an extended period of time. This approach undoubtedly enables the patient to be closely observed and his problems to be detected and managed as they arise.
2. Collection of data and documentation of the course of the malformation. This is crucial to a better planning for a continued research to verify the cause, and to improve means of diagnosis and treatment and ultimately accomplish prevention.
3. Enhancement of medical teaching by providing resourceful clinical teaching material and experienced teachers and stimulate interest of the medical personnel in diagnosing, treating, and following the chronically ill patients.

National Foundation State Representative - Vern Reynolds  
85 East Gay Street  
Columbus, Ohio  
Tel: Code #614: Capital 8-5363

OHIO - Columbus

Birth Defects Special Treatment Center  
The Children's Hospital  
561 South 17th Street  
Columbus 5, Ohio  
CL 3-7441, Ext. 274

Medical Director - J. Philip Ambuel, M.D.  
Director of Social Service - Mrs. Rosalyn Bandman

Location of Clinic Sessions - Medical Clinic, The Children's Hospital

Location of Office - Room A-104, The Children's Hospital

Day on which Clinic is Held - Adjusted to the needs of the patient, depending on which specialties are involved.

Place of Hospitalization - The Children's Hospital

Patient Group - No restriction. Patients taken on referral from physician or recognized agency.

Diagnosis - Congenital Defects. Emphasis on inborn metabolic errors.

Ages - Birth through 19 years.

Services Given - Diagnostic Services.  
Comprehensive Patient Care when needed.  
Hospitalization when needed.

Sources of Payment for Patient Care - Insurance when available, parents when financially able to, State Services for Crippled Children, National Foundation Grant when no other source is available.

#### DESCRIPTIVE STATEMENT BY CENTER

Our Birth Defects Special Treatment Center is designed to furnish exemplary diagnostic facilities to any patient with a congenital defect. It functions within the framework of an established clinic and hospital service. The center is equipped to give comprehensive on-going patient care when this service is needed. Within the limitation of funds, financial aid is given to those who require such aid for any and all of these services. A significant contribution to the improvement of patient care is obtained by maintaining a patient registry which significantly increases our ability to give adequate follow-up care.

National Foundation State Representative - Vern Reynolds  
85 East Gay Street  
Columbus 15, Ohio  
Telephone: Code #614, CA 8-5363

OHIO - Dayton

Birth Defects Evaluation Clinic  
Barney Children's Medical Center  
1735 Chapel Street  
Dayton, Ohio  
Tel: 461-3555

Medical Director - Meinhard Robinow, M.D.

Location of Clinic Sessions - Barney Children's Medical Center

Day on which Clinic is Held - to be decided soon

Patient Group - from Dayton area

Diagnosis - selected groups of birth defects

Services Given - Diagnosis and Evaluation  
Psychologic Counselling for parents

Sources of Payment for Patient Care - Partly by fees, partly community and state funds

DESCRIPTIVE STATEMENT BY CENTER

The Dayton area Birth Defects Clinic, sponsored by The National Foundation, is expected to start operations in February 1964. The Birth Defects Clinic will form part of a group of out-patient clinics for Handicapped Children. The Birth Defects Clinic is envisioned as the general intake clinic in which referred handicapped children will receive their initial study and evaluation. Whenever indicated patients will be referred to the neurologic, orthopedic, metabolic-endocrine, etc. clinics. X-ray and laboratory services will be available. It is anticipated that therapy will be provided only for certain special groups, especially cystic fibrosis and hemophilia.

The Clinics will be located at what is now the Barney Children's Medical Center, a hospital for crippled and convalescent children. The hospital and the surrounding grounds have been selected as the site of the future Dayton Children's Hospital. The hospital has adequate space for the Clinics and certain auxiliary services, as x-ray, laboratory, administration, etc. Laboratory facilities will be expanded.

Patients will be admitted only on referral by a physician or one of the sponsoring agencies. Fees will be charged to those able to pay.

Patients will not be admitted or treated for acute illnesses. Patients whose primary problem is emotional will be referred to suitable diagnostic treatment facilities.

While there appears to be a real interest in genetics and particularly in chromosome analysis, it was thought best to concentrate our efforts in the beginning on community service rather than on research aspects. We will, however, take genetic histories and do buccal smears.

Birth Defects Evaluation Clinic

Dayton, OHIO

National Foundation State Representative -

Western Ohio - Lyndel S. Liming  
85 East Gay Street  
Columbus, Ohio  
Tel: (614) Capital 8-5363

OKLAHOMA - Oklahoma City

Birth Defects Clinical Study Center  
Children's Memorial Hospital  
University of Oklahoma Medical Center  
800 Northeast 13th Street  
Oklahoma City, Oklahoma  
CE 6-1366, Ext. 420 or 677

Medical Director - Harris D. Riley, Jr., M.D.

Location of Clinic Sessions - Outpatient Clinic, Children's Memorial Hospital

Location of Office - Department of Pediatrics, Children's Memorial Hospital

Day on which Clinic is Held - Friday

Place of Hospitalization - Children's Memorial Hospital

Patient Group - Children, primarily from the southwest, although there is no geographic restriction

Diagnosis - Progressive Hydrocephalis  
Encephalocele  
Meningomyelocele  
Meningocele  
Symptomatic spina bifida

Ages - 0 - 19 years

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Hospitalization  
Outside Consultation  
Education and training from workers in health fields

Sources of Payment for Patient Care -

Outpatient - No Charge

Inpatient - Families of patients are informed they are responsible for cost of hospitalization. They, in turn, may make arrangements with a third party agency such as State Crippled Children's Service, the local National Foundation Chapter, Civic Clubs, etc.

#### DESCRIPTIVE STATEMENT BY CENTER

The purpose of the Center is (1) to conduct relevant research concerning congenital malformations, (2) To provide exemplary patient care for children with birth defects, (3) To perform teaching and training.

The program of the Clinical Study Center for Birth Defects involves all of the three above purposes. As regards patient care, the chief purpose is to provide comprehensive care of the child with a congenital malformation by a team of specialties. The teaching and training programs of the Clinical Center are a very important phase and are closely integrated with patient care. Involved in the teaching program are medical students,

DESCRIPTIVE STATEMENT BY CENTER, continued

interns and residents in Pediatrics, Neurosurgery, Orthopedics, Urology, and other specialties, physical therapists, social workers, nursing and students in other disciplines. Care of the patient and teaching is facilitated through the Birth Defect Outpatient Clinic at Children's Memorial Hospital and various group meetings of personnel concerned with these patients. Ward rounds, staff conferences, and disposition conferences relating to the birth defect program are conducted at regular intervals. The Birth Defect Outpatient Clinic, which meets weekly has participation by many different medical and paramedical specialists. While there is interest in all aspects of congenital malformations - patient care, teaching, and research - special interest and effort is devoted to research in congenital malformations, particularly heritable metabolic disorders and genetic disorders, by the staff of the Clinical Study Center for Birth Defects.

All of the facilities of children's hospital and a university medical center are available to patients in the Clinical Study Center for Birth Defects.

Patients may be seen in the Birth Defects Outpatient Clinic or admitted directly to the inpatient service. Patients who are discharged from the hospital are followed in the Birth Defects Outpatient Clinic. There are no particular restrictions for admission. The family of the patient is responsible for the cost of hospitalization, but in turn may make arrangements with some third party agency. There is no geographic limitation but the majority of patients in this center come from the southwest area. Because of similar interests the Clinical Study Center for Birth Defects works closely with the State Crippled Children's Service.

Admission to either the Outpatient Clinic or the inpatient services of the Clinical Study Center for Birth Defects may be arranged by contacting the Director or Assistant Director of the Clinical Study Center for Birth Defects, Children's Memorial Hospital, University of Oklahoma Medical Center, 800 Northeast 13th Street, Oklahoma City, Oklahoma.

National Foundation State Representative -

Western Oklahoma - Hy Bergman  
4400 Lincoln Boulevard  
Oklahoma City, Oklahoma  
Tel: Code #405; Garfield 4-1495

PENNSYLVANIA - Philadelphia

Birth Defects Clinical Study Center  
Children's Hospital of Philadelphia  
17th and Bainbridge Streets  
Philadelphia 46, Pennsylvania  
KI 6-2700

Medical Director - Miklos Sugar, M.D.

Location of Clinic Sessions - Children's Hospital of Philadelphia

Location of Office - Children's Hospital of Philadelphia

Day on which Clinic is Held - Tuesday, Thursday, Saturday

Place of Hospitalization - Children's Hospital of Philadelphia

Patient Group -

Diagnosis - Congenital midline defects of the spine (meningocele, meningo-  
myelocele, rachischisis, diastematomyelia)

Ages - From 1 day to 16 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization  
Special Evaluation

Sources of Payment for Patient Care - Either private insurance or subsidized  
by hospital or its agencies.

#### DESCRIPTIVE STATEMENT BY CENTER

The Clinical Study Center at The Children's Hospital of Philadelphia, through its many subdisciplines of pediatrics provides a coordinated treatment plan for the child with congenital midline birth defects of the spine. The prime orientation is within the Neurology and Neurosurgical services but includes urologic, orthopedic and appropriate paramedical services in addition. As an integral part of the program, clinical investigation is being conducted utilizing electrodiagnostic techniques, which offer objective parameters of neural function. These electrodiagnostic tests are applied before surgery and in a prolonged follow-up period, and they include:

1. Direct stimulation of the meningomyelocele sac and its contents
2. Chronaxie value determinations
3. Motor nerve conduction velocity measurements
4. Electromyography
5. Measuring of electrical skin resistance.

At present The National Foundation provides support to certain key professional Personnel which allows for the detailed observation to be made and the keeping

Birth Defects Clinical Study Center

Philadelphia, PENNSYLVANIA

DESCRIPTIVE STATEMENT BY CENTER, continued

of a uniform protocol, but patient care is provided largely within the economic tradition of private and clinic services. The expansion of The National Foundation Clinical Study Center will permit more intensive and better coordinated follow-up of all patients.

National Foundation State Representative -

Eastern Pennsylvania - Paul Hungerford  
1125 Old York Road  
Abington, Pennsylvania  
Tel: Code #215; Turner 7-0127

PENNSYLVANIA - Philadelphia

Birth Defects Special Treatment Center  
St. Christopher's Hospital for Children  
2600 North Lawrence Street  
Philadelphia 33, Pennsylvania  
215, Garfield 6-5600

Medical Director - John B. Bartram, M.D.

Location of Clinic Sessions - St. Christopher's Hospital

Location of Office - St. Christopher's Hospital

Day on which Clinic is Held - Daily

Place of Hospitalization - St. Christopher's Hospital

Patient Group - Primarily from Eastern Pennsylvania, Southern New Jersey and Delaware, though there is no geographic restriction.

Diagnosis - Special interest in central nervous system disorders, metabolic diseases, intestinal anomalies, cleft palate and cardiac anomalies.

Ages - Children with any congenital defect from birth to adolescence are currently seen.

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Home Care Services - in conjunction with family doctors, public health nurses and other community agencies  
Hospitalization  
Outside Consultation

Sources of Payment for Patient Care - Parents, insurance, government and various foundation grants, Clinical Research Center (NIH)

#### DESCRIPTIVE STATEMENT BY CENTER

By agreement between The National Foundation and St. Christopher's Hospital for Children, the purpose of the Congenital Defect Center at St. Christopher's is to strengthen and enhance the current programs which are concerned with providing comprehensive service, teaching, (and conducting research) for children who present problems because of a congenital defect or complications thereof. Professional staff to be added in pediatrics and genetics will supplement work now being done, particularly in the areas of defects of the central nervous system, of the intestinal tract, of the cardio-respiratory system and of metabolic defects. The staff will continue to provide short-term inpatient diagnostic and treatment services for children with defects and will provide a comprehensive long-term outpatient program for continuing support of children with such defects. It is anticipated that there will be further development of interest in children with metabolic defects, with central nervous system disorders and those with various sensory defects. It is planned to enlarge our activities in the area of cytogenetics.

Birth Defects Special Treatment Center

Philadelphia, PENNSYLVANIA

DESCRIPTIVE STATEMENT BY CENTER, continued

In addition, a comprehensive plan for collecting data of various sorts on children with congenital defects is being developed. This will include, among other data; the type of defect, its relative importance, its complications, age at recognition, geographic distribution of cases, and efficacy of various types of treatment, etc. This will be done in large part with the aid of the data-collection program for use with the IBM equipment.

All of the facilities of St. Christopher's Hospital for Children and the Pediatric Department at Temple University School of Medicine are available for work with children manifesting congenital defects. Much of the activity of several departments is currently in this area, and The National Foundation grant will enhance these programs.

Admission to any of the services at St. Christopher's is not limited by geography, race or creed of patient. Children are accepted to the in- and out-patient programs from birth through early adolescence. Referrals can be made to any of the staff interested in a particular category of congenital defect or through John B. Bartram, M.D., Director of Services for Handicapped Children. Referrals are currently received from physicians, government and voluntary health agencies, other hospitals, etc., largely from Eastern Pennsylvania, Southern New Jersey and Delaware. It is anticipated that the eight beds in the Clinical Research Center at St. Christopher's made available through a recent grant from NIH will be used in large part for the study of congenital defects of metabolism.

National Foundation State Representative -

Eastern Pennsylvania - Paul Hungerford  
1125 Old York Road  
Abington, Pennsylvania  
Tel: Code #215; Turner 7-0127

SOUTH CAROLINA - Charleston

Birth Defects Special Treatment Center  
Medical College Hospital  
55 Doughty Street  
Charleston, South Carolina  
Tel: Raymond 3-9411, Ext. 322

Medical Director - John R. Paul, Jr., M.D.

Social Worker - Jean E. Craig

Location of Clinic Sessions - Medical College Hospital

Location of Office - 9th Floor Center, Medical College Hospital

Day on which Clinic is Held - Monday - Friday

Place of Hospitalization - Medical College Hospital

Patient Group - Pediatric from the state and nearby states

Diagnosis - Birth Defects

Ages - Birth through Mid-Adolescence

Services Given - Comprehensive Care on Outpatient Basis on Limited Basis  
Diagnosis and Evaluation

Sources of Payment for Patient Care -

Outpatient - The National Foundation, United Cerebral Palsy of South Carolina, fees and donations, Medical College of South Carolina and Medical College Hospital.

#### DESCRIPTIVE STATEMENT BY CENTER

This Special Birth Defects Treatment Center is operated by the Department of Pediatrics as an integral part of the Child Development Center programs. Well over 50% of the patients seen through this clinic come under the category of birth defects. Patients are referred by practicing physicians in the state or nearby states. Patients are accepted at the Center if the child deviates from normal physically, mentally, or emotionally. As can be seen by this qualification, any one of these types might potentially be considered a birth defect by the referring physician. The program has focused chiefly on diagnostic services. This has been considered to be the first step toward helping the patient. Patients are usually sent back to the referring physician with recommendations for treatment at home. However, in recent months, we have found an increasing number of patients who are in need of continued treatment services which we would like to be able to offer more extensively. Because of this, we have initiated to a limited degree a treatment program which involves medical, social, educational, and psychological services to the patient on a continuing basis. The staff is interested in expanding this type of service because of the need for it as well as for the educational values to the trainees at this center, and the potential for increasing the staff's skill. All of the services of the Medical Center are made available to patients seen.

DESCRIPTIVE STATEMENT BY CENTER, continued

A closely related program which we hope to be able to offer more extensively has been the development of a pediatric foster care program. This pioneer effort was first used for two severe polio cases who were sponsored by the local Charleston Chapter of The National Foundation. We have also initiated a small special education program. Two of the pupils enrolled in this program at the present time have birth defects.

We have been able to obtain needed professional services of the audiologist-speech therapist, psychologist, child psychiatrist, physiatrist, and a secretary because of the grant from The National Foundation. We have felt that the participation by The National Foundation along with other volunteer health organizations has been beneficial to all of the organizations, as well as the clinic in terms of public relations. We have heard many favorable comments from the public which indicate that they thoroughly endorse the principle of health organizations working together with a multi-discipline approach for the benefit of all handicapped children. We will continue to operate with this basic principle in mind and we hope to expand the available services as rapidly as possible.

National Foundation State Representative - Wilmer Sims

1310 Lady Street - Room 322  
Columbia, South Carolina 29201  
Tel: Code #803; Alpine 2-7702

TENNESSEE - Chattanooga

Birth Defects Special Treatment Center  
Baroness Erlanger Hospital  
261 Wiehl Street  
Chattanooga 3, Tennessee  
Tel: 265-4261

T.C. Thompson Children's Hospital  
1001 Glenwood Drive  
Chattanooga 36, Tennessee  
Tel: Madison 4-2643

Medical Director - Walter E. Boehm, M.D.

Location of Clinic Sessions -

Location of Office -

Day on which Clinic is Held -

Place of Hospitalization -

Patient Group - No geographic restriction

Diagnosis - All types of birth defects

Ages - No restriction

Services Given - Comprehensive Care on Outpatient Basis  
Diagnosis and Evaluation  
Hospitalization

Sources of Payment for Patient Care -

DESCRIPTIVE STATEMENT BY CENTER

It will be our intention to start modestly at first with a monthly clinic meeting and increase it as the patient load increases. We eventually anticipate either weekly or biweekly days. Our present interest is mainly central nervous system mid line defects but the staff includes physicians capable of handling any type of defect. From the beginning we are going to try to diagnose and treat all types of birth defects.

We have a very excellent working arrangement with the Baroness Erlanger and Children's Hospitals here so that geographical boundaries make no difference with respect to patient care. Chattanooga is unique in that it borders on Georgia and Alabama but we do not anticipate any difficulty whatsoever in admitting patients from these neighboring states. As I see it, this center will fill a long needed void in medicine in this community and will render the city of Chattanooga and the adjoining counties and states a real service.

National Foundation State Representative - E. Tennessee

George A. Millener  
502 South Gay Street  
Room 208  
Knoxville, Tennessee 37902  
Tel: (615) 525-3400

TENNESSEE - Nashville

Birth Defects Clinical Study Center  
Vanderbilt University Hospital  
1161 21st Avenue South  
Nashville 5, Tennessee  
Tel: Alpine 4-5411

Medical Director - Robert Merrill, M.D.

Social Service - Mrs. Theresa Carter

Location of Clinic Sessions - Department of Physical Therapy

Location of Office - Department of Pediatrics, Vanderbilt University  
School of Medicine

Day on which Clinic is Held - Monday, 1:00 P.M.

Place of Hospitalization - Vanderbilt University Hospital

Patient Group - No geographic limitations

Diagnosis - Myelomeningocele, Hydrocephalus, craniosynostosis

Ages - Birth to 15 years

Services Given - Comprehensive Care on an Inpatient Basis  
Comprehensive Care on an Outpatient Basis  
Outside Consultation as Requested

Sources of Payment for Patient Care - Crippled Children's Service, The  
National Foundation, private insurance,  
private funds.

#### DESCRIPTIVE STATEMENT BY CENTER

The main purpose of the Vanderbilt Birth Defects Center is to provide patient care, teaching opportunities and research opportunities.

The patient care program revolves primarily around those children with meningocele, hydrocephalus or both. We have also had a small number of patients with craniosynostosis on this program. Our effort is to provide comprehensive and well-coordinated care for these patients both on an inpatient basis and an outpatient basis. In the course of this they provide teaching opportunities for house staff, medical students, nursing students, dietary interns, medical social workers, and other ancillary personnel. The patients also provide opportunities for research, neurosurgical as well as pediatric, both on a clinical and a laboratory basis.

The teaching opportunities stem in a large degree from the patients with those illnesses previously described; however, we have the opportunity to admit other patients with other forms of birth defects which provide further teaching opportunities.

DESCRIPTIVE STATEMENT BY CENTER, continued

Our research interest has also been directed toward the children with fibrocystic disease, various syndromes suggesting gross chromosomal aberrations, metabolic abnormalities reflected by amino acidurias, and familial hematuria.

Our main effort in this Center, in conjunction with providing the best possible care we can for children with hydrocephalus and meningocele or both, is to record in detail as much of the clinical information as is possible. It is felt that an accurate recording and correlation of these clinical data will lead in the quickest way to the most advantageous application of new information and new clinical tools.

Our special facilities include an ultramodern round wing for the inpatient care as well as a very spacious and adequately equipped Physical Therapy Department.

Admission policies and procedures are simple. It is required that any patient admitted to the Center be adequately supported in regard to the cost of hospitalization. This support may come from a variety of sources. For admission to the Center, a telephone call or a letter to the Pediatric admitting officer or other staff member is all that is required provided the cost of hospitalization can be guaranteed.

There are no restrictions except as to age. We do not accept children 15 or older for admission to the Center. We have no geographical limitations.

The National Foundation grant at Vanderbilt is notable in that it allows the Department of Pediatrics to engage in a comprehensive program of rehabilitation. The Center funds have provided us with the necessary experience and facilities to provide comprehensive care for children with birth defects, poliomyelitis and many other chronic and disabling diseases.

Our sources of referral are many. In general we are insistent that all patients be referred to us through a physician in the local community. Since it is mandatory that we work with this physician in the best interest of the child, especially after the child goes home, we usually recommend that the referring physician be involved in the pre-admission planning from the earliest possible moment.

National Foundation State Representative -

Central Tennessee - Horace Ward  
904 Stahlman Building  
211 Union Street  
Nashville, Tennessee  
Tel: Code #615; Alpine 4-6608

TEXAS - Galveston

Birth Defects Special Treatment Center  
University of Texas Medical Center  
Galveston, Texas  
Southfield 5-5541, Ext. 596

Medical Director - C.W. Daeschner, Jr., M.D.

Coordinator - Joan R. Hebeler, M.D.

(Correspondence concerning the program should be sent to  
Dr. Hebeler)

Location of Clinic Sessions - Pediatric Out-Patient Department, University  
of Texas Medical Center, Galveston

Location of Office - Room 134, Children's Hospital, Galveston

Day on which Clinic is Held - Daily Monday through Friday

Place of Hospitalization - University of Texas Medical Center  
Pediatric In-Patient Units

Patient Group - From State of Texas

Diagnosis - Congenital Defects, Arthritis and Poliomyelitis

Ages - Birth to 15 years and occasionally older children

Services Given - 1. Comprehensive care on an outpatient basis  
2. Hospitalization  
3. Outside consultation  
4. Other. Screening for abnormalities through local  
Well Child Conferences

Sources of Payment for Patient Care -

Outpatient - Fees vary with the type, extent of services necessary,  
and financial status of the patient. These are determined  
by the existing clinic administration fee scale. Private  
patients are eligible. All patients must be referred.  
Specific information available on request. NF Chapters  
may be a resource as needed.

Inpatient - Fees vary with the type, extent of services necessary and  
financial status of the patient. These are determined by  
the existing hospital admission policy. Specific information  
available on request. NF Chapters may be a resource as  
needed.

#### DESCRIPTIVE STATEMENT BY CENTER

The University of Texas Medical Center is one of the main diagnostic and  
therapeutic referral facilities available to physicians in Texas. Any child  
in the State of Texas may be referred by a physician or an appropriate agency  
for evaluation in the Pediatric Outpatient Clinic or in the Inpatient service,  
if this is indicated. The child's care is coordinated by the Director of the

DESCRIPTIVE STATEMENT BY CENTER, continued

Birth Defects Program and all sixteen full time faculty members in pediatrics are available to provide whatever skills are required. Applications are processed by the clinic administration and tentative plans for evaluation are made by a member of the pediatric department before the patient's arrival, and appointments are sent to the patient. It should be noted that these tentative plans may be modified, dependent upon patient needs when he is seen for evaluation. Following a thorough pediatric study including history, physical examination, appropriate laboratory tests, evaluation of environmental factors such as family, school placement and indicated psychometric evaluation, further referrals can be made to consultant services. The latter include orthopedics, neurosurgery, otolaryngology, speech and hearing, physiotherapy, occupational therapy and others as well as pediatric subspecialty clinics (neurology, child development, renal, metabolic, adolescent, allergy, hematology and cardiology).

In essence, the purpose of the center is to coordinate clinical services in order to give integrated comprehensive care to children who are referred for diagnosis and treatment of congenital defects, arthritis and polio. These children frequently have multiple problems and must be seen in many specialty areas and this program will be helpful in bringing about a more complete approach to the patient and preventing patients from being "lost" in the complexities of clinics and laboratories.

Three closely allied programs which should be mentioned are Moody State School for Cerebral Palsied Children which will constitute an educational resource for some patients with congenital defects, a genetic laboratory for studies in this area and an educational consultant who could help in planning for future scholastic placement.

National Foundation State Representative -

East Texas - Charles Reed  
4189 Bellaire Boulevard  
Room 206  
Houston 25, Texas  
Tel: (713) Mohawk 6-2362

UTAH - Salt Lake City

Birth Defects Special Treatment Center  
Primary Children's Hospital  
320 Twelfth Avenue,  
Salt Lake City, Utah  
DA 8-1611

Medical Director - Garth G. Myers, M.D.

Location of Clinic Sessions - Primary Children's Hospital

Day on which Clinic is Held - Friday mornings

Place of hospitalization - Primary Children's Hospital

Patient group - Primarily from Utah, Idaho, Wyoming and Nevada

Diagnosis - Congenital abnormalities involving the central nervous system

Ages - Birth through 14 years

Services Given - Comprehensive care on out-patient basis  
Diagnosis and evaluation  
Home care direction  
Hospitalization  
Consultative services by appropriate medical specialties,  
for both in and out-patients  
Public health nurse training

Sources of Payment for Patient Care - Private resources will be encouraged on a part or full payment basis. The Primary Children's Hospital's "Primary Service" will furnish the necessary supplemental funds.

DESCRIPTIVE STATEMENT BY CENTER

The purpose of this Center is to provide intensive out-patient care, hospitalization, community and home care for children with birth defects of the central nervous system. The Grant permits the establishment of a Staff which will provide greater continuity and coordination of care for these patients. The services will include the medical specialties necessary to provide a comprehensive care including neurosurgery, orthopedics, neurology, urology, plastic surgery, etc., depending upon the needs of each individual case. In addition, other services such as psychology, social service, physical therapy, speech and hearing will also be provided, as needed. A full-time nurse will participate in the program and will be responsible for improving the community services and home care for the patient. She will cooperate closely with the local public health nurses.

Children are admitted to this program only through referral by a private physician. Every effort will be made to insure the continued care of these patients under their private physician. It will be necessary for an application to be filled out and signed by both the patient's physician and parents.

National Foundation State Representative - S. Bruce Hanks  
Charles Building  
438 South Main Street  
Salt Lake City, Utah  
Tel: (801) David 2-0559

WASHINGTON - Seattle

Birth Defects Clinical Study Center  
University Hospital  
1959 N.E. Pacific Street  
Seattle 5, Washington  
Tel: 543-3188

See page for Birth Defects Special Treatment Center, following.

DESCRIPTIVE STATEMENT BY CENTER

In conjunction with the Chapter Grant supported treatment center, there is a National Foundation supported clinical study center, under the direction of Doctors Ansell, Foltz, Gordon, and Shurtleff, representing the Departments of Urology, Neurosurgery, Orthopedics, and Pediatrics, into the best possible therapeutic measures that might be applied to the treatment of hydrocephalus and meningomyelocele. A great portion of the funds will be directly applied to the functional disturbances of the central nervous system (by psychological and advanced physiological techniques involving the assistance of a research psychologist, Dr. Sella, and Sonar, tissue blood flow apparatus, and cine-fluoroscopy). It is hoped that by a more thorough understanding of the functional and anatomic changes observed secondary to the neurogenic damage of hydrocephalus and meningomyelocele, that more appropriate techniques might be worked out. Patients suffering with secondary paraplegias due to meningoceles and children with hydrocephalus, therefore, are of particular interest to the research center.

WASHINGTON - Seattle

Birth Defects Special Treatment Center  
University Hospital  
1959 N. E. Pacific Street  
Seattle 5, Washington  
Tel: 543-3188

Medical Director - David B. Shurtleff, M.D.

Social Worker - Mrs. Rita Phillips

Location of Clinic Sessions - Pediatric Clinic, University Hospital

Location of Office -

Day on which Clinic is Held - Tuesday and Thursday

Place of Hospitalization - University Hospital

Patient Group - Patients are admitted from Washington, Idaho, Montana, Alaska and parts of Oregon.

Diagnosis - Any children thought to have congenital malformations can be referred to the Clinic

Ages - All ages are accepted with preference for those under age 19

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Sources of Payment for Patient Care -

Outpatient - Private resources and The National Foundation

Inpatient - Same with additional resources from private health agencies and the Crippled Children's Service

#### DESCRIPTIVE STATEMENT BY CENTER

Our main program has been the investigation of metabolic errors of metabolism and the study of physiologic parameters of hydrocephalus and intracranial structural malformation, a study of transilluminatable intracranial lesions, cystinosis research and the management of nephrogenic diabetes by specific drug therapy.

Plan of action is to see patients referred to the Clinic in an attempt to assist physicians with the care of their patients in addition to providing adequate teaching material. All patients are seen by the house staff and students, then presented to attending. Following evaluation by the medical staff, necessary consultations by appropriate persons such as psychologists or social workers then take place. Following compilation of all data, a final diagnosis and recommendations are reached, proposal for introduction or inclusion in research programs initiated and the patient is referred back to the family physician for a program worked out whereby the family physician and the University cooperate in the medical care of that patient. Special facilities include the entire research facilities of the University of Washington, which is

DESCRIPTIVE STATEMENT BY CENTER, continued

capable of handling any of the medical problems of a general community.

Any persons, regardless of religion, race or creed, are eligible for admission to the University Hospital. It is necessary that all patients are referred by a physician, either by telephone or by letter. Following receipt of the referral, all medical records are obtained, either from the referring physician, any hospital to which the child has been admitted and health agencies or school systems. An appropriate diagnostic evaluation is prepared with the assistance of the attending and a schedule of appropriate consultations ordered. Various laboratory tests in need of an appointment are also scheduled. The patient is then seen in the Clinic during the morning hours, and the house staff with an attending decide whether appointments ordered are necessary following a complete history and physical evaluation. Such appropriate tests are then obtained over a short period and a conference arranged for the persons directly related to the patient's problem.

Additional programs closely related include the Division of Child Health (mental retardation, well children and adolescence) under the direction of Dr. Robert Deisher and the many research programs in basic research areas in progress both in the Department of Pediatrics and the medical school. Such programs include Dr. Vincent Kelley's investigation into clinical use of steroids, Dr. Charles Mahoney's investigation into the mechanisms of cystinosis, Dr. Julian Ansell's investigation into the enervation of animal urinary bladders, Dr. Motlusky and Dr. Sparks' research into mechanisms of genetic inheritance, Dr. Robert Labbe and Dr. Robert Igos' investigations into basic metabolism with particular reference to enzymes and porphyrin metabolism.

The National Foundation has provided funds for patient care. High cost of patient care is deemed necessary in order to provide excellent medical service for medical student teaching. It is felt that the atmosphere and quality of a well-financed institution should be the basis for the instruction of medical students. Such medical care cannot be provided with the present state or University financial arrangement without cost to the patient. Such costs are being presently borne by The National Foundation at a rate comparable with inpatient hospitalization at other private hospitals. Patients are made available to the University Hospital for clinical research programs in addition to greatly enhancing our medical school teaching program. Several interesting congenital malformations have already been identified and clinical investigation into the problems of cystinosis, nephrogenic diabetes insipidus and hydrocephalus are presently being undertaken with the cooperation of patients whose care is being supported by The National Foundation. Patients are referred by public health agencies and private physicians.

National Foundation State Representative -

Western Washington - Felix Montes  
307 Orpheum Building  
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Seattle 1, Washington  
Tel: Code #206; Main 4-5470

WEST VIRGINIA - Morgantown

Birth Defects Special Treatment Center  
University Hospital  
Morgantown, West Virginia  
Tel: 542-6311

Medical Director - William G. Klingberg, M.D.  
Director of Social Service - Janet Griffith  
Location of Clinic Sessions - University Hospital

Location of Office -

Day on which Clinic is Held - Monday, Tuesday, Thursday

Place of Hospitalization - University Hospital

Patient Group - Primarily patients from West Virginia, Pennsylvania, Maryland, Ohio and Virginia, though there are no geographic restrictions.

Diagnosis - Congenital Defects

Ages - 0 - 15 years

Services Given - Comprehensive Care on Outpatient Basis  
Hospitalization

Sources of Payment for Patient Care - Private, Agencies, Grant

#### DESCRIPTIVE STATEMENT BY CENTER

The West Virginia University Congenital Defects Treatment Center has been established to study and care for all of the structural and metabolic congenital defects found in children. The care is comprehensive both in diagnosis and therapy as well as research. All known congenital defects can be treated by appropriate specialties such as cardiac surgeons, plastic surgeons, pediatric endocrinology, etc. All children are accepted regardless of race, creed, color or economic status as long as they are referred by their private physician or by official agencies within the State. There are no restrictions in this program, economic, geographic or otherwise. The area served is the state of West Virginia and surrounding states of Pennsylvania, Maryland, Ohio and Virginia. Patients have been received from other states in the U.S.

Most of the diagnostic and treatment areas for the care of such children has been provided by the University Hospital and the School of Medicine. The National Foundation grant specifically has enabled the medical director to secure the services of a psychologist and a specialized social worker to help provide care in depth and to work with parents not only with the immediate problem but with long-term care.

In general the pediatrician acts as coordinator for the diagnostic and therapeutic approach to children with congenital defects. Staff conferences are held frequently as indicated and consultation interchange occurs constantly. The follow-up clinics are in the special areas as indicated but with pediatric clinic supervision of the over-all care of the patient. The grant also helps support some patient care and specialized training for personnel.

Birth Defects Special Treatment Center

Morgantown, WEST VIRGINIA

National Foundation State Representative -

Northern West Virginia - T. Sterling Evans  
612 Virginia Street, East  
Charleston, West Virginia 25301  
Tel: Code #304; 346-0824

WISCONSIN - Madison

Birth Defects Clinical Study Center  
University Hospitals, University of Wisconsin  
1300 University Avenue  
Madison 6, Wisconsin  
Tel: ALpine 6-6811

Medical Director - David W. Smith, M.D.

Location of Clinic Sessions - University of Wisconsin Hospitals

Location of Office - University of Wisconsin Hospitals

Day on which Clinic is Held - Tuesday

Place of Hospitalization - University Children's Hospital

Patient Group - Patients primarily from Wisconsin

Diagnosis - Abnormalities of human embryonic differentiation

Ages - Birth to maturity

Services Given - As indicated by the nature of the problem

Sources of Payment for Patient Care - State and private

DESCRIPTIVE STATEMENT BY CENTER

The purpose of the study is to provide a better definition of abnormalities of human embryonic differentiation; particularly in unrelated children having a similar pattern of abnormality. For infants or children with such "syndromes" an attempt is made to determine the etiology by chromosomal studies, genetic evaluation, or other means. From such knowledge we shall be better able to render understanding both in terms of prognosis and genetic counseling.

At the present time the patient load at the University Children's Hospital and the pediatric outpatient department is quite adequate to meet the needs of the study. These patients are referred from throughout Wisconsin with occasional out-of-state referrals. In addition we see newborn babies with anomalies who are born at St. Mary's Hospital and Madison General Hospital in Madison. We also have a close liaison with the three state institutions for mentally retarded children.

Close collaboration is maintained with the Department of Medical Genetics. Two pediatricians, Dr. John Opitz and Dr Robert Summitt, derive part of their fellowship training in this program while doing graduate study in medical genetics.

The funds from The National Foundation enable us to make this a better program, expand the laboratory, develop a library, assist in the training of others, and many other needs which could not be adequately met without this assistance.

Birth Defects Clinical Study Center

Madison, WISCONSIN

National Foundation State Representative -

Southern Wisconsin - Harry T. Culver  
10721 West Capitol Drive  
Wauwatosa, Wisconsin  
Tel: (414) HO 6-9070

THE NATIONAL FOUNDATION  
*Medical Scientific Research, Professional Education and Medical Care*

FRANKLIN D. ROOSEVELT, FOUNDER

800 SECOND AVENUE, NEW YORK 17, N. Y.

OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

POLIOMYELITIS  
VIRUS DISEASES  
ARTHRITIS  
BIRTH DEFECTS  
CENTRAL NERVOUS  
SYSTEM DISORDERS

February 13, 1964

Dear Colleague:

We are holding a series of Regional Program Development Workshops across the country to:

- a) explore with key volunteer leaders of our large Chapters effective methods of using newly developed public information materials to insure greater understanding of The National Foundation's mission, and
- b) the formulation of plans and techniques for activating those medical care programs which would be most applicable in these major population centers.

In addition to Chapter Chairmen and Chapter Executives, we expect about 50 to 75 physicians representing their Medical Advisory Committees to attend.

No formal agenda is available as yet but there will be medical discussions in the morning of the first day concerning specific problems in planning for the care of patients with arthritis or birth defects. On the same day, a representative of the Council on Voluntary Health Agencies of the American Medical Association will review AMA policies vis-a-vis Voluntary Health Agencies.

Attached is a list of the dates and places of these conferences. You or any of your staff would be welcome. The National Foundation is not, however, in a position to reimburse for any expenses relating to the conference.

I am entertaining the physicians informally in my suite on the evening of the first day of the conference. Perhaps you might wish to drop by and meet some of our Medical Advisory Committee Chairmen in your area.

Very sincerely,

WILLIAM S. CLARK, M.D.  
DIRECTOR, MEDICAL DEPARTMENT

The National Foundation

1964 REGIONAL PROGRAM DEVELOPMENT WORKSHOPS

SAN FRANCISCO, CALIFORNIA

Jack Tar Hotel  
February 24-25

Participants

Ephraim Engleman, M.D., (Arthritis)  
William O. Robertson, M.D., (Birth Defects)  
Alfred M. Popma, M.D., (AMA)

DALLAS, TEXAS

Statler-Hilton Hotel  
February 27-28

Morris Ziff, M.D., (Arthritis)  
Theodore Panos, M.D., (Birth Defects)  
A. Roy Tyrer, Jr., M.D., (AMA)

ATLANTA, GEORGIA

Americana Hotel  
March 2-3

Howard Holley, M.D., (Arthritis)  
Richard Blumberg, M.D., (Birth Defects)  
Mason Romaine, III, M.D., (AMA)

CHICAGO, ILLINOIS

LaSalle Hotel  
March 5-6

Howard Polley, M.D., (Arthritis)  
John MacQueen, M.D., (Birth Defects)  
Sidney J. Shipman, M.D., (AMA)

CLEVELAND, OHIO

Statler-Hilton Hotel  
March 9-10

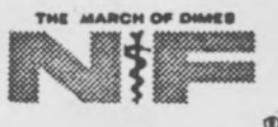
Ralph Jacox, M.D., (Arthritis)  
David Dickinson, M.D., (Birth Defects)  
John W. Spellman, M.D., (AMA)

NEW YORK CITY

Americana Hotel  
March 19-20

Currier McEwen, M.D., (Arthritis)  
Frederic Blodgett, M.D., (Birth Defects)  
Norman S. Moore, M.D., (AMA)

February 13, 1964



With the compliments of the  
MEDICAL DEPARTMENT  
THE NATIONAL FOUNDATION

Arthritis · Congenital Defects · Poliomyelitis

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Director

Daniel Bergsma, M. D.  
Associate Director

The National Foundation  
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New York 17, N. Y.  
Franklin D. Roosevelt, Founder

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## Grantsmanship: An Exercise in Lucid Presentation

By DORIS H. MERRITT, M.D.\*

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THE YOUNG MAN entering the world of scientific research today faces more than ever the formidable task of communicating accurately with his colleagues. He must be able to transmit his scientific findings at conferences, and he must also be able to express himself in print for those who will read the results. Success in various aspects of both these types of communication will be easy or difficult in proportion to an individual's personality and training. But there is one phase of communication in which today's scientific neophyte must excel or fall by the wayside. This is the art of setting ideas to paper so that their presentation to scientific reviewing bodies will win scientific approval with subsequent financial support. The development of this type of scientific writing has been attributed to the application of Parkinson's law in medicine.<sup>1</sup> Be that as it may. The finished product should represent a practical exercise in lucid presentation.

It was my experience while serving at the National Institutes of Health<sup>2</sup> that the major aim of both public and private granting agencies, scientific reviewers, and administrators, alike, is to distribute funds wisely to qualified people with promising projects. The ultimate goal of these agencies is the furtherance of knowledge and its application to the betterment of people everywhere. It sometimes seems as though the applicant for support is trying to make this as hard a task for the reviewers as possible. How can he make it easier?

Regardless of the agency approached, certain fundamental information will be required. What is to be accomplished is, naturally, of primary importance. Therefore, a brief summary of aims in pursuing the work proposed makes the best introduction. Whenever possible, it should be provocative, because this is the first item that meets the eye of the reviewer and determines to a large extent the degree of interest with which he will read this particular application.

The description of methods must be explicit. At this point, the applicant must balance his presentation between the alternative of talking down to highly sophisticated and knowledgeable

reviewers or of saying so little as to fail in demonstrating his own knowledge. The picture should be sufficiently detailed so that a person with the application in hand could go to his laboratory and carry out the experiment that will initiate the work. There is no need to describe other people's methods in detail, but they should be cited for a published article. Alternatives should be presented, where one method of procedure might fail and another succeed. This is one portion of the application where nothing should be left to the imagination. The most successful requests are those which contain a well defined problem with a well defined approach. No one demonstrates competence by trying to tackle everything at once. Familiarity with the many aspects and implications of the problem can be shown in the discussion of the significance of the proposed research.

It is well to describe the facilities that are available as accurately as possible. Be certain to include all of the equipment that is needed to carry out the methods of procedure outlined. If a piece of necessary equipment is not available, the sum for its purchase should be included in the budget. Do not duplicate and try not to omit.

If the advice of a special consultant is anticipated during the course of the work, it is common courtesy to permit him to read the application and to see what role he has been assigned. This also serves to eliminate embarrassment should a reviewer inquire about the proposed consultant's interest in the program. It can be awkward if the man has never heard of it.

Any application should have in it some description of previous work related to the project. If any pilot studies have been performed to show that the work is feasible, they should be described. If any publications have resulted from previous work that has influenced the proposed approach, these should either be abstracted or enclosed with the application. These publications certainly should be referred to. Not all, but most applications will request a brief review of the work done by others in the same field. The proper choice of references will demonstrate familiarity with the discipline to be studied and also bolster the rationale for performing the

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\*Assistant Dean for Medical Research, Indiana University Medical Center, Indianapolis, Ind.

work. Let it be emphasized that this is no time to take careful aim and fire at the heads of people with whom you disagree. Dissent when necessary—but tactfully. One of these gentlemen may be sitting on the reviewing board that is evaluating your application.

A curriculum vitae is always requested of the principal investigator. This should be up to date and not only answer any specific questions asked, but also offer generous detail concerning special employment, training, memberships in societies, fields of interest, and any work that has warranted an honor or an award. If a portion of the training was pursued under a well established man, it is well to mention the mentor's name. This section is one of the major mechanisms by which people unacquainted with an applicant can evaluate his background to do the work proposed.

The budget page should be the easiest page to fill out. Ask for what you need to do the job at hand. Use common sense. If a salary is being requested for a technician who has highly specialized training, it should be slightly higher than that for an untrained technician. If a more expensive piece of equipment is desired than one that can do almost the same work, justify the need for the more costly item. If animal costs and maintenance are higher at your university than they are in another part of the country, it is well to state that this is a university-established cost. Don't be absurd about travel. No one is going to spend \$2,000 to send an inexperienced man to a European country for three days to learn a complicated technique vital to the successful pursuit of his experiment. An average of two meetings a year for the principal investigators is considered reasonable. Always keep in mind that an idea can sound good at \$10,000 but not worth the gamble at \$20,000. Give some thought as to the amount of time it will logically take to complete the work. It is reasonable for a person establishing himself in a new situation to ask for a five-year period of support. It is understood that while he may not be continuing precisely the same work, he will at least be active in teaching and in the research laboratory. Continuation years by and large should be for an adjusted amount of money. The budget should take into account that with normal growth more personnel may be needed. Personnel that have

been employed over a period of time will probably merit a certain raise in salary. Here a good rule of thumb is to increase personnel costs by 5 per cent per year. If a good deal of money is requested for permanent equipment in the first year, it is only logical to assume that an equal outlay will not be necessary in future years and the permanent equipment figure should therefore decrease. If the need for a certain item of equipment can be foreseen at some future date, it can be budgeted in the third or fourth year, but it should be justified.

Bear in mind when applying for continued support of a project that has not been reviewed for two or more years that the group considering the current request will undoubtedly comprise a different membership from that which reviewed the previous application. Therefore, any protocol which is competing for uncommitted funds should be written in as complete detail as if it were the first application. The major difference is that the continuation application will have an accompanying progress report. Frequently, the decision as to whether or not support should be renewed is based more on the progress described than on the future plans set forth in the application.

One other thing should be borne in mind by every investigator. Grants are not made directly to the man who is applying but to the institution where he is employed. An administration has a moral obligation to ask that the investigator limit his request to what he can efficiently use. It cannot permit him to ask or pay salaries in excess of the scale at his particular institution. It cannot permit him to outline a program for which there is no space. If cannot close its eyes to a juggling of funds which is not in keeping with the spirit of the original application. Granting agencies must of necessity be able to exercise faith in the educational and research institutions of this country. It would be virtually impossible to police every grant or contract other than by routine audit. When a responsible institution official signs an application, he accepts the obligation of keeping faith with those who supply the funds that make an award possible.

By way of summary, certain general theses may be restated:

(1) Despite occasional cries to the contrary, funds are available for the support of almost all

deserving persons and projects, and reviewers are primarily interested in arriving at just recommendations.

(2) Applicants can better their own chances, as well as assist in expediting the review process, by following several simple tenets:

- (a) Start with a clear, provocative picture of the problem.
- (b) State the approaches to be used with a degree of conciseness that is consistent with clarity.
- (c) Budget for money and time reasonably.
- (d) Use common sense as the major guideline.

(3) The administrative officers of educational research institutions are very much aware of the moral obligation involved in accepting grants made from public and volunteer monies; it is important that the individuals requesting grant monies recognize their obligation to the institution.

#### REFERENCES

1. de Takats, Geza: Parkinson's law in medicine. *New England J. Med.* 262:126-128, 1960.
2. Merritt, Doris H.: Executive secretary: research activity catalyst. *Clinical Research* 8:154-156, 1960.

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### *Clinical Research*

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THE NATIONAL FOUNDATION  
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PROGRAM CONSULTANTS' CONFERENCE  
Barbizon-Plaza Hotel, New York City

January 10, 1964

CHAIRMAN, WILLIAM S. CLARK, M.D.

9:30 a.m.      Greetings - Mr. Joseph Nee, Senior Vice President

Progress Report on Chapter Programs - Mr. Charles Massey,  
Vice President for Field Services

Current Status of Center Programs - William S. Clark, M.D.  
Director, Medical Department

10:15 a.m.      C O F F E E      B R E A K

THE PROJECT SITE VISIT

Chairman: Mr. Edward Fike, Assistant Director of Chapters

Panel:      William S. Clark, M.D.      - Program Consultant  
         Robert Merrill, M.D.      - Program Consultant  
         Howard Polley, M.D.      - Program Consultant  
         Miss Anita Weis      - Regional Social Work Consultant

L U N C H

2:00 p.m.      TROUBLE SHOOTING

Chairman: Mr. William Russell, Director of Chapters

Panel:      Ralph Jacox, M.D.      - Program Consultant  
         Miss Louise Schionneman      - Regional Social Work Consultant  
         Helen Wallace, M.D.      - Program Consultant  
         Howard Weinberger, M.D.      - Program Consultant

4:30 p.m.      SUMMARY - William S. Clark, M.D.

Willard, N. — Watertown, Maine

DIRECTORY OF NATIONAL FOUNDATION FIELD STAFF

<u>STATE, DIVISION &amp; REGION</u>	<u>PAGE</u>	<u>STATE, DIVISION &amp; REGION</u>	<u>PAGE</u>
Alabama (N & S) - 2	2	New Mexico - 6	11
Alaska - 6	10	New York (E, S & W) - 1	1
Arizona - 6	10	North Carolina (C, E & W) - 7	12
Arkansas - 5	8	North Dakota - 4	7
California (C, N & S) - 6	10	Ohio (E, S & W) - 3	5
Colorado (A & B) - 6	10	Oklahoma (E & W) - 5	8
Connecticut - 1	1	Oregon - 6	11
Delaware - 7	12	Pennsylvania (C, E & W) - 7	12
District of Columbia - 7	12	Rhode Island - 1	1
Florida (C, N & S) - 2	2	South Carolina - 2	3
Georgia (E, N & W) - 2	2	South Dakota - 4	7
Hawaii - 6	10	Tennessee (C, E & W) - 2	3
Idaho - 6	10	Texas (C, E, NE, S, NW & W) - 5	9
Illinois (C, N & S) - 3	4	Utah - 6	11
Indiana (W & E & S) - 3	4	Vermont - 1	1
Iowa (SE, N, SW) - 4	6	Virginia (E & W) - 7	13
Kansas (N & S) - 4	6	Washington (E & W) - 6	11
Kentucky (E & W) - 2	3	West Virginia (N & S) - 7	13
Louisiana (N & S) - 5	8	Wisconsin (N & S) - 3	5
Maine - 1	1	Wyoming - 6	11
Maryland - 7	12		
Massachusetts - 1	1		
Michigan (C, N & S) - 3	4	###	
Minnesota (N, SE & SW) - 4	6		
Mississippi (N & S) - 2	3		
Missouri (E, N & SW) - 5	8		
Montana - 4	6		
Nebraska (E & W) - 4	7	FUND RAISING PERSONNEL	14
Nevada - 6	10		
New Hampshire - 1	1	PUBLIC RELATIONS PERSONNEL	14
New Jersey (N & S) - 7	12		
		REGIONAL MEDICAL SOCIAL CONSULTANTS	15

NOTE: On the following pages

- # indicates state level representative
- \* indicates secretary
- + indicates state level - Dept. of Health
- ++ indicates state level - March of Dimes
- () indicates telephone area code

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NEW YORK

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LOUISIANA

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Southern

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MISSOURI

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MISSOURI (Continued)

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WEST VIRGINIA

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Georgia  
Kentucky  
Louisiana  
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Mississippi  
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South Carolina  
Tennessee  
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Virginia  
West Virginia

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Mercury 9-7864 (Fox River Grove) WEEKENDS

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Idaho  
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Nevada  
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cluding El Paso)  
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Utah  
Washington  
Wyoming

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THE NATIONAL FOUNDATION  
800 Second Avenue, New York, N.Y. 10017

GUIDE FOR  
PROGRAM CONSULTANT'S SITE VISIT REPORT

I. FOR ORIGINAL APPLICATION

(A) Program Director:

1. Departmental Status
2. Distribution of time and other obligations
3. Availability to program
4. Qualifications
5. Competency
6. Interests
7. Enthusiasm

(B) Program Personnel:

1. Departmental Status
2. Distribution of time and other obligations
3. Availability to program
4. Qualifications
5. Competency
6. Interests
7. Enthusiasm

(C) Administrative support:

1. Dean's office
2. Hospital administration
3. Departmental office
4. Interdepartmental interest and support

(D) Institutional Facilities:

1. Adequacy of clinical material
2. Accessibility of clinical material
3. Adequacy of space and arrangements
4. Adequacy of related equipment
5. Potential for achieving optimal center facilities

(E) Institutional Environment:

1. Potential for achieving desired patient care goals
2. Probable overall impact of center on:
  - a. Institution
  - b. Students (Medical and Paramedical)
  - c. Residents, Fellows and Trainees
  - d. Paid staff
  - e. Visiting Staff

(F) Nature of Proposed Program:

1. Scope
2. Unique features and strengths
3. Weaknesses

(G) Budget:

(H) Recommendation:

1. If favorable, indicate degree of enthusiasm despite weaknesses, if any, and modifications, if any.
2. If unfavorable, cite specific reasons.

II. FOR VISIT IN CONNECTION WITH RENEWAL APPLICATION

Project site visit reports on an institution applying for renewal of a grant need not be so detailed as the report of original visit. Primarily, The National Foundation is interested in knowing:

1. What is the general plan of operation?
2. How has grant enabled staff to give improved patient care?
3. What impact has center or clinic had on other departments within the hospital and community?
4. What influence has the center or clinic had on teaching students (Medical and Paramedical), hospital staff, other community physicians?
5. How adequate is the plan for referral of patients back to home communities and follow up care?
6. Has progress been made in correcting any weaknesses noted on previous visits?
7. What are the weaknesses and strengths of present program as you see them?
8. What are plans for future growth and development?
9. As a Program Consultant what are your recommendations re continued support of this project?

Send report in triplicate to: William S. Clark, M.D., Director, Medical Department,  
as soon after visit as possible.

1/1/64

## THE NATIONAL FOUNDATION

### PROGRAM CONSULTANTS

Program Consultants are physicians or persons from allied professions who are qualified by experience and education in a specific field related to The National Foundation's particular areas of medical interest.

#### APPOINTMENT

Each is appointed by the Director of the Medical Department of The National Foundation for a period of one year.

#### RESPONSIBILITIES

The Program Consultants' basic responsibility is to investigate and evaluate projects for which medical care grants are requested.

Program Consultants may also be requested to give consultation to Chapters in the development of medical programs.

#### ASSIGNMENTS

Program Consultants will accept assignments only at the request of The National Foundation's Regional Director or Director of the Medical Department.

If a Program Consultant is not able to accept a request for a visit or prefers not to do so, the request will be made of an alternate Consultant in the same or adjacent region.

Prior to each visit the Program Consultant is provided with all available pertinent information relative to the grant application under study. This may include Chapter evaluation of need, Medical Social Work Consultant's report, a copy of the application, etc. These materials are confidential.

The Program Consultant may request The National Foundation's Medical Social Work Consultant or other National Foundation staff members to participate in a project site visit. In special situations if a Program Consultant wishes to have another Program Consultant accompany him on a project site visit, approval may be requested from the Director, Medical Department.

REPORTS

Immediately after each project visit, the Program Consultant will submit an original and two carbon copies of his report to the Director, Medical Department, The National Foundation, 800 Second Avenue, New York, N.Y. 10017

Program Consultants' reports are considered confidential and are not available to other than the administrative staff and the Program Review Committee.

REIMBURSEMENT

1. Program Consultants will receive an honorarium for each visit. Further, they are reimbursed for necessary travel and maintenance expenses.
2. The Program Consultant must submit The National Foundation Travel Expense Voucher to the Director, Medical Department.
3. The National Foundation carries insurance to cover Program Consultants in the event of an accident while on a National Foundation assignment. Coverage is applicable only while the Consultant is away from his home base.

January 1, 1964

THE NATIONAL FOUNDATION  
*Medical Scientific Research, Professional Education and Medical Care*

FRANKLIN D. ROOSEVELT, FOUNDER

800 SECOND AVENUE, NEW YORK 17, N.Y.

OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

POLIOMYELITIS  
VIRUS DISEASES  
ARTHRITIS  
BIRTH DEFECTS  
CENTRAL NERVOUS  
SYSTEM DISORDERS

December 23, 1963.

Robert Shank, M.D.  
Danforth Professor of Preventive  
Medicine  
Washington University  
School of Medicine  
St. Louis, Missouri

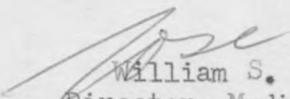
Dear Doctor Shank:

I am looking forward to seeing you at the Program Consultants' Conference on January 10, 1964. The meeting will be an informal workshop. This is the fourth such meeting and our past experience is that you will find it of interest.

We try to cover a great deal of ground in a somewhat brief period of time. In order that you will have some background information, I am enclosing selected documents from which you can get information regarding The National Foundation and its programs. It is important that you study this material in advance of the meeting since we do not plan to discuss The National Foundation in any detail during the session. You will have ample opportunity to ask questions during the conference; moreover, staff representatives from our Department and the Chapter Department will be available outside of the Conference itself to answer any of your questions.

A very Merry Christmas to you.

Very sincerely,

  
William S. Clark, M.D.  
Director, Medical Department

Encl.

THE NATIONAL ARCHIVES, COLLEGE PARK, MARYLAND, U.S.A., 2017

TO: FEDERAL GOVERNMENT

MR. WILLIAM S. CLAY, S.C., CHAIRMAN, SENATE COMMITTEE

DATE January 22, 1974

NAME Committee Staff  
124 Second Street South (Senate Building)  
New York, New York

TIME 10:00 A.M. - 12:00 Noon

EXPIRES January 2 - Dr. Hart's office, 1000 - 11:00 P.M.

FOOTNOTES Single items have been received at the National  
Archives for control on January 2 and January 10  
January 10. The two questioned papers are these  
items. Please let us know, respectively, if you are  
not planning to send us the items.

Please fill in and return the form below to: William S. Clay Chairman Senate Committee  
124 Second Street South New York, New York

December 20, 1963

Dr. William S. Clark  
Director, Medical Department  
The National Foundation  
800 Second Avenue  
New York 17, New York

Dear Dr. Clark:

I have made my plans and shall attend the Program Consultants' Conference on January 10, 1964.

My plans are to arrive in New York on the afternoon of January 9 and I shall look forward to seeing you.

Very sincerely yours,

Robert E. Shank, M. D.  
Danforth Professor of  
Preventive Medicine  
Head of the Department

THE NATIONAL FOUNDATION  
FRANKLIN D. ROOSEVELT, FOUNDER  
800 SECOND AVENUE, NEW YORK 17, N.Y.  
OXFORD 7-7700

BASIL O'CONNOR  
PRESIDENT

BIRTH DEFECTS  
ARTHRITIS  
POLIOMYELITIS

December 12, 1963

Robert E. Shank, M.D.  
Danforth Professor of  
Preventive Medicine  
Washington University  
School of Medicine  
Euclid Avenue and Kingshighway  
St. Louis, Missouri

Dear Doctor Shank:

I am glad to know you will be able to attend our Program Consultants' Conference on January 10, 1964. Hotel reservations will be made for you at the Barbizon-Plaza Hotel, 106 Central Park South for arrival on January 9 and departure January 10. If this is not satisfactory, please let me know.

We will plan to conclude the Conference by 4:30 p.m. on January 10 allowing consultants to leave New York that night if they wish to do so. However, the agenda is a full one and I hope it will be possible for you to remain for the entire day.

Best wishes. I am looking forward to seeing you.

Sincerely yours,

*William S. Clark*  
William S. Clark, M.D.  
Director, Medical Department

CHAPTER V

POLICIES AND CRITERIA GOVERNING DIRECT PATIENT AID PROGRAM

	<u>Page</u>
Check List of Direct Patient Aid . . . . .	A
Authorized Chapter Expenditures (Category I). . . . .	1
Respiratory Paralytic Poliomyelitis . . . . .	1
Authorized Chapter Expenditures (Category II) . . . . .	2
General Principles . . . . .	2
Paralytic Poliomyelitis . . . . .	3
Rheumatoid Arthritis . . . . .	6
Congenital Defects . . . . .	8
Unauthorized Chapter Expenditures . . . . .	10
Medical Criteria for Patient Eligibility . . . . .	12
Paralytic Poliomyelitis . . . . .	12
Rheumatoid Arthritis . . . . .	12
Congenital Defects . . . . .	16
Minimum Criteria for Adequate Facilities for Diagnosis and Treatment . . . . .	16
Priority Poliomyelitis . . . . .	16
Non-Priority Poliomyelitis . . . . .	17
Juvenile Rheumatoid Arthritis . . . . .	18
Diagnostic Study or Surgery-Congenital Defects . . . . .	19
Residual Disability - Congenital Defects . . . . .	20
Drugs for Home Treatment . . . . .	21
Caring for the Patient at Home . . . . .	22
Outpatient Services . . . . .	22
Foster Home Placement . . . . .	22
Home Attendant Service . . . . .	23
Nursing Home Care. . . . .	24
Paramedical Services. . . . .	24
Appliances and Equipment. . . . .	25
Transportation of Patients. . . . .	26
General Information Concerning Chapter Grants. . . . .	27

CHECKLIST OF DIRECT PATIENT AID

	<u>Rheumatoid Arthritis</u>	<u>Congenital Defects</u>	<u>Paralytic Polio</u>
Age	Under 19*	Under 19*	No Limit for 2 years post-onset
Hospitalization**	Yes	Yes	Yes
Respiratory Equipment	No	No	Yes
Outpatient Service	Yes	Yes	Yes
Foster Home Care	Yes	Yes	Yes
Home Attendant	No	No	Yes**
Nursing Home Care	No	No	Yes**
Diagnostic Services	Yes	Yes	Yes
Paramedical Services	Yes	Yes	Yes
Drugs	Yes	Yes	Yes
Special Diets	No	Yes	No
Braces, Appliances	Yes	Yes	Yes
Transportation	Yes	Yes	Yes

\*Children present great opportunity for habilitation and rehabilitation. Later, given adequate support, The National Foundation will expand these categories.  
\*\*Limited

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AUTHORIZED CHAPTER EXPENDITURES  
(CATEGORY I)

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RESPIRATORY PARALYTIC POLIOMYELITIS

Chapters are obliged to assign top priority to expenditures for medically necessary respirators for eligible patients with paralytic poliomyelitis provided the cost would cause undue hardship to the family and the patient is not eligible for adequate equipment from any other source. This includes:

1. Medically necessary\* basic units# and initial# accessories for major respirators, namely, tank respirators, rocking beds, chest respirators and abdominal belt respirators.
2. Medically necessary replacement accessories for major respirators.
3. Medically necessary other equipment.
4. Complete maintenance of all National Foundation-owned equipment assigned to patients with respiratory paralytic poliomyelitis within the Chapter's jurisdiction.

\*"Medically necessary" means it is (1) life saving, or (2) will reduce disability, or (3) will prevent further disability. Equipment which is "medically necessary" is determined in a Poliomyelitis Clinical Study Center or a Poliomyelitis Special Treatment Center. (See Minimum Criteria for Adequate Treatment Facilities for Patients with Priority Poliomyelitis.) Supplemental equipment, except abdominal belt respirators, may be prescribed by the attending physician provided he certifies that it is medically necessary as defined above.

#Each Chapter shall provide these only through payments to the "Respirator Equipment Fund" established by The National Foundation.

This "Respirator Equipment Fund" is established solely for this specific purpose, and balances, if any, on each December 31 continue to be available and dedicated to the same purposes on each succeeding January 1.

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AUTHORIZED CHAPTER EXPENDITURES

(CATEGORY II)

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POLIOMYELITIS, ARTHRITIS AND CONGENITAL DEFECTS

Chapters may assist patients with poliomyelitis, arthritis, and congenital defects with payment for many of the essential elements of needed medical care, as spelled out below. However, since Chapter funds are limited, they are to be used for these purposes only if no other resource is available. Payment is to be made only when pre-authorization is made on Patient Care Form #609A.

The Chapter should work with other agencies in the community to assure the availability of adequate services for patient care, and should familiarize itself with all local services so that the patient may be helped to obtain the care he needs. In addition, the Chapter should plan cooperatively with other agencies to eliminate as much as possible duplication and overlapping in payment policies, and gaps in coverage of services. The Chapter Medical Advisory Committee has the responsibility of recommending to the Chapter the disease and patient categories to be given priorities in direct patient aid.

General Principles Relating to Chapter Financial Assistance to Patients

Patients may be assisted only under the following conditions:

1. The cost would cause undue hardship to the family.
2. The patient is not eligible for adequate services from any other resource.
3. The patient's physician certifies that the proposed treatment will significantly reduce disability or prevent further disability.
4. Hospitalization beyond 30 days (for birth defects beyond 60 days) may be authorized only if disability can be reduced or further disability prevented, as judged by the Chapter Medical Advisory Committee.

5. Hospitalization beyond 30 days may be authorized only in facilities deemed adequate for service to be provided, as judged by the Chapter Medical Advisory Committee, using criteria provided by Department of Medical Care. (Hospitalization for the first 30 days may be authorized in any accredited hospital.)

Specifically, Chapters may pay for the following services for eligible patients with paralytic poliomyelitis, arthritis and congenital defects, in conformity with the principles stated above.

### PARALYTIC POLIOMYELITIS

#### PATIENT ELIGIBILITY

1. All patients with a confirmed diagnosis of paralytic polio are eligible for Chapter aid for a period up to two years following onset of the disease.
2. Priority patients are eligible for Chapter aid beyond two years from the onset.

#### THESE ARE PRIORITY PATIENTS:

Paralytic polio patients with:

Quadriplegia (moderate to severe weakness of 4 extremities)

Respiratory paralysis or significant respiratory weakness

Bilateral upper extremity paralysis (moderate to severe weakness of both arms)

Severe trunk or neck paralysis

Paraplegia with marked abdominal and trunk paralysis or weakness (moderate to severe weakness of both legs and marked abdominal and trunk weakness)

Patients under 19 with lesser paralysis from polio

AUTHORIZED CHAPTER EXPENDITURES FOR PATIENTS  
WITH PARALYTIC POLIOMYELITIS

Hospitalization (at an inclusive rate not to exceed the GRCF)

Up to 30 days in an accredited hospital for care during the acute phase. Unused days may be used within a 12-month period to complete initial treatment.

Up to 30 days in addition in any 12-month period for the management of residual paralysis, including surgical procedures.

Up to 120 days in addition in any 12-month period for priority patients.

Additional hospitalization for priority patients provided:

1. The Chapter is financially able to meet all the needs of polio patients within patient aid policy and also to assume this additional commitment.
2. Prior approval of National Foundation Headquarters is obtained, before the Chapter authorizes payment.

Diagnostic Services

After the diagnosis of paralytic poliomyelitis has been established. Payment may then be made to hospitals or accredited laboratories for services and procedures needed to obtain the diagnosis.

Outpatient Services

In accordance with institutional policy at accredited hospitals and under conditions specified above (see "Paralytic Poliomyelitis: Patient Eligibility").

Foster Home Placement

To enable patient to continue treatment as an outpatient, payment may be authorized for board and room of patient in a foster home, investigated and supervised by the local welfare agency licensed for this purpose, upon the advice of the Chapter Medical Advisory Committee.

Home Attendant Service  
or Nursing Home Care

Up to but not more than \$200 per month  
for a maximum of 2 years after date of  
onset.

Paramedical services  
medical social work  
visiting nurse  
physical therapy  
occupational therapy  
psychological evaluation

From community agencies, which pro-  
vide qualified personnel, when pre-  
scribed or requested by a physician.

Approved Drugs

When prescribed by a physician for  
home care.

Appliances

When prescribed by a physician.

Transportation to and  
from qualified treat-  
ment facility

Only when essential to diagnosis or  
treatment.

RHEUMATOID ARTHRITIS

PATIENT ELIGIBILITY

Patients under 19 years of age with rheumatoid arthritis, provided the patient's condition shows objective evidence of active arthritis, rheumatoid in nature.

AUTHORIZED CHAPTER EXPENDITURES FOR PATIENTS WITH RHEUMATOID ARTHRITIS

Hospitalization (at an inclusive per diem rate not to exceed the GRCF)

Up to 30 days in a 12-month period in an accredited hospital for evaluation and initiation of treatment program. Unused days may be used within a 12-month period for re-admission and re-evaluation if necessary.

Up to 30 days in addition in any 12-month period for an organized treatment program.

Outpatient services

In accordance with institutional policy at accredited hospitals for continuing evaluation and guidance of a home care program for the patient.

Foster Home Placement

To enable patient to continue treatment as an outpatient, payment may be authorized for board and room of patient in a foster home investigated and supervised by the local welfare agency licensed for this purpose, upon the advice of the Chapter Medical Advisory Committee.

Diagnostic services for home care

Payment for the following may be made to hospitals or accredited laboratories when not normally included in the cost of outpatient services:

X-rays for diagnosis and evaluation  
Urinalysis  
Routine blood counts

Diagnostic services  
for home care-cont'd.

Rheumatoid diagnostic tests  
L-E tests  
Synovial fluid analysis  
Sedimentation rates  
Electrocardiograms

Paramedical services  
medical social work  
visiting nursing  
physical therapy  
occupational therapy  
psychological  
evaluation

From community agencies, which provide qualified personnel, when prescribed or requested by a physician.

Approved drugs

When prescribed by a physician for home care.

Appliances

When prescribed by a physician.

Transportation to and  
from qualified treatment facility

Only when essential to diagnosis or treatment.

## CONGENITAL DEFECTS

### PATIENT ELIGIBILITY

Patients under 19 years of age with congenital defects\* who have sufficient potential for independent living and provided:

1. The condition is generally accepted by physicians as congenital in origin.
2. The patient is not in an institution for retarded children.

### AUTHORIZED CHAPTER EXPENDITURES FOR PATIENTS WITH CONGENITAL DEFECTS

Hospitalization (at an inclusive per diem rate not to exceed the GRCF)

Up to 30 days in a 12-month period in an accredited hospital for evaluation. Unused days may be used for re-admission and re-evaluation if necessary.

Up to 30 days per 12-month period in addition for surgical procedures.

Up to 30 days in addition during any 12-month period for management of residual disability.

Outpatient services

In accordance with institutional policy at accredited hospitals for continuing evaluation and guidance of a home care program for the patient.

Foster Home Placement

To enable patient to continue treatment as an outpatient, payment may be authorized for board and room of patient in a foster home investigated and supervised by the local welfare agency licensed for this purpose, upon the advice of the Chapter Medical Advisory Committee.

\*A congenital defect is defined as "A structural or metabolic disorder present at birth whether genetically determined or a result of environmental interference during embryonic or fetal life." A congenital defect may cause disease from the time of birth or later in life. Birth injuries are not included.

Payment for the following may be made to hospitals or accredited laboratories when not normally included in the cost of outpatient services:

Diagnostic services  
for home care

X-rays  
Urinalysis  
Routine blood counts  
Urine and blood cultures  
Cerebro-spinal fluid examinations  
Muscle examinations  
Serology  
Cytology

Paramedical services  
medical social work  
visiting nursing  
physical therapy  
occupational therapy  
psychological  
evaluation

From community agencies, which provide qualified personnel, when prescribed or requested by a physician.

Approved drugs and  
special diets

When prescribed by a physician for home care.

Appliances

When prescribed by a physician.

Transportation to and  
from qualified treat-  
ment facility

Only when essential to diagnosis or treatment.

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UNAUTHORIZED CHAPTER EXPENDITURES

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Any adequate service for which the patient is eligible from another agency.

Medical and surgical fees.

\*(1) Home or school attendants.

Treatment expenses for unrelated, concurrent disease.

Summer camps or vacations.

Special duty nursing.

Payment to hospitals in which the patient is entitled to free care.

Travel or living expenses for change of climate.

Treatment which in opinion of Chapter Medical Advisory Committee is of questionable or no value or which cannot be reasonably expected to reduce disability significantly or to prevent further disability.

\*(2) Payment for care of persons 19 years of age or older.

Grants to individuals.

\*EXCEPTIONS

(1) Polio Patients - Up to but not more than \$200 per month for a maximum of 2 years after date of onset

(2) Eligible Polio Patients

Grants to agencies or institutions for personnel, equipment or services, unless specifically approved by National Foundation Headquarters.

Expenditures for polio patients beyond 2 years after onset of the disease, except for priority patients.

Grants or expenditures in the aggregate amount of \$2,000 or more by any Chapter during any year to or for the benefit of any one person, institution or project without the written consent of The National Foundation first obtained for each grant or expenditure.

Purchase or erection of hospitals, clinics, etc.

Scientific research.

Funeral expenses or monuments.

Advertising.

Purchase of real estate

Loans to any individual, firm or organization.

Employment of or direct payment of any money representing salary or maintenance to a doctor, nurse, physical therapist, medical social worker or other professional person or home attendant.

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CRITERIA FOR USE BY CHAPTER MEDICAL ADVISORY COMMITTEES

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MEDICAL CRITERIA FOR PATIENT ELIGIBILITY

The following medical criteria are provided to guide and to facilitate the work of the Chapter Medical Advisory Committees in determining the medical eligibility of patients under current policies.

FOR PARALYTIC POLIOMYELITIS

1. A history and clinical picture of poliomyelitis
2. Flaccid muscle paralysis
3. Absent tendon reflexes
4. Characteristic spinal fluid abnormalities and
5. An official reporting of the case as paralytic poliomyelitis

FOR RHEUMATOID ARTHRITIS

Diagnostic criteria to be applied are those for Classical, Definite and Probable Rheumatoid Arthritis recommended by a committee of the American Rheumatism Association in 1958. These are reprinted below. Juveniles with sufficient symptoms and signs to be classified as CLASSICAL, DEFINITE OR PROBABLE rheumatoid arthritis, will be eligible for assistance. In each case all exclusions, as stated, will apply.

The Chapter's Medical Advisory Committee will use its judgment whenever the diagnosis of another collagen disease is based upon equivocal or transient findings.

The American Rheumatism Association criteria for Classical, Definite and Probable Rheumatoid Arthritis are as follows: (Reference ARTHRITIS AND RHEUMATISM Volume 2, Pages 17-20, February, 1959)

### "Classical Rheumatoid Arthritis

This diagnosis requires seven of the following criteria. In criteria 1 through 5 the joint signs or symptoms must be continuous for at least six weeks. (Any one of the features listed under Exclusions will exclude a patient from this category.)

1. Morning stiffness.
2. Pain on motion or tenderness in at least one joint (observed by a physician).
3. Swelling (soft tissue thickening or fluid -- not bony overgrowth alone) in at least one joint (observed by a physician).
4. Swelling (observed by a physician) of at least one other joint (any interval free of joint symptoms between the two joint involvements may not be more than three months).
5. Symmetric joint swelling (observed by a physician) with simultaneous involvement of the same joint on both sides of the body (bilateral involvement of midphalangeal, metacarpophalangeal or metatarsophalangeal joints is acceptable without absolute symmetry). Terminal phalangeal joint involvement will not satisfy this criterion.
6. Subcutaneous nodules (observed by a physician) over bony prominences, on extensor surfaces or in juxta-articular regions.
7. X-ray changes typical of rheumatoid arthritis (which must include at least bony decalcification localized to or greatest around the involved joints and not just degenerative changes). Degenerative changes do not exclude patients from any group classified as rheumatoid arthritis.
8. Positive agglutination test-- demonstration of the "rheumatoid factor" by any method that, in two laboratories, has been positive in not over 5 per cent of normal controls; or positive streptococcal agglutination test.
9. Poor mucin precipitate from synovial fluid (with shreds and cloudy solution).
10. Characteristic histologic changes in synovial membrane with three or more of the following: marked villous hypertrophy;

proliferation of superficial synovial cells, often with palisading; marked infiltration of chronic inflammatory cells (lymphocytes or plasma cells predominating) with tendency to form "lymphoid nodules"; deposition of compact fibrin, either on surface or interstitially; foci of cell necrosis.

11. Characteristic histologic changes in nodules showing granulomatous foci with central zones of cell necrosis, surrounded by proliferated fixed cells, and peripheral fibrosis and chronic inflammatory cell infiltration, predominantly perivascular.

#### "Definite Rheumatoid Arthritis

This diagnosis requires five of the foregoing criteria. In criteria 1 through 5 the joint signs or symptoms must be continuous for at least six weeks. (Any one of the features listed under Exclusions will exclude a patient from this category.)

#### "Probable Rheumatoid Arthritis

This diagnosis requires three of the above criteria. In at least one of the criteria 1 through 5 the joint signs or symptoms must be continuous for at least six weeks. (Any one of the features listed under Exclusions will exclude a patient from this category.)

#### "Exclusions

1. The typical rash of disseminated lupus erythematosus (with butterfly distribution, follicle plugging and areas of atrophy).
2. High concentration of lupus erythematosus cells (four or more in two smears prepared from heparinized blood incubated not over two hours).
3. Histologic evidence of periarteritis nodosa with segmental necrosis of arteries associated with nodular leukocytic infiltration extending perivascularly and tending to include many eosinophils.
4. Weakness of neck, trunk and pharyngeal muscles or persistent muscle swelling of dermatomyositis.
5. Definite scleroderma (not limited to the fingers).
6. A clinical picture characteristic of rheumatic fever with migratory joint involvement and evidence of endocarditis, especially if accompanied by subcutaneous nodules or erythema marginatum or chorea. (An elevated antistreptolysin titer will not rule out the diagnosis of rheumatoid arthritis.)

7. A clinical picture characteristic of gouty arthritis with acute attacks of swelling, redness and pain in one or more joints, especially if relieved by colchicine.
8. Tophi.
9. A clinical picture characteristic of acute infectious arthritis of bacterial or viral origin with: an acute focus of infection or in close association with a disease of known infectious origin; chills; fever; and an acute joint involvement, usually migratory initially (especially if there are organisms in the joint fluid or if there is response to antibiotic therapy).
10. Tubercule bacilli in joints or histologic evidence of joint tuberculosis.
11. A clinical picture characteristic of Reiter's syndrome with urethritis and conjunctivitis associated with acute joint involvement, usually migratory initially.
12. A clinical picture characteristic of the shoulder-hand syndrome: unilateral involvement of shoulder and hand, with diffuse swelling of the hand followed by atrophy and contractures.
13. A clinical picture characteristic of hypertrophic pulmonary osteoarthropathy with clubbing of fingers and/or hypertrophic periostitis along the shafts of the long bones, especially if an intrapulmonary lesion is present.
14. A clinical picture characteristic of neuroarthropathy with condensation and destruction of bones of involved joints and with associated neurologic findings.
15. Homogentisic acid in the urine detectable grossly with alkalization.
16. Histologic evidence of sarcoid or positive Kveim test.
17. Multiple myeloma as evidenced by marked increase in plasma cells in the bone marrow, or Bence-Jones protein in the urine.
18. Characteristic skin lesions of erythema nodosum.
19. Leukemia or lymphoma with characteristic cells in peripheral blood, bone marrow or tissues.
20. Agammaglobulinemia. "

## FOR CONGENITAL DEFECTS

The Chapter Medical Advisory Committee will utilize The National Foundation's definition for Congenital Defects in determining medical eligibility. Generally accepted diagnostic criteria for individual defects must apply.

### MINIMUM CRITERIA FOR ADEQUATE FACILITIES FOR DIAGNOSIS AND TREATMENT

The following minimum criteria are provided to Chapter Medical Advisory Committees for use in determining adequacy of facilities for diagnosis and treatment.

#### FOR PATIENTS WITH PRIORITY POLIOMYELITIS

1. Accreditation by the Joint Commission on Accreditation of Hospitals, or affiliation with a hospital so accredited.
2. Daily medical supervision of each inpatient's treatment program. Respiratory patients should be supervised by well trained physicians skilled in management of respiratory problems.
3. A complete medical staff with representation, available and accessible, from all major specialties, including:
  - Anesthesiology
  - Internal Medicine
  - Orthopedic Surgery
  - Otolaryngology
  - Pediatrics
  - Physiatry
  - Psychiatry
  - Urology
4. Properly supervised and well-trained nursing care teams which can meet the specific needs of the long-term patients and their families, including instruction of the family and attendant in the care of the patient at home.
5. Properly qualified personnel to provide physical and occupational therapy including instruction of the patient or parents in activities of daily living as part of a home care program.

6. Social work - to help patients and their families develop constructive attitudes about the disease, handicap or disability and the need for long-term medical treatment and rehabilitation; to give, or help to secure from appropriate agencies, practical assistance to solve related educational and socioeconomic problems.
7. Educational planning and vocational guidance and counseling.
8. Adequate available equipment for surgical, laboratory and physical therapy services and accessible facilities for bracing, splinting and assistive devices.
9. Individual evaluation of the patient leading to a program specifically designed to produce optimal function.
10. Provision for continuity of care of patients by:
  - a. Proper predischarge instruction of patients, families and appropriate home care personnel
  - b. a system for long-term follow-up
  - c. consultation, care or re-admission for emergency and additional treatment or evaluation

FOR PATIENTS WITH NON-PRIORITY POLIOMYELITIS

1. Accreditation by the Joint Commission on Accreditation of Hospitals, or affiliation with a hospital so accredited.
2. Daily medical supervision of each inpatient's treatment program.
3. Adequate medical staff with appropriate specialists available and accessible for medical evaluation and for treatment.
4. Properly qualified personnel to provide physical therapy including instruction of the patient or parents in activities of daily living as part of a home care program.
5. Social work - to help patients and their families develop constructive attitudes about the disease, handicap or disability and the need for long-term medical treatment and rehabilitation; to give, or help to secure from appropriate agencies, practical assistance to solve related educational and socioeconomic problems.

6. Adequate available equipment for physical therapy and accessible facilities for bracing, splinting and assistive devices.
7. Individual evaluation of the patient leading to a program specifically designed to produce optimal function.

FOR PATIENTS WITH JUVENILE RHEUMATOID ARTHRITIS

1. Accreditation by the Joint Commission on Accreditation of Hospitals, or affiliation with a hospital so accredited.
2. Daily medical supervision of each inpatient's treatment program.
3. A complete medical staff with representation of all major specialties, including pediatrics and orthopedic surgery.
4. Properly qualified personnel to provide physical therapy including instruction of the patient or parents in activities of daily living as part of a home care program.
5. Social work - to help patients and their families develop constructive attitudes about the disease, handicap or disability and the need for long-term medical treatment and rehabilitation; to give, or help to secure from appropriate agencies, practical assistance to solve related educational and socioeconomic problems.
6. X-ray and laboratory services for continuing evaluation of the disease process and its effect on the patient.
7. Adequate available equipment for physical therapy and accessible facilities for bracing, splinting and assistive devices.
8. Educational and vocational planning.
9. Individual evaluation of the patient leading to a program specifically designed to produce optimal function.
10. A system for long-term follow-up.

FOR DIAGNOSTIC STUDY OR SURGERY FOR PATIENTS  
WITH CONGENITAL DEFECTS

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1. Accreditation by the Joint Commission on Accreditation of Hospitals, or affiliation with a hospital so accredited.
2. Approval by the American Medical Association for the training of pediatric residents.
3. Daily medical supervision of each inpatient's treatment program.
4. A complete medical staff with representation, available and accessible, from all applicable specialties.
5. Nurses well-trained in pediatric care, including the management of post-operative infants.
6. Properly qualified personnel to provide physical therapy including instruction of the patient or parents in activities of daily living as part of a home care program.
7. Social work - to help patients and their families develop constructive attitudes about the disease, handicap or disability and the need for long-term medical treatment and rehabilitation; to give, or help to secure from appropriate agencies, practical assistance to solve related educational and socioeconomic problems.
8. Adequate available equipment for physical therapy.
9. Individual evaluation of the patient leading to a program specifically designed to produce optimal function.
10. A system for long-term follow-up.

FOR PATIENTS WITH RESIDUAL DISABILITY OR HANDICAP  
FROM CONGENITAL DEFECTS

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1. Accreditation by the Joint Commission on Accreditation of Hospitals, or affiliation with a hospital so accredited.
2. Daily medical supervision of each inpatient's treatment program.
3. A medical staff, including consulting specialists in pediatrics, urology, psychiatry and orthopedics, available and accessible for medical evaluation and for treatment.
4. Properly qualified personnel to provide physical therapy including instruction of the patient or parents in activities of daily living as part of a home care program.
5. Social work - to help patients and their families develop constructive attitudes about the disease, handicap or disability and the need for long-term medical treatment and rehabilitation; to give, or help to secure from appropriate agencies, practical assistance to solve related educational and socioeconomic problems.
6. Adequate available equipment for physical therapy and accessible facilities for bracing, splinting and assistive devices.
7. Educational and vocational planning .
8. Individual evaluation of the patient leading to a program specifically designed to produce optimal function.
9. A system for long-term follow-up.

## DRUGS FOR HOME TREATMENT

The following drugs of proved or probable value in treatment may be recommended by the Chapter Medical Advisory Committee for payment by the Chapter for use in a home care program, when prescribed by the patient's physician by generic name.

### FOR RHEUMATOID ARTHRITIS

Salicylates (plain, coated or buffered)

Corticosteroids, (cortisone, hydrocortisone, prednisone, prednisolone, methyl prednisolone, triamcinolone, dexamethasone)

Corticotrophin (parenteral)

Gold Salts (parenteral)

### FOR CONGENITAL MALFORMATIONS

Antibiotics for the treatment of infections associated with and complicating congenital malformations.

### FOR POLIOMYELITIS

Antibiotics for the treatment of infections associated with and complicating disability from poliomyelitis in respiratory patients.

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## CARING FOR THE PATIENT AT HOME

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As the handicaps resulting from poliomyelitis, rheumatoid arthritis and congenital defects may be of extended or lifelong duration, the care of the patient must basically be oriented toward meeting his medical needs at home, with hospitalization limited to major episodes such as acute illness, surgery, and intensive rehabilitation.

The National Foundation recognizes the importance of having adequate care made available to home patients. It encourages its Chapters to work with hospitals and other community agencies in planning for needed services for patients with chronic disabilities, and authorizes Chapters to pay for specified services outside the hospital ( pp. 3-9, above) Chapter payment should be made only upon prior certification on patient care forms, for no more than 30 days of care at a time.

### OUTPATIENT SERVICES

Chapters may pay for outpatient services for eligible patients in accordance with institutional policy at accredited hospitals for continuing evaluation and guidance of a home care program for the patient.

Outpatient services vary from hospital to hospital. Services of a physician, nurse, medical social worker, physical therapist, occupational therapist and others essential to the treatment of the patient are usually included. Traditionally the physician is not reimbursed for his services under these circumstances. In addition to professional services, the patient is usually entitled to routine laboratory tests and limited x-ray service, for example, chest x-rays. More expensive services such as special x-rays, laboratory tests, application of casts, etc. , are billed to the patient on a cost basis. These extra charges and the basic fee may be underwritten by your Chapter.

### FOSTER HOME PLACEMENT

Some patients with polio, rheumatoid arthritis and birth defects may be retained in hospitals as inpatients when services required could be given on an outpatient basis, did the patient not live too far from the

hospital to return for outpatient services on a regular basis. In such instances, placement of a patient in a foster home near the hospital may be preferable to continued hospitalization. If this is considered advisable by the patient's physician and is approved by your Chapter Medical Advisory Committee, and other sources of payment are not available, your Chapter may pay for board and room for eligible patients in foster homes which have been licensed by the local welfare agency. The rate of payment should be agreed upon by the welfare agency, the foster family and your Chapter; billing to the Chapter should be by the agency on #609D form.

#### HOME ATTENDANT SERVICE

Home attendant care or homemaker service may be needed to make a program of home care possible for a disabled patient with polio, rheumatoid arthritis, or birth defect, or to give the family needed assistance in the care of the patient or running a household with a disabled member. These services may be available through community agencies or from public programs for certain eligible groups. Your Chapter should learn what resources exist for these services. Where resources in the local community are inadequate or do not exist, your Chapter should work with other groups for the development of these services of such value to patients suffering from many chronic or disabling illnesses.

In the case of a seriously disabled polio patient, your Chapter may pay for home attendant service up to but not more than \$200 per month for a maximum of 2 years after date of onset. However, this should be done only where no other resource is available and when it is part of a carefully developed plan that will lead within a definite period either to independent functioning of the patient or the assuming of the attendant care, physically or financially, by the family or some other community resource. The Regional Medical Social Consultant can be of assistance in difficult cases.

As with other services for which the Chapter provides payment authorization should be made for payment by use of appropriate patient care forms for no more than 30 days at a time.

Where payment for a home attendant is provided by your Chapter, it should be understood that the attendant is the employee of the family and not the Chapter. The attendant should be selected by the family although the Chapter may suggest agencies through which such attendant may be secured or individuals who have adequate experience in care of patients. The family is responsible for deducting Social Security pay-

ments from the attendant's pay. It may be desirable for the family to take out a small insurance policy to protect against financial loss in the event of an accident sustained by the attendant while on duty. Chapters may not pay the premiums on family liability policies.

Transfers to other sources of payment for needed attendant service should be made as soon as possible. Assistance in locating another source may be obtained from a social worker at an institution which has taken responsibility for care of the patient at some point; such assistance may be obtained from the Center social worker for patients cared for in a Polio Clinical Study Center or Respiratory Center, or from a social worker from an adequate facility or agency where the patient has received care, or from the Regional Medical Social Consultant of The National Foundation on request.

It is highly desirable that the home attendant have some training at the hospital from which the patient is discharged. The home attendant should be supervised by the visiting nurse or public health nurse in the community.

#### NURSING HOME CARE

Where more intensive medical supervision of a patient seriously disabled by polio, arthritis or congenital defects is required than can be provided at home, or where the home is unsuitable to receive the patient, a nursing home may be the best place for his care. This is a determination to be made by the family, with medical or medical social advice and guidance. Selection of a nursing home is important; the attending physician or a medical social worker from the discharging hospital or a professionally qualified community agency can be of help to the family in making a wise choice.

Your Chapter may pay for nursing home care for an eligible polio patient, on a temporary basis, at a licensed nursing home. The object of the Chapter assistance in such case is to provide the patient and family with some leeway in which to work out, with medical and medical social assistance, a plan of care for the patient in his own home, or for transfer of financial responsibility for continued nursing home care to the family or other resource. The National Foundation is not in a position financially, nor is it desirable for the patient, to assume long-term responsibility for maintenance of any patient.

#### PARAMEDICAL SERVICES

Chapters may pay for paramedical services, such as medical social, physical therapy, visiting nurse, occupational therapy services or

psychological evaluation when prescribed or requested by a physician and provided by qualified personnel from community agencies, for eligible patients with polio, arthritis and congenital defects. The agency should bill the family on Form #609D.

The need for continued reauthorizations of paramedical services for home care should be reviewed by the attending physician and the Chapter Medical Advisory Committee. Physical therapy should not be continued beyond the point where functional gain might reasonably result. In any case, emphasis in such care should be on training the family to perform the necessary daily care and exercise of the patient, with medical supervision and check-ups as needed.

### APPLIANCES AND EQUIPMENT

Equipment other than respiration equipment prescribed by the attending physician for eligible patients with polio, rheumatoid arthritis and birth defects may be paid for by your Chapter when other resources are not available. This includes equipment such as hospital beds, wheel chairs, special shoes, braces and assistive appliances, crutches, splints, etc. To the extent that they are able, families should participate in payment for such items and their repair. Frequently, funds are available for purchase and repair of braces and appliances from agencies such as Crippled Children's Services, Welfare or Office of Vocational Rehabilitation, or at free or part-pay outpatient departments. These resources should be explored before Chapter payment is authorized.

### TRANSPORTATION OF PATIENTS

Your Chapter may pay for transportation of eligible patients with polio, arthritis, and birth defects to and from qualified treatment facilities, only when essential to diagnosis or treatment, and no other payment resource is available. Frequently transportation can be arranged by volunteers as part of the Chapter service program.

Polio respirator patients may require special transfer facilities that are not available commercially. If such patients are brought to your attention, please contact your State Representative who will obtain the necessary data from the physician in charge, to effect the transfer. Under no conditions may Chapter contact Military Air Transport Service of the U. S. Air Force requesting transfer of such patients. Such contacts must be made by National Headquarters.

Chapters should not instigate or accept responsibility for patient transfers. The Chapter may pay for patient transportation as indicated above, and may assist with arrangements, but the patient and his physician must accept full legal responsibility for the completion of the transfer.

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## GENERAL INFORMATION CONCERNING CHAPTER GRANTS

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In addition to broadened eligibility for direct patient aid, selective Chapter programs are now permitted which embody a basic philosophy of the pursuit of excellence in the care of patients with arthritis, congenital defects and paralytic poliomyelitis. From the national standpoint, the concept is of a program that will demonstrate exemplary total care emphasizing early diagnosis and treatment for the prevention and correction of disability.

Current policy now provides for National Foundation Chapters, operating singly or collectively, to support two types of medical programs: (1) Special Treatment Centers and (2) Evaluation Clinics. This support is given through grants to accredited hospitals. These projects, concerned only with patient care, differ from Headquarters-supported Clinical Study Centers, which are established in teaching institutions for clinical and patient care research.

Specific policies governing such Chapter grants are summarized as follows:

With Headquarters' approval, Chapters may make annual grants to qualified hospitals for the following purposes: To promote, develop, improve or expand diagnostic, therapeutic or consultative services to achieve comprehensive and exemplary inpatient and outpatient care in a Special Treatment Center for arthritis, congenital defects or poliomyelitis.

With Headquarters' approval, Chapters may make annual grants to qualified hospitals for the following purposes: To promote, develop, improve or expand diagnostic habilitation, rehabilitation or consultative services in an outpatient Evaluation Clinic for patients with arthritis, congenital defects or poliomyelitis. Such grants are to provide for periodic outpatient clinics staffed by visiting teams of medical and paramedical specialists to assist local physicians in their diagnostic or therapeutic problems by consultation.

Detailed information concerning policies, rules, criteria and instructions governing National Foundation Chapter Grants may be obtained from the State Representative.

RESIDUAL POLIO

BIRTH DEFECTS

ARTHRITIS

# *Primer*

on

## National Foundation Chapter Medical Programs

The National Foundation—  
March of Dimes

*Franklin D. Roosevelt, Founder*

*800 Second Ave., New York, N. Y. 10017*

## FOUNDER ON CHAPTER MEDICAL PROGRAM

### Introduction

The primary purpose of the National Foundation is to conduct research and carry educational programs to solve major health problems. The National Foundation leads and directs its fight against disease through programs of basic research, clinical research, medical care, public health education and public information. It works for success in being directed toward the problems of both disease and welfare.

Being a health research organization, the National Foundation generally uses and applies new ideas and methods in scientific progress toward basic health study or information which can enable the medical progress of advanced medicine on a national basis, one of the best of all the ways to be done in scientific discovery and to be achieved in achievement. The scientific being the highest research results obtained current and optimum achievement. We support more the broad ability to be available and provide facilities and not one alone to this or alone to work. New and innovative thinking such as the full Institute for Biological Studies, a part of The National Foundation's main office, are designed and located to be most conducive to greater success.

Research being a critical form of knowledge of disease such as scientific and health delivery.

Knowledge leads not only to earlier diagnosis, but to more effective treatment and habilitation.

The disabling effects of birth defects and arthritis, as well as the mental handicaps of certain birth defects, present an immediate challenge and a responsibility to every office, every employee and every volunteer of The National Foundation.

### *Arthritis*

In the United States, there are at least 11,000,000 victims of arthritis and rheumatism of whom an estimated 1,000,000 or more have the most severe and disabling variety—rheumatoid arthritis. In another 3,000,000 to 4,000,000 persons who suffer the aches and pains of rheumatism, it is a fair estimate that rheumatoid arthritis is an underlying factor. Osteoarthritis, gout, rheumatic fever and infections of joints are other rather common arthritic diseases.

Rheumatoid arthritis occurs at any age, may have a slow onset, is chronic, and is characterized by continuing or recurring inflammatory disease with wide variations in degrees and types of disabilities. Its symptoms which are progressive or recurrent include weakness, stiffness and pain, with ultimate deformities of the joints. It is believed to be related to several other diseases affecting joints such as lupus erythematosus (SLE), scleroderma, dermatomyositis and also rheumatic fever. It probably holds the secrets to many mysterious inflammatory ailments that affect the lives of millions of Americans—causing crippling and sometimes death.

Because of the nature and extent of rheumatoid arthritis, and its relationship to other diseases, it is the logical prime target for The National Founda-

tion's concentrated attack on the arthritis problem.

This attack has the following aims:

1. A major research effort to find the cause;
2. A public education campaign to alert the public to the nature and magnitude of this and other rheumatic diseases;
3. National and regional programs to train physicians and other health workers in rheumatology;
4. Treatment centers and clinics for exemplary care of patients of all ages;
5. The provision of trained professional personnel for special services locally and regionally to all patients regardless of age;
6. The provision of special equipment for diagnosis and treatment of patients of all ages;
7. Direct financial assistance to assure good care when the victim is a child.

### *Birth Defects*

Of the babies born in the United States each year, over 250,000 have serious birth defects (sometimes called congenital defects). Some defects consist of visible malformations present at birth, others are hidden abnormalities which may cause disease or deformity immediately or later in life. Not only are there several hundred different types of defects, but also several defects may be present in the same child. Even the well known defects are too numerous to mention. A few examples are clubfoot, harelip, cleft palate, hydrocephalus, spina bifida, mongolism, phenylketonuria (PKU), muscular dystrophy and hemophilia. Birth defects may have many causes most of which

are not understood. Heredity can be one factor. Diseases and other insults, such as from drugs, (thalidomide for example), occurring during the first weeks of development of the baby in the mother, can be important factors. It is likely that in most instances combinations of both heredity and environmental insults are involved. The most unfortunate end results of serious birth defects are physical handicaps, physical disfigurement and mental retardation. Some defects progress relentlessly, causing death.

In its fight against birth defects, The National Foundation has the following aims:

1. A broad research program to find the causes of birth defects, to learn the influence of heredity and environment, to learn why deformities occur and to discover means of prevention;
2. Educational programs which will bring the problem into the open and will result in greater acceptance of birth defects patients, better treatment and wider application of the preventive measures which are known;
3. National and regional programs to recruit physicians and other health personnel and to provide them with greater knowledge and skills which can be applied to birth defects problems;
4. Treatment centers and clinics which will make available to every family with a child with birth defects, the latest knowledge for diagnosis and treatment of that child and for guidance in rearing the child;
5. The provision of trained personnel and special equipment for those services which will assure adequate diagnosis, treatment and habilitation of all patients on a local or regional basis;
6. Direct financial assistance for care in special circumstances.

### *The Chapter's Role*

The role of each of the 3100 chapters of The National Foundation is to support and conduct programs which will diminish significantly the impact of birth defects and arthritis on the patient, the family and the community. In addition to contributing March of Dimes funds for nationally supported research the chapter, by its own efforts, brings the fruits of that research to patients in its own area.

Specifically, chapter medical programs are directed to the early diagnosis and treatment, and to the habilitation or rehabilitation of patients with arthritis and birth defects. Chapters also continue certain responsibilities for rehabilitation of severely handicapped post-polio patients.

The chapter contributes to greater community awareness of arthritis and birth defects problems through continuous professional and lay education projects. It assists in recruiting young people into the health professions. The resources brought to bear on these problems by chapters are leadership, experience, volunteer manpower and funds raised through the March of Dimes.

It is through implementation of nation-wide program objectives at a local level that National Foundation chapters render unique and essential services to their communities.

### *Direct Aid to Patients*

March of Dimes volunteers who participated in chapter programs during the polio days are familiar with the great amount of assistance, financial and otherwise given to the victims of that disease. This tradition is being continued. It is certain that patients with arthritis and birth defects have

needs as urgent as polio patients and that these are not always being met. Moreover, resources currently available to assist such patients vary from community to community. Since, however, there are many more patients with birth defects and arthritis, and because other sources of payment have gradually become available, new policies have evolved.

Chapters set aside funds in their annual budget to help children with the most neglected forms of arthritis and birth defects and to provide those services that are not available within the local community. The types of problems attacked and the services paid for are determined in advance on the recommendations of the chapter medical advisory committee. Such recommendations are usually derived from information gathered from community studies conducted by chapter volunteers. Hydrocephalus, spina bifida and juvenile rheumatoid arthritis are usually given priority in addition to paralytic poliomyelitis. Patients with other birth defects and other forms of arthritis are also eligible for inclusion in "Direct Aid" programs. A chapter may elect to assist patients in just one disease category or select several disease categories. It may elect to pay for just one or for a combination of services authorized under general policies. Through continued contact with doctors, hospitals and others including the public, the chapter keeps its own community informed of its current patient aid program.

Items for which chapters might pay wholly or in part are as follows: hospitalization, out-patient clinic visits, braces, appliances, drugs, special diets, diagnostic tests, social service, physical therapy, occupational therapy, speech and hearing therapy and psychologic testing.

Application for direct aid is made to the chapter by the patient's physician on a standard form (687), which is available from the chapter office on request. Award of such assistance is contingent on each individual chapter's program and available funds.

Respirator equipment is provided for home care of residual polio patients as a part of chapter patient aid programs. Such equipment is obtained from and given major service at equipment repair pools.

### ***March of Dimes Study and Treatment Centers***

Specialized facilities for the treatment of patients with arthritis and birth defects are few in number. Furthermore, too little is yet known concerning the nature and treatment of these diseases. Also, too few students and practitioners in the health professions have enough experiences with arthritis and birth defects patients to become knowledgeable and effective.

To correct these deficiencies, The National Foundation initiated in 1959 the development of a nation-wide network of special centers for the evaluation, treatment, habilitation and study of patients with congenital diseases or arthritis. In brief, the establishment of centers is aimed at the development of exemplary multidiscipline care for all patients with arthritis and birth defects, in addition to those with paralytic poliomyelitis, and the stimulation of greater interest and effort within major hospitals to improve treatment generally and intensify clinical research.

To achieve these objectives, study and treatment centers are being established in major medical institutions or teaching hospitals. These cen-

ters are supported by grants which provide for personnel, equipment and other expenses essential to quality programs embracing patient care, teaching, and in some situations, research. In addition to bringing certain special care problems into sharp focus March of Dimes centers provide greater opportunities to work with groups of patients having similar conditions or diseases. A mechanism for continuity of care of patients and for long-range study of disease is also established. These centers serve as focal points of interest in arthritis or birth defects both in the hospital and in the community. Chapter volunteers contribute a variety of services to center programs and work closely with the members of the center staff.

**Evaluation Clinics** provide, in community hospitals, the services of several specialists to assist in the diagnoses of birth defects and arthritis and to give consultation and guidance in planning optimum treatment programs for these patients.

**Poliomyelitis Centers** are supported to provide improved techniques for rehabilitation of poliomyelitis patients with residual paralysis.

### ***Special Allocations of Funds***

In many communities, good care of patients with birth defects or arthritis is hampered by a shortage of key professional persons or equipment. Also, some facilities which do provide exemplary care are handicapped by administrative problems which can delay prompt admission of certain patients to the hospital for more thorough examination and evaluation.

Since each chapter seeks to overcome all the obstacles preventing excellence of treatment in its own community, chapter funds are sometimes

made available to provide one or more of the above-mentioned missing links.

Chapters may make annual awards to meet a demonstrable need and thus participate in the over-all effort to achieve excellence in the care of patients with either birth defects or arthritis.

Allocations may be made to qualified hospitals, private and public health agencies, schools, colleges, and universities where service programs can be initiated or improved. The funds may be used for stipends to physicians, medical social workers, nurses, physical therapists, occupational therapists, hearing and speech therapists and laboratory assistants. Such funds may also be used to purchase extraordinary equipment which is essential to proper diagnosis or treatment. And finally, an allocation may be made to cover the costs of out-patient clinic visits or hospitalization for up to 30 days per patient to make possible proper diagnosis or reevaluation for those patients who are not eligible for help from the usual sources.

### ***Professional Education***

It is axiomatic that the latest knowledge and newest treatment techniques should be applied to the care of all birth defects or arthritis patients of all ages in every part of the country. Medical research is providing an abundant and increasing flow of new knowledge, but it takes time for new facts to be disseminated and applied.

As a distinctive service to the community, National Foundation chapters offer their resources to speed the flow of useful knowledge to doctors, hospitals and to all the members of the team that helps the patient.

Medical conferences covering topics in arthritis

or birth defects are sponsored by chapters in cooperation with local medical societies, hospitals or other medical groups.

Financial assistance for attendance at post-graduate courses can be made available to key leaders in the health professions, leaders who can subsequently assist the chapter in the further growth of its programs.

Professional journals, books and films can be purchased or rented for the benefit of professional groups, agencies, hospitals and medical libraries.

Another critical problem in the health field is the lack of sufficient numbers of adequately prepared professional personnel and of candidates seeking careers in the health professions. In recognition of the urgent need to attract more scholars in the practicing health sciences, many chapters provide scholarship assistance to outstanding students needing financial aid to prepare for careers in medicine, nursing, physical therapy, medical social work and occupational therapy. These scholarships are entitled "Health Career Awards." Through this investment in human resources chapters help alleviate the serious shortage of health personnel, and thus assure more adequate care for patients.

### ***Public Information***

A natural corollary of any chapter's medical program is continuing interpretation to the public of the needs of patients with birth defects and arthritis and what the chapter is doing about them. It is a responsibility of all chapters to inform members of their communities of the nature and severity of the birth defects and arthritis problems and of The National Foundation's broad approach

to their solution. Medical care programs are interpreted in several ways. Special centers and clinics supported by The National Foundation are made known. Case histories of individual patients helped by the chapter are described whenever appropriate and in good taste. The public is also informed of services given by volunteers to patients and to community health projects.

Stories of the nature and effects of arthritis and birth defects are told to lay audiences by physicians, public health nurses, medical social workers, physical therapists, occupational therapists, speech therapists, clinical psychologists and health officers. Program directors and other members of the staffs of March of Dimes centers participate regularly in community educational programs dealing with birth defects and arthritis.

The main office of The National Foundation makes available to chapters literature, exhibits, films, speakers and news stories to assist in public information programs.

### ***Rules, Policies and Procedures***

A national organization such as The National Foundation with 3100 administrative units whose action depends on tens of thousands of volunteers must have a uniform approach and uniform policies.

Thus, all chapter medical programs, all grants and allocations, conform to national policies and procedures transmitted through the State Representative.

Such policies are developed and continuously revised by the Medical Department relying on the help and advice of numerous medical advisors who are experts in many particular fields, and

drawing on practical application and experience on the part of chapters.

The policies are not only directed toward the pursuit of excellence, but they embody basic principles and traditions which make The National Foundation a unique and effective organization.

All grants of The National Foundation, whether from the central office or chapters, support programs and projects that are interrelated and which collectively constitute the attack on birth defects, the attack on arthritis, and the attack on residual poliomyelitis. Those grants awarded nationally are carefully studied and screened by Medical Advisory Committees. Chapter grants for treatment centers and chapter allocations are reviewed both by the chapter medical advisory committee and a national review committee.

All National Foundation policies and rules governing chapter programs are covered in carefully prepared documents available in chapter offices or through State Representatives.



GUIDE AND INSTRUCTIONS  
RELATING TO APPLICATION FOR  
CHAPTER ALLOCATION FOR EQUIPMENT

- I. GENERAL INFORMATION
- II. MINIMUM ELIGIBILITY CRITERIA
- III. SPECIFIC INSTRUCTIONS
- IV. APPLICATION FORMAT
- V. MEDICAL PROGRESS REPORT FORMAT
- VI. ACCOUNTING REPORT
- VII. POLICIES AND RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS

August, 1963

I. GENERAL INFORMATION

The National Foundation will consider applications for Chapter Allocations from Institutions or Agencies which qualify by "Minimum Eligibility Criteria for Allocation for Equipment" for the types of equipment and uses specified below:

Diagnostic, therapeutic or teaching equipment which is to be adequately used and also to be used primarily for benefit of patients with arthritis or birth defects.

The applicant should be well informed concerning Minimum Eligibility Criteria and Policies and Rules Governing Chapter Grants and Allocations.

II. MINIMUM ELIGIBILITY CRITERIA FOR  
ALLOCATION FOR EQUIPMENT

1. The following institutions or agencies are eligible for consideration:
  - A. Accredited Hospitals or Affiliates of Accredited Hospitals
  - B. Official Departments of:
    - a) Health
    - b) Welfare
    - c) Education
  - C. Regionally accredited Universities or Colleges
  - D. County or City-Wide service area:
    - a) Visiting Nurse Associations
    - b) Social Casework Agencies
    - c) Homemaker Service Agencies
2. The equipment proposed for inclusion in the budget must be diagnostic, therapeutic or teaching equipment.
3. The equipment must be necessary and not otherwise available.
4. The plan of use must assure that the equipment will be adequately used.
5. The equipment must be used primarily for benefit of patients with arthritis or birth defects.

### III. SPECIFIC INSTRUCTIONS

The National Foundation will reproduce the Application and Medical Progress Report exactly as submitted.

To obtain copy which may be easily read and satisfactorily reproduced, it is essential that the following instructions always be followed:

1. the typing must be clean, black and sharp
2. type on one side only of plain white, heavy bond paper ( $8\frac{1}{2}$ "x11")
3. a one-inch margin must be left on all four edges of each sheet of paper
4. copy each format exactly as provided
5. all statements should be clear but concise
6. the application should never be folded
7. provide an original and three carbon copies of each to the Chapter.

APPLICATION FOR A NATIONAL FOUNDATION CHAPTER ALLOCATION  
TO PURCHASE EQUIPMENT

\_\_\_\_\_  
Date

I have read and hereby agree to conform with the Policies and Rules Governing Chapter Grants and Allocations on behalf of

\_\_\_\_\_  
Name of Institution or Agency\*

\_\_\_\_\_  
City and State

and hereby make application for an allocation in the amount of \$ \_\_\_\_\_

for the period beginning \_\_\_\_\_ for the following equipment:

PROPOSED BUDGET (round to nearest dollar)  
(specify each item including cost of each)

Total Amount requested \$ \_\_\_\_\_

PROPOSED PLAN: The extent and type(s) of the specifically planned use for this equipment as it relates to patients with (birth defects) (arthritis) clearly but concisely is:

\* Name which may be used in public reports of The National Foundation.

The Director of the program in which this equipment will be used is:

---

Name	degrees	Title
------	---------	-------

(His biographical data is attached)

---

Signature of Applicant\*\*

---

Name of Applicant - Typed

---

Title of Applicant

Approval by the head of the unit  
of the Institution or Agency  
responsible for administration  
and supervision of this program

---

Signature\*\*

---

Above name - typed

---

Title

Approval by the head of the  
Institution or Agency

---

Signature\*\*

---

Above name - typed

---

Title

\*\* Please use black ink; colored ink will not reproduce

THE NATIONAL FOUNDATION  
800 Second Avenue, New York 17, N.Y.  
ACCOUNTING REPORT - MEDICAL DEPARTMENT

GRANT OR ALLOCATION  
NO. \_\_\_\_\_

INSTITUTION \_\_\_\_\_ Effective dates: from \_\_\_\_\_ to \_\_\_\_\_

	1	2	3	4
	Amounts in Budget as currently approved*	Expended during last six months ending <hr style="width: 50px; margin: 0 auto;"/>	Cumulative Expenditures under current grant (including column 2)	Remaining Balance (column 1 minus column 3)
A. SALARIES (Classification and names required. These may be placed on separate sheet and attached)				
TOTAL SALARIES				
B. PERMANENT EQUIPMENT (Description: list separately each item costing over \$100)				
TOTAL EQUIPMENT				
C. EXPENDABLE CLINICAL SUPPLIES (classify)				
TOTAL EXP. SUPPLIES				
D. OTHER EXPENSES (Description: list separately each item over \$25)				
TOTAL OTHER EXPENSES				
E. PATIENT CARE FUND** Inpatient Outpatient Other (specify)				
TOTAL PATIENT CARE FUND**				
CONTINGENCY FUND#				
INDIRECT COSTS#				
GRAND TOTAL				

\*If different from original, cite authority for each change.

\*\*Not applicable for grants.

#Not applicable for allocations.

Financial Officer of Institution

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

MEDICAL PROGRESS REPORT

PERIOD COVERED BY REPORT: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

GRANTEE e.g. NAME OF APPLICANT (CAPS)

UNIVERSITY OR HOSPITAL

CITY, STATE

NATIONAL FOUNDATION  
GRANT OR ALLOCATION  
NO. \_\_\_\_\_

CHAPTER GRANTOR \_\_\_\_\_ name \_\_\_\_\_ state \_\_\_\_\_

NARRATIVE REPORT

This should be a recapitulation of the program during the period covered by the report and should provide a clear concept of the operation and the progress made. Report should be as concise as possible without omitting essential data. The following must be included if applicable:

- a. Statement as to how funds have enabled staff to give improved patient care.
- b. Influence operation has had on other departments within hospital or community generally.
- c. Plan for examination, evaluation and return of patients, including medical data and therapeutic recommendations, to referring physicians for follow up; number of cases so referred.
- d. Number and type of consultations provided to local physicians within Center or other hospitals.
- e. Kind and amount of teaching performed.
- f. Kinds and amount of use made of equipment purchased.
- g. Significance of patient care fund to institution and to patients (cite illustrations).

---

POLICIES AND RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS

---

I. POLICIES

A. PURPOSE OF GRANTS AND ALLOCATIONS. The National Foundation Chapters may make

1. grants to medical schools or qualified hospitals for the following purposes:
  - a. to promote or expand clinical research and teaching in a setting of comprehensive and exemplary patient care in a Clinical Study Center for inpatients and outpatients with congenital defects or arthritis.
  - b. to promote, develop, improve or expand diagnostic, therapeutic or consultative services to achieve comprehensive and exemplary care in a Special Treatment Center for inpatients and outpatients with arthritis or congenital defects.
  - c. to promote, develop, improve or expand diagnostic, habilitative, rehabilitative, or therapeutic consultative services in an Evaluation Clinic for outpatients with congenital defects or arthritis.
2. allocations to eligible institutions or agencies including accredited hospitals and colleges, official departments or certain service agencies for the following purposes:
  - a. to increase or improve services through support of certain professional personnel.
  - b. to provide necessary equipment.
  - c. to provide a patient care fund, provided, however, that no charge will be made against such allocation if any other source of funds can properly pay therefor; and further that charges will be made against such allocation only for the purpose of evaluating children medically judged to have a birth defect or arthritis to establish a definite diagnosis, or for outpatient services for children with arthritis or a birth defect.

Each Chapter grant or allocation should clearly enable the hospital or agency to provide a new service, or augment and improve an existing one.

B. AUTHORITY FOR MAKING CHAPTER GRANTS AND ALLOCATIONS. Grants and allocations are made by Chapter Executive Committees acting upon the recommendation of their Medical Advisory Committees and the approval in writing of the Chapter and Medical Departments of The National Foundation.

4. **STATE OF MISS.** There are attached hereto the statutory enactments of the various public law bills, parts of laws of the National Foundation.

5. **REMARKS ON THESE STATE AND FEDERAL LAWS.**

(1) **FEDERAL LAWS (1952)**

There is attached hereto as their hearing transcripts the attached records, hearings and committee printed work, including legislative and committee reports for public law bills and committee reports on articles that are mentioned any of the following enactments are set:

- a) Enactments with Statute Enactment Reports for National State Enactment
- b) Each governmental process included in the budget such as appropriations, revenues or expenditures in law which are also applicable may be submitted to the national administrative agency for the procedure.
- c) Each process included in the budget such as laws, legislative acts or portions of portions with bills, orders or resolutions or with related hearings or laws in connection to their part of the subject mentioned that that laws.
- d) Legislative Reports and Special Instructions provided are included previously.
- e) National Enactment and Accounting Reports were properly submitted also set.

(2) **STATE ENACTMENT (1952)**

There is attached hereto as legislative transcripts the corresponding printed work, including legislative and committee records, for public law bills and committee reports or articles will be mentioned any of the following enactments are set:

- a) Enactments with Statute Enactment Reports for National State Enactment
- b) Each governmental process included in the budget such as appropriations, revenues or expenditures in law which are also applicable may be submitted by the national administrative agency for the procedure.
- c) Each process included in the budget such as laws, legislative acts or portions of portions with bills, orders or resolutions or with related hearings or laws in connection to their part of the subject mentioned that that laws.
- d) Legislative Reports and Special Instructions provided are included previously.
- e) National Enactment and Accounting Reports were properly submitted also set.

3) EVALUATION CLINIC

Grants to qualified hospitals for comprehensive consultative service on an outpatient basis for persons with congenital defects or arthritis will be considered only if the following conditions are met:

- a) Compliance with Minimum Eligibility Criteria For Evaluation Clinics.
- b) Interested and competent medical and paramedical specialists must be available to provide comprehensive consultation on basis of team approach.
- c) Each professional person budgeted must, when applicable, be accredited by the national accrediting agency for his profession or specialty.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were promptly submitted when due.

4) ALLOCATION FOR PROFESSIONAL PERSONNEL

Allocations for supplemental professional personnel will be considered only if the following conditions are met:

- a) The institution or agency qualifies in terms of the Minimum Eligibility Criteria for Allocation for Professional Personnel.
- b) Each professional person included in the budget must be appropriately licensed or registered in his state and when applicable must be accredited by the national accrediting agency for his profession or specialty.
- c) Each person included in the budget must serve full time and must devote his professional time to problems of patients with birth defects or arthritis or with related teaching at least in proportion to that part of his salary received from this source.
- d) The working environment and plan of action must be such as to assure quality performance.
- e) The plan of action must also assure new service or better quality service or additional needed service to patients with birth defects or arthritis.
- f) Application formats and special instructions provided are followed precisely.
- g) Medical Progress and Accounting Reports were properly submitted when due.

5) ALLOCATION FOR EQUIPMENT

Allocations to qualified institutions and agencies for diagnostic, therapeutic or teaching equipment will be considered only if the following conditions are met:

- a) The equipment requested is necessary but not otherwise available.
- b) The equipment is to be used sufficiently to justify the purchase.

- c) The equipment is to be used primarily for benefit of patients with arthritis and birth defects.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were properly submitted when due.

6) ALLOCATION FOR PATIENT CARE FUND

Allocations to qualified hospitals for patient care will be considered only if the following conditions are met:

- a) The hospital meets the Minimum Eligibility Criteria for Special Treatment Centers if inpatient care is included.
- b) The hospital meets the Minimum Eligibility Criteria for Evaluation Clinics if only outpatient services are included.
- c) Application formats and special instructions provided are followed precisely.
- d) Medical Progress and Accounting Reports were properly submitted when due.
- e) Patient Aid forms 688 were properly and promptly submitted when due.

E. APPLICATIONS FOR CHAPTER GRANTS OR ALLOCATIONS. An application for a new Chapter grant or allocation is initiated by a letter from the appropriate physician or administrator of the medical school, qualified hospital, other institution or agency who is interested and concerned with the proposed project. The letter should be sent to the Chairman of the local Chapter directly or through the State Representative of The National Foundation. The letter should contain:

- 1) a brief statement as to the nature and extent of the proposed medical program
- 2) a concise description of the plan of execution of the proposed program
- 3) an itemized estimate of the financial requirements

This information will serve as a basis for further correspondence or for personal conferences between the applicant and representatives of The National Foundation. The letter will not be treated as an official application for a grant or allocation but as a letter of inquiry only.

Appropriate sample application forms will be provided after the preliminary negotiations outlined above have been satisfactorily completed.

If the Medical and Chapter Departments of The National Foundation decide that the application is of current interest to The National Foundation and believe it should be further pursued, a Program Consultant may be asked to visit the applicant for evaluation of the facilities and program and its potential for development. Program Consultants are either eminent physicians with broad experience in clinical medicine or other health professionals who are selected by The National Foundation to make such project site visits to evaluate proposed programs. They make their confidential reports directly to the Medical Department of The National Foundation.

Applications for Chapter grants will be reviewed by a Review Committee appointed by The National Foundation, representing the fields of medicine, social work, physical therapy and nursing. The Committee's recommendations have considerable weight in the final decision of The National Foundation for approval or disapproval of the grant. A similar procedure is used to judge requests for allocations.

Renewal applications are processed in the same manner except that renewals are initiated with the formal application.

F. BASIC CONSIDERATIONS IN MAKING CHAPTER GRANTS AND ALLOCATIONS. An approval of an application for a Chapter grant is based on the following considerations:

- 1) the purposes and plan of execution of the proposed medical program.
- 2) the qualifications, experiences and abilities of the professional persons who are to supervise and participate in the proposed program.
- 3) the adequacy of research, clinical and teaching or consultative facilities available for the purpose
- 4) the relative significance of the proposed program to the area in terms of proposed quality of services, multi-discipline consultative approach, and extent of services.

Similar criteria are used dependent upon the character of the request for an allocation.

G. RELATION OF CHAPTER GRANTS AND ALLOCATIONS TO INSTITUTIONAL BUDGETS. Grants and allocations are not made to substitute for normal institutional budgets or staff, but rather to provide services which are new, expanded, or of better quality than previously provided.

In those hospitals and agencies which have established retirement, insurance and related benefit plans, Chapter grant and allocation funds may be used to pay the usual contributions of the institution or agency on a pro rata basis for those employees whose salaries or wages are paid from the Chapter grant or allocation.

Payments from Chapter grants or allocations for medical staff are not to be awarded in lieu of fees from or for either indigent or non-indigent patients but rather to reimburse the individual for:

- 1) unavoidable overhead losses.
- 2) extra travel and maintenance costs, if necessary, while serving at a distant Evaluation Clinic, or to reimburse the grantee institution for a proper proportion of a salaried employee's wages.

Funds are not available for construction or alteration.

Neither contingency fund nor indirect cost items are to be included in the initial budget submitted by the applicant for any grant period. These will be added to each grant, if approved, in the amounts then applicable.

Contingency fund and indirect costs are not allowed in Allocations.

H. REASONS NOT GIVEN FOR NONAPPROVAL OF APPLICATIONS. Each application receives careful consideration, but reasons are not given for nonapproval of an application.

- I. CANCELLATION OF CHAPTER GRANTS OR ALLOCATIONS. Any grant or allocation agreement may be terminated either by the institution or by The National Foundation at any time upon ninety days notice in writing, in which case all unexpended funds shall be returned as directed by the State Representative.
- J. ADMINISTRATION OF CHAPTER GRANTS OR ALLOCATIONS. Grants and allocations made by Chapters of The National Foundation are administered by the Chapters making the grants or allocations, with advice and approval of the Chapter and Medical Departments.
- K. RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS. Each applicant, by the act of applying for a grant or allocation, agrees, that if the grant or allocation is made, he will abide by these POLICIES AND RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS of The National Foundation and any future modifications thereof or amendments thereto.

## II. RULES

- 1. MAKING APPLICATION FOR GRANT OR ALLOCATION. Applications for grants and allocations are considered semi-annually in the Spring and Fall. Applications for grants to be considered at the regular meetings of the Committees must be received by The National Foundation on or before January 1st or July 1st. Applications approved become effective the following July 1st or January 1st respectively.

Grants and allocations awaiting action will be held in confidence by The National Foundation. The National Foundation does, however, reserve the right to consult third parties who are qualified to give advice in particular cases.

- 2. COMPLETE ANSWERS TO QUESTIONS IN APPLICATION FOR CHAPTER GRANT OR ALLOCATION. The application will not be considered unless it is properly completed and each part of the application is answered fully, or adequate reason given for failure to answer.
- 3. TERM OF CHAPTER GRANT OR ALLOCATION. Applications for grants will be presented for two year periods. Applications for allocations will be presented for a one year period only. Full approval of grants will be for twelve months only, but tentative approval for an additional period of time may be made. Grants will be effective either January 1st or July 1st. When an application for a grant is approved, the applicant will be notified by the Chapter, a specific "National Foundation Agreement Establishing Chapter Grant" will be executed and payment under the grant will be made thereafter as arranged in each case.

An identical procedure is used for allocations but the latter are for one (1) year only.

- 4. EXPENDITURES UNDER CHAPTER GRANT OR ALLOCATION. Charges may not be made against a Chapter grant or allocation except as specifically provided for in the budget as approved by The National Foundation. Any desired change in an approved budget may be submitted to the grantor Chapter and be approved in writing by the grantor Chapter, its Medical Advisory Committee, and the Medical Department of The National Foundation.
- 5. FINANCIAL ACCOUNTING OF CHAPTER GRANT OR ALLOCATION. Each grantee and recipient of an allocation is required to account to the State Representative of The National Foundation on or before July 31st and January 31st, on forms to be supplied by The National Foundation, for expenditures under the grant or allocation for the preceding six-month period ending June 30th and December 31st, respectively. The State Representative will promptly forward necessary copies to the Chairman of each grantor Chapter (or host Chapter) and to the Regional Director.

Financial commitments against all Chapter grants and allocations from The National Foundation must be liquidated within 90 days of the terminal date of the grant or allocation, and the grantee must, within this period of time, submit to the State Representative a final accounting of all expenditures under the grant or allocation, and return all unexpended funds to Chapters as directed by the State Representative. Neither The National Foundation nor any of its Chapters will be responsible for any financial commitment against a Chapter grant or allocation.

The grantee institution shall be responsible for any unauthorized expenditures, or overexpenditures made by the grantee institution from the grant or allocation. Deficits in relation to any one grant or allocation may not be transferred to any other National Foundation grant or allocation.

6. OWNERSHIP OF MATERIALS UNDER CHAPTER GRANT OR ALLOCATION. All equipment and instruments purchased, built, prepared or manufactured and paid for with funds of The National Foundation under a Chapter grant or allocation shall be the property of the grantee institution. However, at the election and upon demand of The National Foundation, within a period of one year from the time The National Foundation receives written notice of the purchase or completion, title and possession to such equipment or instruments shall be turned over and assigned to The National Foundation by the grantee.

All equipment and instruments furnished or loaned to a grantee institution by The National Foundation remain the property of The National Foundation unless ownership of such material is assigned to the grantee institution.

7. PERSONNEL COMPENSATED UNDER CHAPTER GRANT OR ALLOCATION. Personnel compensated in whole or in part with funds from any National Foundation Chapter grant or allocation are not employees of The National Foundation.

All professional personnel supported by National Foundation grant or allocation funds must be properly qualified in both education and experience. Information concerning qualifications for medical and paramedical personnel may be obtained from the Medical Department, The National Foundation, 800 Second Avenue, New York 17, New York.

Grantee must promptly notify the Medical Director of The National Foundation in writing of any changes in professional personnel responsible for the carrying out of the program. A curriculum vitae must be provided for each.

Patients treated by personnel of any center grantee or institutional or agency recipient of an allocation are not patients of The National Foundation.

8. MEDICAL DIRECTOR OF PROPOSED PROGRAM. When the Medical Director of a proposed program is not designated in the application for a grant or allocation, the person finally selected must have the prior written approval of the Medical Director of The National Foundation. If the Medical Director of any program is to be replaced, this change must have the prior written approval of the Director, Medical Department of The National Foundation.

The curriculum vitae of the proposed Director must be submitted when approval of the appointment is requested.

9. CHANGE IN PROGRAM. If it is desired to change the purpose for which a current Chapter grant or allocation was made, an application for a new grant or allocation must be processed and the current Chapter grant or allocation terminated.

10. MEDICAL PROGRESS REPORTS. Medical Progress Reports including data on the diagnosis, treatment and habilitation or rehabilitation of patients and on consultative service supported by a National Foundation Chapter grant or allocation for professional personnel must be submitted once each year on January 15th or July 15th, using correct format specified therefor by The National Foundation. Similarly a progress report is required for each allocation for equipment or for Patient Care Fund at the end of the year for that allocation.

The State Representative of The National Foundation will prepare necessary copies and forward same to the Chairman of the Medical Advisory Committee of each grantor Chapter and the Regional Director. The Medical Department shall receive the original.

11. VISITS BY FOUNDATION REPRESENTATIVES. The National Foundation and its grantor Chapters reserve the right to have its representatives visit a grantee at reasonable intervals to observe the progress made under the grant.
12. REPORTING REQUIRED ON NATIONAL FOUNDATION PATIENT CARE FORMS. Reporting of inpatient and outpatient activities of Clinical Study Centers, Special Treatment Centers or Evaluation Clinics supported by National Foundation grants and of Institutions or Agencies with an allocation is required on National Foundation Patient Care Forms as specified by the Director, Medical Department. Copies of these forms and procedures for use of these forms will be provided upon request.
13. FAILURE TO ABIDE BY RULES. Failure to abide by any rule governing Chapter grants or allocations shall be considered sufficient grounds to cancel a grant or allocation or to refuse to consider any application which a grantee has pending.
14. FUTURE RULES GOVERNING CHAPTER GRANTS OR ALLOCATIONS. The National Foundation reserves the right to modify or amend its rules governing Chapter grants and allocations. The grantee agrees to abide by such changes or to comply with The National Foundation policy concerning "Cancellation of Chapter Grant or Allocations."

GUIDE AND INSTRUCTIONS  
RELATING TO APPLICATION FOR  
CHAPTER ALLOCATION FOR PROFESSIONAL PERSONNEL

- I. GENERAL INFORMATION
- II. MINIMUM ELIGIBILITY CRITERIA
- III. SPECIFIC INSTRUCTIONS
- IV. APPLICATION FORMAT
- V. MEDICAL PROGRESS REPORT FORMAT
- VI. ACCOUNTING REPORT
- VII. POLICIES AND RULES GOVERNING CHAPTER GRANTS  
AND ALLOCATIONS

August 1963

## I. GENERAL INFORMATION

The National Foundation will consider applications for Chapter Allocations from institutions or agencies which qualify by "Minimum Eligibility Criteria for Allocation for Professional Personnel" for the types of personnel specified below:

1. Half of salary of full time Medical Director of:
  - a. Medical Education
  - b. Arthritis Clinic
  - c. Birth Defects Clinic
  - d. Pediatric Outpatient Department
  
2. Full or part salary of full time:
  - a. Laboratory Technician for special tests for patients with arthritis or birth defects
  
  - b. Public Health Nurse, Registered Nurse, Physical Therapist, Occupational Therapist, Social Worker, Speech and Hearing Therapist or Psychologist
  
  - c. Administrative Coordinator of Birth Defects Clinic or Arthritis Clinic.
  
3. Necessary financial assistance to initiate or expand a county or city-wide Homemaker Service for homes with a patient having arthritis or a birth defect.

The applicant should be well informed concerning Minimum Eligibility Criteria, Policies and Criteria Governing Direct Patient Aid Program, and Policies and Rules Governing Chapter Grants and Allocations.

II. MINIMUM ELIGIBILITY CRITERIA FOR  
ALLOCATION FOR PROFESSIONAL PERSONNEL

1. The following institutions and agencies are eligible for consideration:
  - A. Accredited Hospitals or Affiliates of Accredited Hospitals
  - B. Official Departments of:
    - a) Health
    - b) Welfare
    - c) Education
  - C. Regionally accredited Universities or Colleges
  - D. County or City-wide service area:
    - a) Visiting Nurse Associations
    - b) Social Casework Agencies
    - c) Homemaker Service Agencies
2. The personnel proposed for inclusion in the budget, except for Homemaker Service, must serve on a full time basis and the proportion of their salary paid for from the allocation may not exceed those indicated in "GENERAL INFORMATION."
3. Each professional person included in the budget must be appropriately licensed or registered in his state and when applicable must be accredited by the national accrediting agency for his profession or specialty.
4. Each person included in the budget must devote his professional time to problems of patients with birth defects or arthritis or with related teaching at least in proportion to that part of his salary received from this source.
5. The working environment and plan of action must be such as to assure quality performance.
6. The plan of action must also assure new service or better quality service or additional needed service to patients with birth defects or arthritis.

### III. SPECIFIC INSTRUCTIONS

The National Foundation will reproduce the Application and Medical Progress Report exactly as submitted.

To obtain copy which may be easily read and satisfactorily reproduced, it is essential that the following instructions always be followed:

1. the typing must be clean, black and sharp
2. type on one side only of plain white, heavy bond paper ( $8\frac{1}{2}$ "x11")
3. a one-inch margin must be left on all four edges of each sheet of paper
4. copy each format exactly as provided
5. all statements should be clear but concise
6. the application should never be folded
7. provide an original and three carbon copies of each to the chapter.

APPLICATION FOR A NATIONAL FOUNDATION CHAPTER ALLOCATION  
IN SUPPORT OF  
PROFESSIONAL PERSONNEL

\_\_\_\_\_ Date

I have read and hereby agree to conform with Policies and Criteria Governing Direct Patient Aid Program and with the Policies and Rules Governing Chapter Grants and Allocations on behalf of

\_\_\_\_\_,  
Name of Institution or Agency\*

\_\_\_\_\_,  
City and State

and hereby make application for an allocation in the amount of \$ \_\_\_\_\_

for a period of one year beginning \_\_\_\_\_ to employ the following professional person(s) for the purpose of (initiating) (expanding) patient care (and teaching) services relating to (arthritis) (birth defects):

1.

\_\_\_\_\_  
Name degrees Title to be used

\_\_\_\_\_  
Pertinent Experience

\_\_\_\_\_  
To whom responsible degrees Title

\_\_\_\_\_  
Services to be rendered

2.

\_\_\_\_\_  
Name degrees Title to be used

\_\_\_\_\_  
Pertinent Experience

\_\_\_\_\_  
To whom responsible degrees Title

\_\_\_\_\_  
Services to be rendered

The Director of this program is:

\_\_\_\_\_  
Name degrees Title

(His biographical data is attached)

\*Name which may be used in public reports of The National Foundation.

PROPOSED PLAN: My plan of kinds and amounts of services to be rendered as it relates to (teaching) (and) (care) of patients with (birth defects) (arthritis) clearly but concisely is:

PROPOSED BUDGET (round to nearest dollar)

<u>Name</u>	<u>Hours Per Week on this Program</u>	<u>Requested Salary</u>
1. _____		\$ _____
2. _____		\$ _____
Social Security and other employee benefits provided to regular employees by your institution may, within paragraph G of <u>Policies and Rules Governing Chapter Grants and Allocations</u> be added. The total of such <u>benefits for personnel</u> listed should be included in this one item.		\$ _____
		Total Requested \$ _____

\_\_\_\_\_  
Signature of Applicant\*\*

\_\_\_\_\_  
Name of Applicant - Typed

\_\_\_\_\_  
Title of Applicant

Approval by the head of the unit of the Institution or Agency responsible for administration and supervision of this program

Approval by the head of the Institution or Agency

\_\_\_\_\_  
Signature\*\*

\_\_\_\_\_  
Signature\*\*

\_\_\_\_\_  
Above name - typed

\_\_\_\_\_  
Above name - typed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\*\*Please use black ink; colored ink will not reproduce  
NOTE: THE APPLICANT MAY NOT RECEIVE ANY SALARY FROM THIS GRANT

MEDICAL PROGRESS REPORT

PERIOD COVERED BY REPORT: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

GRANTEE e.g. NAME OF APPLICANT (CAPS)  
UNIVERSITY OR HOSPITAL  
CITY, STATE

NATIONAL FOUNDATION  
GRANT OR ALLOCATION  
NO. \_\_\_\_\_

CHAPTER GRANTOR \_\_\_\_\_ name \_\_\_\_\_ state \_\_\_\_\_

NARRATIVE REPORT

This should be a recapitulation of the program during the period covered by the report and should provide a clear concept of the operation and the progress made. Report should be as concise as possible without omitting essential data. The following must be included if applicable:

- a. Statement as to how funds have enabled staff to give improved patient care.
- b. Influence operation has had on other departments within hospital or community generally.
- c. Plan for examination, evaluation and return of patients, including medical data and therapeutic recommendations, to referring physicians for follow up; number of cases so referred.
- d. Number and type of consultations provided to local physicians within Center or other hospitals.
- e. Kind and amount of teaching performed.
- f. Kinds and amount of use made of equipment purchased.
- g. Significance of patient care fund to institution and to patients (cite illustrations).

THE NATIONAL FOUNDATION  
800 Second Avenue, New York 17, N.Y.  
ACCOUNTING REPORT - MEDICAL DEPARTMENT

GRANT OR ALLOCATION  
NO \_\_\_\_\_

INSTITUTION \_\_\_\_\_ Effective dates: from \_\_\_\_\_ to \_\_\_\_\_

	1	2	3	4
	Amounts in Budget as currently approved*	Expended during last six months ending _____	Cumulative Expenditures under current grant (including column 2)	Remaining balance (column 1 minus column 3)
A. SALARIES (Classification and names required. These may be placed on separate sheet and attached)				
TOTAL SALARIES				
B. PERMANENT EQUIPMENT (Description: list separately each item costing over \$100)				
TOTAL EQUIPMENT				
C. EXPENDABLE CLINICAL SUPPLIES (classify)				
TOTAL EXP. SUPPLIES				
D. OTHER EXPENSES (Description: list separately each item over \$25)				
TOTAL OTHER EXPENSES				
E. PATIENT CARE FUND** Inpatient Outpatient Other (specify)				
TOTAL PATIENT CARE FUND**				
CONTINGENCY FUND#				
INDIRECT COSTS#				
GRAND TOTAL				

\*If different from original, cite authority for each change.

\*\*Not applicable for grants.

#Not applicable for allocations

Financial Officer of Institution

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Official Title

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POLICIES AND RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS

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I. POLICIES

A. PURPOSE OF GRANTS AND ALLOCATIONS. The National Foundation Chapters may make

1. grants to medical schools or qualified hospitals for the following purposes:
  - a. to promote or expand clinical research and teaching in a setting of comprehensive and exemplary patient care in a Clinical Study Center for inpatients and outpatients with congenital defects or arthritis.
  - b. to promote, develop, improve or expand diagnostic, therapeutic or consultative services to achieve comprehensive and exemplary care in a Special Treatment Center for inpatients and outpatients with arthritis or congenital defects.
  - c. to promote, develop, improve or expand diagnostic, habilitative, rehabilitative, or therapeutic consultative services in an Evaluation Clinic for outpatients with congenital defects or arthritis.
2. allocations to eligible institutions or agencies including accredited hospitals and colleges, official departments or certain service agencies for the following purposes:
  - a. to increase or improve services through support of certain professional personnel.
  - b. to provide necessary equipment.
  - c. to provide a patient care fund, provided, however, that no charge will be made against such allocation if any other source of funds can properly pay therefor; and further that charges will be made against such allocation only for the purpose of evaluating children medically judged to have a birth defect or arthritis to establish a definite diagnosis, or for outpatient services for children with arthritis or a birth defect.

Each Chapter grant or allocation should clearly enable the hospital or agency to provide a new service, or augment and improve an existing one.

B. AUTHORITY FOR MAKING CHAPTER GRANTS AND ALLOCATIONS. Grants and allocations are made by Chapter Executive Committees acting upon the recommendation of their Medical Advisory Committees and the approval in writing of the Chapter and Medical Departments of The National Foundation.

C. SOURCE OF FUNDS. Funds are obtained through the voluntary contributions of the American people to the annual March of Dimes of The National Foundation.

D. ELIGIBILITY FOR CHAPTER GRANTS AND ALLOCATIONS.

1) CLINICAL STUDY CENTER

Grants to medical schools or their teaching hospitals for clinical research, teaching and exemplary patient care, including inpatient and outpatient services for persons with congenital defects or arthritis will be considered only if the following conditions are met:

- a) Compliance with Minimum Eligibility Criteria For Clinical Study Centers
- b) Each paramedical person included in the budget must be appropriately licensed or registered in his state and when applicable must be accredited by the national accrediting agency for his profession.
- c) Each person included in the budget must devote his professional time to problems of patients with birth defects or arthritis or with related teaching at least in proportion to that part of his salary received from this source.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were properly submitted when due.

2) SPECIAL TREATMENT CENTER

Grants to medical schools or qualified hospitals for comprehensive patient care, including inpatient and outpatient services, for persons with congenital defects or arthritis will be considered only if the following conditions are met:

- a) Compliance with Minimum Eligibility Criteria For Special Treatment Centers.
- b) Each paramedical person included in the budget must be appropriately licensed or registered in his state and when applicable must be accredited by the national accrediting agency for his profession.
- c) Each person included in the budget must devote his professional time to problems of patients with birth defects or arthritis or with related teaching at least in proportion to that part of his salary received from this source.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were promptly submitted when due.

3) EVALUATION CLINIC

Grants to qualified hospitals for comprehensive consultative service on an outpatient basis for persons with congenital defects or arthritis will be considered only if the following conditions are met:

- a) Compliance with Minimum Eligibility Criteria For Evaluation Clinics.
- b) Interested and competent medical and paramedical specialists must be available to provide comprehensive consultation on basis of team approach.
- c) Each professional person budgeted must, when applicable, be accredited by the national accrediting agency for his profession or specialty.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were promptly submitted when due.

4) ALLOCATION FOR PROFESSIONAL PERSONNEL

Allocations for supplemental professional personnel will be considered only if the following conditions are met:

- a) The institution or agency qualifies in terms of the Minimum Eligibility Criteria for Allocation for Professional Personnel.
- b) Each professional person included in the budget must be appropriately licensed or registered in his state and when applicable must be accredited by the national accrediting agency for his profession or specialty.
- c) Each person included in the budget must serve full time and must devote his professional time to problems of patients with birth defects or arthritis or with related teaching at least in proportion to that part of his salary received from this source.
- d) The working environment and plan of action must be such as to assure quality performance.
- e) The plan of action must also assure new service or better quality service or additional needed service to patients with birth defects or arthritis.
- f) Application formats and special instructions provided are followed precisely.
- g) Medical Progress and Accounting Reports were properly submitted when due.

5) ALLOCATION FOR EQUIPMENT

Allocations to qualified institutions and agencies for diagnostic, therapeutic or teaching equipment will be considered only if the following conditions are met:

- a) The equipment requested is necessary but not otherwise available.
- b) The equipment is to be used sufficiently to justify the purchase.

- c) The equipment is to be used primarily for benefit of patients with arthritis and birth defects.
- d) Application formats and special instructions provided are followed precisely.
- e) Medical Progress and Accounting Reports were properly submitted when due.

6) ALLOCATION FOR PATIENT CARE FUND

Allocations to qualified hospitals for patient care will be considered only if the following conditions are met:

- a) The hospital meets the Minimum Eligibility Criteria for Special Treatment Centers if inpatient care is included.
- b) The hospital meets the Minimum Eligibility Criteria for Evaluation Clinics if only outpatient services are included.
- c) Application formats and special instructions provided are followed precisely.
- d) Medical Progress and Accounting Reports were properly submitted when due.
- e) Patient Aid forms 688 were properly and promptly submitted when due.

E. APPLICATIONS FOR CHAPTER GRANTS OR ALLOCATIONS. An application for a new Chapter grant or allocation is initiated by a letter from the appropriate physician or administrator of the medical school, qualified hospital, other institution or agency who is interested and concerned with the proposed project. The letter should be sent to the Chairman of the local Chapter directly or through the State Representative of The National Foundation. The letter should contain:

- 1) a brief statement as to the nature and extent of the proposed medical program
- 2) a concise description of the plan of execution of the proposed program
- 3) an itemized estimate of the financial requirements

This information will serve as a basis for further correspondence or for personal conferences between the applicant and representatives of The National Foundation. The letter will not be treated as an official application for a grant or allocation but as a letter of inquiry only.

Appropriate sample application forms will be provided after the preliminary negotiations outlined above have been satisfactorily completed.

If the Medical and Chapter Departments of The National Foundation decide that the application is of current interest to The National Foundation and believe it should be further pursued, a Program Consultant may be asked to visit the applicant for evaluation of the facilities and program and its potential for development. Program Consultants are either eminent physicians with broad experience in clinical medicine or other health professionals who are selected by The National Foundation to make such project site visits to evaluate proposed programs. They make their confidential reports directly to the Medical Department of The National Foundation.

Applications for Chapter grants will be reviewed by a Review Committee appointed by The National Foundation, representing the fields of medicine, social work, physical therapy and nursing. The Committee's recommendations have considerable weight in the final decision of The National Foundation for approval or disapproval of the grant. A similar procedure is used to judge requests for allocations.

Renewal applications are processed in the same manner except that renewals are initiated with the formal application.

F. BASIC CONSIDERATIONS IN MAKING CHAPTER GRANTS AND ALLOCATIONS. An approval of an application for a Chapter grant is based on the following considerations:

- 1) the purposes and plan of execution of the proposed medical program.
- 2) the qualifications, experiences and abilities of the professional persons who are to supervise and participate in the proposed program.
- 3) the adequacy of research, clinical and teaching or consultative facilities available for the purpose
- 4) the relative significance of the proposed program to the area in terms of proposed quality of services, multi-discipline consultative approach, and extent of services.

Similar criteria are used dependent upon the character of the request for an allocation.

G. RELATION OF CHAPTER GRANTS AND ALLOCATIONS TO INSTITUTIONAL BUDGETS. Grants and allocations are not made to substitute for normal institutional budgets or staff, but rather to provide services which are new, expanded, or of better quality than previously provided.

In those hospitals and agencies which have established retirement, insurance and related benefit plans, Chapter grant and allocation funds may be used to pay the usual contributions of the institution or agency on a pro rata basis for those employees whose salaries or wages are paid from the Chapter grant or allocation.

Payments from Chapter grants or allocations for medical staff are not to be awarded in lieu of fees from or for either indigent or non-indigent patients but rather to reimburse the individual for:

- 1) unavoidable overhead losses.
- 2) extra travel and maintenance costs, if necessary, while serving at a distant Evaluation Clinic, or to reimburse the grantee institution for a proper proportion of a salaried employee's wages.

Funds are not available for construction or alteration.

Neither contingency fund nor indirect cost items are to be included in the initial budget submitted by the applicant for any grant period. These will be added to each grant, if approved, in the amounts then applicable.

Contingency fund and indirect costs are not allowed in Allocations.

H. REASONS NOT GIVEN FOR NONAPPROVAL OF APPLICATIONS. Each application receives careful consideration, but reasons are not given for nonapproval of an application.

- I. CANCELLATION OF CHAPTER GRANTS OR ALLOCATIONS. Any grant or allocation agreement may be terminated either by the institution or by The National Foundation at any time upon ninety days notice in writing, in which case all unexpended funds shall be returned as directed by the State Representative.
- J. ADMINISTRATION OF CHAPTER GRANTS OR ALLOCATIONS. Grants and allocations made by Chapters of The National Foundation are administered by the Chapters making the grants or allocations, with advice and approval of the Chapter and Medical Departments.
- K. RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS. Each applicant, by the act of applying for a grant or allocation, agrees, that if the grant or allocation is made, he will abide by these POLICIES AND RULES GOVERNING CHAPTER GRANTS AND ALLOCATIONS of The National Foundation and any future modifications thereof or amendments thereto.

## II. RULES

1. MAKING APPLICATION FOR GRANT OR ALLOCATION. Applications for grants and allocations are considered semi-annually in the Spring and Fall. Applications for grants to be considered at the regular meetings of the Committees must be received by The National Foundation on or before January 1st or July 1st. Applications approved become effective the following July 1st or January 1st respectively.

Grants and allocations awaiting action will be held in confidence by The National Foundation. The National Foundation does, however, reserve the right to consult third parties who are qualified to give advice in particular cases.

2. COMPLETE ANSWERS TO QUESTIONS IN APPLICATION FOR CHAPTER GRANT OR ALLOCATION. The application will not be considered unless it is properly completed and each part of the application is answered fully, or adequate reason given for failure to answer.
3. TERM OF CHAPTER GRANT OR ALLOCATION. Applications for grants will be presented for two year periods. Applications for allocations will be presented for a one year period only. Full approval of grants will be for twelve months only, but tentative approval for an additional period of time may be made. Grants will be effective either January 1st or July 1st. When an application for a grant is approved, the applicant will be notified by the Chapter, a specific "National Foundation Agreement Establishing Chapter Grant" will be executed and payment under the grant will be made thereafter as arranged in each case.

An identical procedure is used for allocations but the latter are for one (1) year only.

4. EXPENDITURES UNDER CHAPTER GRANT OR ALLOCATION. Charges may not be made against a Chapter grant or allocation except as specifically provided for in the budget as approved by The National Foundation. Any desired change in an approved budget may be submitted to the grantor Chapter and be approved in writing by the grantor Chapter, its Medical Advisory Committee, and the Medical Department of The National Foundation.
5. FINANCIAL ACCOUNTING OF CHAPTER GRANT OR ALLOCATION. Each grantee and recipient of an allocation is required to account to the State Representative of The National Foundation on or before July 31st and January 31st, on forms to be supplied by The National Foundation, for expenditures under the grant or allocation for the preceding six-month period ending June 30th and December 31st, respectively. The State Representative will promptly forward necessary copies to the Chairman of each grantor Chapter (or host Chapter) and to the Regional Director.

Financial commitments against all Chapter grants and allocations from The National Foundation must be liquidated within 90 days of the terminal date of the grant or allocation, and the grantee must, within this period of time, submit to the State Representative a final accounting of all expenditures under the grant or allocation, and return all unexpended funds to Chapters as directed by the State Representative. Neither The National Foundation nor any of its Chapters will be responsible for any financial commitment against a Chapter grant or allocation.

The grantee institution shall be responsible for any unauthorized expenditures, or overexpenditures made by the grantee institution from the grant or allocation. Deficits in relation to any one grant or allocation may not be transferred to any other National Foundation grant or allocation.

6. OWNERSHIP OF MATERIALS UNDER CHAPTER GRANT OR ALLOCATION. All equipment and instruments purchased, built, prepared or manufactured and paid for with funds of The National Foundation under a Chapter grant or allocation shall be the property of the grantee institution. However, at the election and upon demand of The National Foundation, within a period of one year from the time The National Foundation receives written notice of the purchase or completion, title and possession to such equipment or instruments shall be turned over and assigned to The National Foundation by the grantee.

All equipment and instruments furnished or loaned to a grantee institution by The National Foundation remain the property of The National Foundation unless ownership of such material is assigned to the grantee institution.

7. PERSONNEL COMPENSATED UNDER CHAPTER GRANT OR ALLOCATION. Personnel compensated in whole or in part with funds from any National Foundation Chapter grant or allocation are not employees of The National Foundation.

All professional personnel supported by National Foundation grant or allocation funds must be properly qualified in both education and experience. Information concerning qualifications for medical and paramedical personnel may be obtained from the Medical Department, The National Foundation, 800 Second Avenue, New York 17, New York.

Grantee must promptly notify the Medical Director of The National Foundation in writing of any changes in professional personnel responsible for the carrying out of the program. A curriculum vitae must be provided for each.

Patients treated by personnel of any center grantee or institutional or agency recipient of an allocation are not patients of The National Foundation.

8. MEDICAL DIRECTOR OF PROPOSED PROGRAM. When the Medical Director of a proposed program is not designated in the application for a grant or allocation, the person finally selected must have the prior written approval of the Medical Director of The National Foundation. If the Medical Director of any program is to be replaced, this change must have the prior written approval of the Director, Medical Department of The National Foundation.

The curriculum vitae of the proposed Director must be submitted when approval of the appointment is requested.

9. CHANGE IN PROGRAM. If it is desired to change the purpose for which a current Chapter grant or allocation was made, an application for a new grant or allocation must be processed and the current Chapter grant or allocation terminated.

10. MEDICAL PROGRESS REPORTS. Medical Progress Reports including data on the diagnosis, treatment and habilitation or rehabilitation of patients and on consultative service supported by a National Foundation Chapter grant or allocation for professional personnel must be submitted once each year on January 15th or July 15th, using correct format specified therefor by The National Foundation. Similarly a progress report is required for each allocation for equipment or for Patient Care Fund at the end of the year for that allocation.

The State Representative of The National Foundation will prepare necessary copies and forward same to the Chairman of the Medical Advisory Committee of each grantor Chapter and the Regional Director. The Medical Department shall receive the original.

11. VISITS BY FOUNDATION REPRESENTATIVES. The National Foundation and its grantor Chapters reserve the right to have its representatives visit a grantee at reasonable intervals to observe the progress made under the grant.
12. REPORTING REQUIRED ON NATIONAL FOUNDATION PATIENT CARE FORMS. Reporting of inpatient and outpatient activities of Clinical Study Centers, Special Treatment Centers or Evaluation Clinics supported by National Foundation grants and of Institutions or Agencies with an allocation is required on National Foundation Patient Care Forms as specified by the Director, Medical Department. Copies of these forms and procedures for use of these forms will be provided upon request.
13. FAILURE TO ABIDE BY RULES. Failure to abide by any rule governing Chapter grants or allocations shall be considered sufficient grounds to cancel a grant or allocation or to refuse to consider any application which a grantee has pending.
14. FUTURE RULES GOVERNING CHAPTER GRANTS OR ALLOCATIONS. The National Foundation reserves the right to modify or amend its rules governing Chapter grants and allocations. The grantee agrees to abide by such changes or to comply with The National Foundation policy concerning "Cancellation of Chapter Grant or Allocations."



Fight BIRTH DEFECTS

1964

MARCH OF DIMES

FACTS

*FOR SPEAKERS AND WRITERS*

Fight ARTHRITIS



# 1964

## MARCH OF DIMES

# FACTS

### FOR SPEAKERS AND WRITERS

Public Relations Department  
**THE NATIONAL FOUNDATION — MARCH OF DIMES**  
Franklin D. Roosevelt, Founder  
800 Second Avenue, New York, N. Y. 10017

### *Fight Birth Defects*

### *Fight Arthritis*

*These themes for the 1964 March of Dimes describe the work of The National Foundation with simplicity and accuracy.*

*In the victorious battle against paralytic polio, the world's most successful voluntary health organization proved that a militant attack . . . by an aroused public in partnership with science . . . can conquer disease.*

*In the fight against birth defects and arthritis, The National Foundation now mobilizes the efforts of dedicated volunteers . . . the funds generously contributed by the American people to the March of Dimes . . . and the advancing knowledge of medical science . . . in a relentless assault on ancient scourges that waste and wither millions of lives in the twentieth century.*

*An informed public is an aroused public. When you tell everyone you know how severely birth defects and arthritis affect the health of the nation . . . when you make them fully aware of the bold new approaches of The National Foundation-March of Dimes in fighting these cripplers and killers . . . they will join you in this great battle.*

*To help you answer many questions the public will ask, basic information about the 1964 March of Dimes and the programs of The National Foundation has been compiled in this booklet. Tuck it in your pocket or purse, ready for instant reference in discussions and in preparing speeches, news stories, editorials, articles, radio or television appearances, posters, leaflets, displays, letters and queries.*

# ON THE INSIDE

BASIC CAMPAIGN THEME.....	1
WHY FIGHT BIRTH DEFECTS?.....	4-5
Definition, Facts and Figures.....	4
Leading Killer of Infants.....	5
Birth Defects also Afflict Adults.....	5
WHY FIGHT ARTHRITIS?.....	6-8
The Nation's No. 1 Crippler.....	6
Statistics Chart.....	7
Medical, Social and Economic Impact.....	8
WHY DID THE MARCH OF DIMES "GET INTO" BIRTH DEFECTS AND ARTHRITIS?.....	9-11
Research and Clinical Background.....	9
Accomplishments in Arthritis.....	10
Accomplishments in Birth Defects.....	11
HOW DOES THE MARCH OF DIMES FIGHT BIRTH DEFECTS AND ARTHRITIS? ... With MEDICAL CARE.....	12-20
75 Centers in Operation.....	12
Direct Patient Aid.....	13
Special Chapter Action.....	13
Objectives of Medical Care Program.....	13
How Centers Meet Community Needs.....	14
Chart of Center Expansion.....	15
Map of Center Locations.....	16-17

List of Centers.....	18-19
Influence on Medical Leadership.....	20
... With RESEARCH.....	21-39
The Heart of the Battle against Disease.....	21
Amounts of Current Grants.....	21-22
List of Individual Grants.....	22-37
Thomas M. Rivers Memorial Fellowship.....	37
The Salk Institute for Biological Studies.....	38-39
... With EDUCATION.....	40-42
Public Education.....	40
Professional Education.....	40-41
Health Career Awards.....	40
WHY DOES THE MARCH OF DIMES CONTINUE TO FIGHT POLIO?.....	43-44
Effectiveness of Vaccines.....	43
Victims Still Need Help.....	44
Incidence of Disease.....	44
WHY DOES THE NATIONAL FOUNDATION CONDUCT AN INDEPENDENT CAMPAIGN?.....	45
Public Health Is a National Concern.....	45
United Funds Are Local.....	45
YOUR CHAPTER'S ACTIVITIES.....	46-47
HOW YOUR MARCH OF DIMES DOLLAR WAS USED, 1938-1963.....	48-49
Dime Chart.....	48
Basic Figures.....	49
THE MARCH OF DIMES HISTORY OF PROGRESS...	50-52
THE MARCH OF DIMES SPEECH OUTLINE.....	53-57

# WHY FIGHT BIRTH DEFECTS?

## BIRTH DEFECTS ARE TODAY'S GREATEST UNSOLVED CHILDHOOD MEDICAL PROBLEM

"About every tenth American family experiences the suffering caused by the birth of a seriously defective child."

**Linus Pauling, Ph.D.**  
Nobel Prize in Chemistry '54  
California Institute of Technology

- More than 250,000—a quarter of a *million*—babies are born in the United States each year with serious birth defects.
- The National Foundation defines a birth defect as: "A structural or metabolic disorder present at birth, whether genetically determined or a result of environmental interference during embryonic or fetal life."
- A birth defect may cause medical problems from the time of birth or later in life for . . .

*1 infant of every 16 . . .*

*700 babies born every day . . .*

*1 newborn every other minute of the day.*

- As the population increases, and as more infants are protected from childhood infections, the number of those who live to adulthood with disabling birth defects increases.
- The defective child and his parents are often cruelly stigmatized. Until the public becomes fully aware of the facts about birth defects, fear and unjustified guilt feelings will keep many from seeking early diagnosis and treatment in time for it to do the most good.
- A single birth defects victim who must be institutionalized yet who lives a normal life span, as many do, may cost his family or the state more than \$500,000.

## BIRTH DEFECTS ARE THE LEADING KILLER OF INFANTS WITH THE ANNUAL MORTALITY EXCEEDING 30,000

"No other birthday is surrounded by the mortality which surrounds the day of birth. From the 36th week of pregnancy to the fourth week of life represents an eight-week span during which 3.5 per cent of our population dies and almost an equal number are found to be damaged. This period contains the peak incidence of death in this country."

**Allan C. Barnes, M.D.**  
Chairman, Department of Obstetrics  
The Johns Hopkins University  
School of Medicine

- More than 30,000 deaths and stillbirths are caused each year by birth defects.
- Babies who do not die of serious birth defects frequently have prolonged and costly illness, mental retardation, disfiguring or crippling conditions.

## BIRTH DEFECTS AFFLICT ADULTS AS WELL AS CHILDREN

"Recognition of birth defects which do their deadly work in later life is growing rapidly as our knowledge of the human mechanism grows. We know now that, no matter when the symptoms appear, many conditions are defects of development before birth."

**Virginia Apgar, M.D.**  
Director, Division of Congenital Malformations  
The National Foundation—March of Dimes

- Only 43 per cent—two out of five—defective conditions are apparent at birth; another 39 per cent may be detected within six months; the final 18 per cent create problems later in life.
- Many subtle defects—"hidden errors," particularly in the body chemistry—may be present from birth but do not trigger disease or mental damage until life's prime or later.
- Most deafness and blindness result from birth defects. Severe high blood pressure may in many instances result from congenital abnormalities of the blood vessels of the kidney.

## WHY FIGHT ARTHRITIS?

### ARTHRITIS IS THE NATION'S NO. 1 CRIPPLER

"Arthritis isn't like cancer or polio, where you know whether you're going to live or die. With this, you just hurt all over and wish it would kill you!"

**Mrs. Hilda Coyle, 33**  
Patient at March of Dimes Arthritis Center  
Strong Memorial Hospital  
Rochester, N. Y.

- 11 million Americans suffer from arthritic diseases, according to a U. S. Public Health Service survey.
- One-fourth of these are unable—or limited in their ability—to carry out major activities.
- One-tenth—more than a million victims—are confined to their homes or require help in getting about.

### ARTHRITIS CAUSE AND CURE STILL UNKNOWN

"It is impossible to predict when the breakthrough will occur, but I am sure that there is every reason to believe that it is coming."

**Joseph Bunim, M.D.**  
Clinical Director, National Institute of  
Arthritis and Metabolic Diseases

- March of Dimes research grantees are following several promising leads in the study of viruses, heredity, psychological tensions, allergies and hypersensitive reactions to find the cause or causes of arthritis.
- To prevent severe crippling, particularly in children, March of Dimes Arthritis Centers across the nation are helping to develop many successful treatment and rehabilitation techniques.

## ARTHRITIS AND RHEUMATISM DISABLE MORE AMERICANS THAN ANY OTHER CHRONIC DISEASE



Source: U. S. Public Health Service

## MEDICAL, SOCIAL AND ECONOMIC IMPACT

"The diagnosis . . . carries with it both a social and economic stigma that stays with the patient for his entire life. Insurance coverage of these patients is expensive; indeed it may be impossible to obtain. Employers are wary of patients with a history of rheumatoid arthritis."

Journal of the American Medical Assn.

- **Rheumatoid Arthritis** is an acute inflammatory disease that affects the entire body. It has been found to disable three times as many women as men.
- The National Health Survey indicates that there are some 720,000 U.S. victims of arthritis or rheumatism who are under the age of 35.
- An estimated 42,000 children and adolescents suffer from juvenile arthritis or rheumatism, which may often hinder bone growth and cause cumulative deformity.
- **Osteoarthritis** is a painful, degenerative disease of the joint surfaces and surrounding tissue.
- Approximately 80 to 90 per cent of all persons over 60 suffer from osteoarthritis in varying degrees.
- Arthritis and rheumatic diseases account for 27 million work days lost each year and are responsible for an annual loss in earnings of a half-billion dollars.

## WHY DID THE MARCH OF DIMES "GET INTO" BIRTH DEFECTS AND ARTHRITIS?

In the years that led to victory over polio, discoveries of scientists supported by the March of Dimes were found to have a broader application than polio. To get at the secrets of one disease, investigators had to learn more and more about virology, genetics, cellular biology, biochemistry and other basic life sciences—each a pathway to answers to *all* disease.

Meanwhile, in The National Foundation's polio centers, better ways to treat polio victims were developed by clinical researchers, were put into practice by physicians, and were taught to others in the medical professions.

### ENGINEERED MAJOR BREAKTHROUGHS

While the target was polio, the result was actually a tremendous advance in the greater struggle toward better medicine and a healthier future for humanity. The work of the so-called "polio foundation" had engineered major breakthroughs in rehabilitation as well as developing a body of knowledge and experience obviously adaptable to more challenging problems.

When it became evident that polio had been conquered by the Salk vaccine and later, the Sabin vaccine—both developed entirely with March of Dimes funds—The National Foundation set out to determine the most pressing unsolved medical problems where its past experience and future leadership would bring the greatest benefit to the largest numbers.

### URGENT NEED FOR HELP

It found that in two disease areas—birth defects and arthritis—urgency had built up through long neglect. The need was overwhelming. Birth defects and arthritis cripple more children *each year* than polio did in its worst epidemic decade! Yet so little

was known—so little understood—so little help was available to those afflicted.

Despite the magnitude of the problems, experienced medical and scientific advisors agreed that a concerted effort, as persistent as the program that triumphed over polio, could work comparable wonders in treatment and, eventually, in prevention.

Thus, in 1958, The National Foundation-March of Dimes entered the fields of birth defects and arthritis.

### **ACCOMPLISHMENTS ARE GREAT**



*"The road to prevention of congenital malformations . . . or arthritis . . . seems long and difficult. But those who have participated in the program of The National Foundation during its early polio days recall vividly how difficult or impossible the road to be traveled at that time appeared."*

**Thomas M. Rivers, M.D. (1888-1962)**  
Vice President for Medical Affairs  
The National Foundation

In less than six years since it turned its attention to the fight against birth defects and arthritis, The National Foundation-March of Dimes—wholeheartedly supported by the American people—has set a record for solid accomplishment.

### ***In ARTHRITIS, the March of Dimes has achieved:***

- The largest single coordinated national source of private support for research and patient care.
- A dynamic, unified leadership by a corps of top physicians from all parts of the nation.
- The unqualified endorsement of leaders in the field of arthritis and commendation of the American Rheumatism Association, professional society of the nation's foremost rheumatologists.
- A medical care program that has brought to reality new concepts of care for all victims of arthritis, regardless of age.
- A research program which highly qualified scientists believe will lead to major breakthroughs in the foreseeable future.

### ***In BIRTH DEFECTS, the March of Dimes has achieved:***

- The largest single national source of private support for research and care in history.
- The most comprehensive public education campaign ever conducted in this field.
- A concentrated professional education program (symposia, books, films, brochures, exhibits).
- Leadership by a large corps of outstanding physicians and scientists, representing every discipline of significance in this diversified group of afflictions.
- A balanced and broad-based research program.
- A medical care program which will leave its imprint forever.
- Praise and endorsement of lay and professional leaders.

## HOW DOES THE MARCH OF DIMES FIGHT BIRTH DEFECTS AND ARTHRITIS?

... with medical care

### 75 MARCH OF DIMES CENTERS GIVE VICTIMS HELP . . . AND HOPE

"It is the job of a voluntary health agency to act as a force to bring about action in an area where action is missing and sorely needed."

William S. Clark, M.D.  
Director, Medical Department  
The National Foundation

Modern medical progress in diagnosis, surgery, treatment and rehabilitation provides a brighter prospect than ever for victims of birth defects and arthritis. But prospects became real only when help is *available* to those who need it. The goal of The National Foundation's medical care program is to bring such help to America's doorsteps.

To accomplish this, March of Dimes funds have been used to establish a nationwide network of centers for the study and treatment of birth defects and arthritis. Each center brings together teams of experts—doctors, nurses, therapists, medical social workers and other specialists—to deal with the medical, economic and social problems caused by chronic crippling conditions. Each works to close the gap that exists between research findings in the laboratory and the application of new knowledge at the bedside of the patient.

The *need* for action has been proved by the explosive growth of the program since it was initiated in 1959. Today, there are **69 Birth Defects or Arthritis Centers supported by the March of Dimes** throughout the nation, and affiliated with two-thirds of the country's medical schools.

These centers, with their emphasis on the team approach, are an outgrowth of The National Foundation's experience in caring for polio patients in pre-vaccine years. Six March of Dimes Polio Respiratory Centers still serve polio patients.

### DIRECT PATIENT AID ALSO GIVEN TO DEAL WITH UNMET PROBLEMS

The Medical Advisory Committee of each chapter, composed of local medical authorities, determines the needs of individual patients for direct aid. Decisions are based on whether March of Dimes aid will: 1. be life-saving, 2. reduce disability, 3. prevent further disability, 4. relieve undue financial hardship. March of Dimes funds are used for *unmet* problems. The National Foundation does not duplicate services already provided by the government or other agencies.

### SPECIAL CHAPTER ACTION

Chapters are authorized, where appropriate, to make funds available to provide missing links in community resources for achieving excellence in the care of patients with either birth defects or arthritis. Such allocations may be made to selected hospitals, agencies and teaching institutions where service programs can be initiated or improved. These funds may help to provide essential professional personnel or to acquire vital equipment. In addition, patient aid funds may be used to cover costs for outpatient visits or up to 30 days for hospitalization to facilitate medical evaluation or diagnosis for persons not eligible for help from other sources.

### OBJECTIVES OF MEDICAL CARE PROGRAM

**Early Diagnosis**—The sooner a birth defect or arthritis is detected, the better the patient's chances for correction and minimum disability.

**Prevention of Disability**—Early treatment and proper therapy can often prevent, reduce or control progressive crippling.

**Rehabilitation**—Correction of crippling is often possible with therapy, surgery or appliances such as braces.

**Expanding Knowledge**—As more patients are treated, more new knowledge is gained about diagnosis and treatment. March of Dimes programs help speed the spread of this knowledge among the health professions and the public.

## MARCH OF DIMES CENTERS MEET COMMUNITY NEEDS

"The Federal Government . . . has recognized the value of medical research. But public support of programs to improve service has been grossly inadequate, and private foundations remain the major—and at times the only—contributors to such efforts."

**Robert E. Cooke, M.D.**  
Director, Department of Pediatrics  
The Johns Hopkins University School of Medicine

March of Dimes treatment centers are supported by grants from National Foundation headquarters and chapters to teaching hospitals or medical centers throughout the United States. There are now in operation:

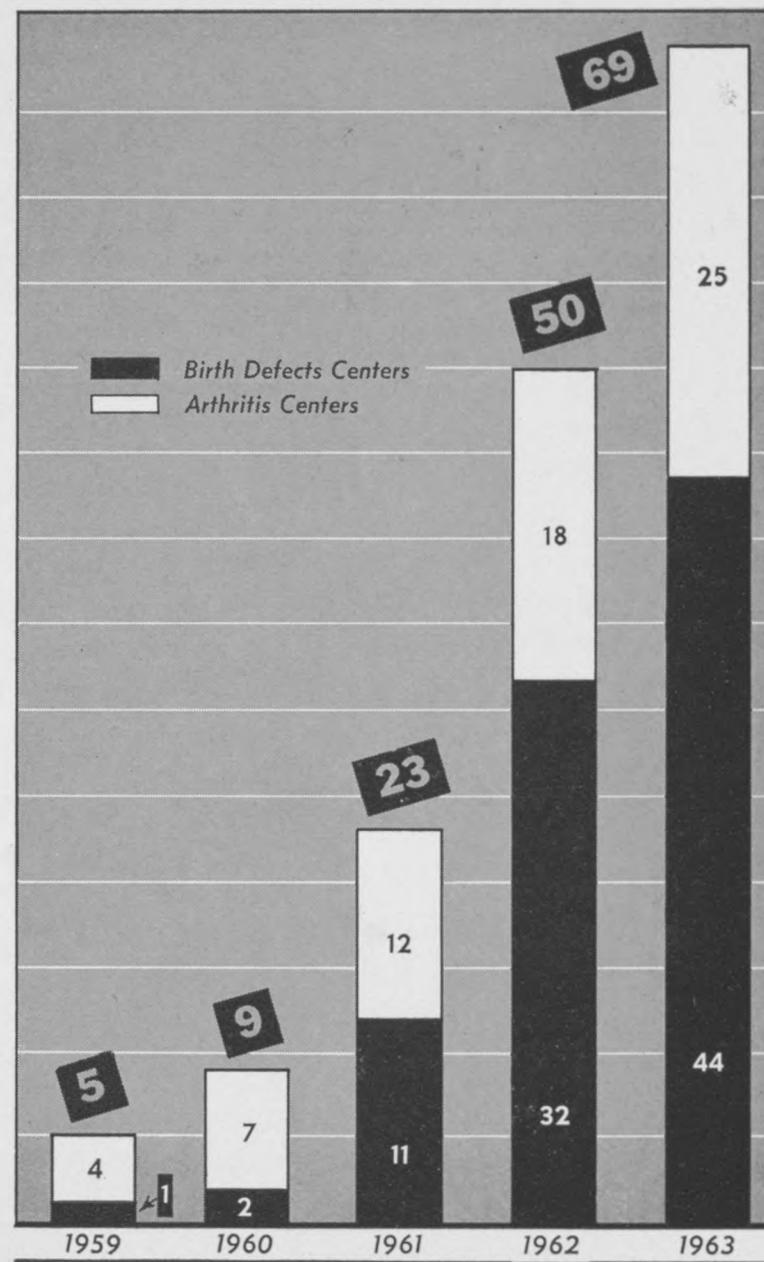
**43 March of Dimes centers for birth defects**

**24 March of Dimes centers for arthritis**

**2 March of Dimes evaluation clinics**

- Each center offers expert diagnosis, treatment and therapy for victims of birth defects or arthritis; each provides continuous, comprehensive care for inpatients and outpatients by staff teams of specialists.
- All centers seek new knowledge in patient care, and train physicians and other specialists in the newest methods of providing total care for the individual patient and his family; many centers also conduct basic scientific research.
- Many chapters in areas isolated from major medical centers are planning to finance Birth Defects or Arthritis Evaluation Clinics in community hospitals. These offer a team approach to diagnosis and therapeutic consultation through periodic clinics staffed by visiting medical specialists.

## EXPLOSIVE EXPANSION WITHIN FIVE YEARS DRAMATIZES NEED FOR MARCH OF DIMES CENTERS





## BIRTH DEFECTS CENTERS AND CLINIC

- University of Arkansas, Little Rock, Ark.
- Children's Hospital of Los Angeles, Los Angeles, Calif.
- Orthopaedic Hospital, Los Angeles, Calif.
- Children's Hospital of The East Bay, Oakland, Calif.
- Children's Hospital, San Francisco, Calif.
- University of Colorado Medical Center, Denver, Colo.
- Grace New Haven Community Hospital — Yale University School of Medicine, New Haven, Conn.
- Children's Hospital, Washington, D. C.
- University of Florida College of Medicine (2 grants), Gainesville, Fla.
- Emory University, Atlanta, Ga.
- Kauaikeolani Children's Hospital, Honolulu, Hawaii
- University of Illinois College of Medicine, Chicago, Ill.
- Indiana Medical Center, Indianapolis, Ind.
- State University of Iowa College of Medicine, Iowa City, Iowa
- University of Kentucky School of Medicine, Lexington, Ky.
- The Johns Hopkins University School of Medicine, Baltimore, Md.
- Boston (Mass.) City Hospital
- University of Michigan, Ann Arbor, Mich.
- University Medical Center, Jackson, Miss.
- Children's Mercy Hospital, Kansas City, Mo.
- Washington University School of Medicine, St. Louis, Mo.
- Children's Memorial Hospital, Omaha, Nebr.
- United Hospitals of Newark (N.J.), Babies' Hospital Unit
- Albany Medical Center Hospital, Albany, N. Y.
- Cornell University, New York, N. Y.
- Syracuse Memorial Hospital, Syracuse, N. Y.
- University of North Carolina School of Medicine, Chapel Hill, N. C.
- Children's Neuromuscular Diagnostic Clinic, Cincinnati, Ohio
- Cleveland Metropolitan General Hospital, Cleveland, Ohio
- Children's Hospital, Columbus, Ohio
- The Ohio State University Research Foundation, Columbus
- University of Oklahoma Medical Center, Oklahoma City, Okla.
- Children's Hospital, Phila., Pa.
- St. Christopher Hospital for Children, Philadelphia, Pa.
- Medical College of South Carolina, Charleston, S. C.
- Baroness Erlanger Hospital, Chattanooga, Tenn.
- Vanderbilt University School of Medicine, Nashville, Tenn.
- Primary Children's Hospital, Salt Lake City, Utah
- University Hospital, University of Washington, Seattle, Wash. (2 grants)
- West Virginia University Hospital, Morgantown, W. Va.
- University of Wisconsin, Madison, Wis.
- St. Francis Hospital, Trenton, N. J. (Clinic)

## ARTHRITIS CENTERS AND CLINIC

- Medical College of Alabama, Birmingham, Ala.
- University of California, Berkeley, Calif.
- Rancho Los Amigos Hospital, Downey, Calif.
- Stanford University School of Medicine, Palo Alto, Calif.
- University of Miami Medical School, Miami, Fla.
- Children's Memorial Hospital, Chicago, Ill.
- La Rabida Sanitarium, Chicago, Ill.
- The Johns Hopkins University School of Medicine, Baltimore, Md.
- Robert B. Brigham Hospital, Boston, Mass.
- University of Minnesota College of Medical Sciences, Minneapolis, Minn.
- Creighton University School of Medicine, Omaha, Nebr.
- Medical Center, Seton Hall College of Medicine and Dentistry, Jersey City, N. J.
- Buffalo (N.Y.) General Hospital Children's Hospital, Buffalo, N. Y.
- Columbia University College of Physicians and Surgeons, New York, N. Y.
- New York University School of Medicine, New York, N. Y.
- University of Rochester School of Medicine, Rochester, N.Y.
- Convalescent Hospital, Cincinnati, Ohio
- University of Oregon, Portland Children's Hospital, Phila., Pa.
- University of Texas Southwestern Medical School, Dallas, Tex.
- Texas Children's Hospital, Houston, Tex.
- University of Utah College of Medicine, Salt Lake City, Utah
- University of Washington School of Medicine, Seattle, Wash.
- St. Joseph's Hospital, Hot Springs, Ark. (Clinic)

## POLIOMYELITIS RESPIRATORY CENTERS

- Rancho Los Amigos Hospital, Downey, Calif.
- Medical College of Georgia (Eugene Talmadge Memorial Hospital), Augusta, Ga.
- The Children's Medical Center (Mary MacArthur Memorial, The Good Samaritan Hospital), Boston, Mass.
- University of Michigan, Ann Arbor, Mich.
- Vanderbilt University School of Medicine, Nashville, Tenn.
- Baylor University School of Medicine, Houston, Tex.

## MARCH OF DIMES MEDICAL CARE PROGRAM INFLUENCES MEDICAL LEADERSHIP

*"The Birth Defects Center has brought to the medical profession of our state the realization that children born with major birth defects are not hopeless—that progress is being made which will enable them to live useful lives. Moreover, the Center has instilled in parents a feeling of confidence that something can be done for their child and that someone is doing it. It gives hope where before there was only despair and bewilderment."*

**Harris D. Riley, M.D., Director**  
Birth Defects Clinical Study Center  
Children's Memorial Hospital  
Oklahoma City, Okla.

The National Foundation, its center directors and chapter volunteers have already learned from experience that:

- The kind of medical attention which might improve the life-prospect for most victims of birth defects and arthritis is not widely available;
- Many curable or partially correctable birth defects are deemed hopeless and left untreated—even hidden away—in modern America, just as they were in the dark ages;
- Rheumatoid arthritis is often diagnosed incorrectly or too late to ward off permanent disability;
- As the number of March of Dimes centers increases, the medical leadership they provide sends out waves of influence into surrounding communities. Each of these waves, like ripples in a pond, serves to spread new knowledge, new techniques, new professional recognition and new public awareness that benefit all victims of chronic, crippling conditions.

*"Our March of Dimes-supported Arthritis Center has been responsible for stimulating an upsurge of interest in rheumatic diseases. Before its establishment, medical students virtually ignored the electives in rheumatic diseases and resident physicians rarely entered the field. Two years later, with a chance to observe the center's work, this is no longer true."*

**Ephraim P. Engleman, M.D., Director**  
Arthritis Clinical Study Center  
University of California Medical Center  
San Francisco, Calif.

## HOW DOES THE MARCH OF DIMES FIGHT BIRTH DEFECTS AND ARTHRITIS?

*... with research*

*"As in other broad accelerations in the pace of science, many investigators in many laboratories have contributed to the recent progress of biology. However, workers supported and encouraged by The National Foundation have unquestionably played major roles in the great forward surge of this branch of knowledge over the past quarter-century."*

**Edward L. Tatum, Ph.D.**  
Nobel Prize in Medicine and Physiology, '58  
The Rockefeller Institute

Medical scientific research is the heart of the March of Dimes battle against disease. The research program sponsored by The National Foundation to fight polio actually stimulated the meteoric growth of virology. It was the prime mover in the development of tissue (cell) culture techniques which revolutionized fundamental research in the biological sciences as a whole.

All the so-called life sciences and physical sciences are becoming increasingly interrelated and interdependent. Knowledge and methods derived from research into polio are today being applied to studies of cellular structure, genetics and specific diseases such as measles and cancer.

Thus the virus—the smallest particle of life—has become a tool to understand health, disease and the mystery of life itself.

As the March of Dimes grantees listed on the following pages continue their work in outstanding institutions throughout the United States and abroad, they are gaining fresh insights which promise eventual breakthroughs toward the prevention of birth defects, arthritis and perhaps many other ills.

National Foundation research grants currently support scientific projects at 44 institutions located in 23 states and three

foreign countries, for a total of \$3,812,000. There are 36 grants for studies in birth defects, totaling \$1,417,000. Sixteen studies in arthritis account for a total of \$942,000. An additional 19 grants totaling \$1,453,000 have been awarded in other investigative areas.

## CALIFORNIA

### *California Institute of Technology, Pasadena*

#### **Genetics (in Viruses) \$54,810**

Dr. Robert S. Edgar—Viruses that infect bacteria—bacteriophages—can be grown and handled more readily than can those that infect animals. Such viruses are composed entirely of genetic material (DNA, or deoxyribonucleic acid) except for an outer sheath of protein. Dr. Edgar's group is studying the location of the genes (units of heredity) on the chromosome of bacteriophage T4. The gene mapping of this virus is expected to shed light on the organization of genetic material in all viruses.

### *Salk Institute for Biological Studies, La Jolla*

#### **Viruses—Immunity \$110,750**

Dr. Jonas E. Salk—Dr. Salk has transferred his laboratory activities from the University of Pittsburgh to the new Salk Institute for Biological Studies where he is continuing his broad studies on viruses and immunology. In addition to polio studies he is particularly interested in developing multi-virus vaccines and is extending new work on the possibility of suppressing the kind of immunity reactions which cause skin and other grafts to be rejected.

### *Scripps Clinic and Research Foundation, La Jolla*

#### **Connective Tissue Diseases—Immunopathology \$82,904**

Dr. Joseph D. Feldman—A number of important diseases, including rheumatoid arthritis, are thought to be the result of the body's immunity system turning against itself. Until more is known about the basic mechanism of immunity, there is little hope of preventing such conditions. Dr. Feldman is concentrating on how antibodies are formed and how they can sometimes damage connective tissue, as they do in rheumatoid arthritis, lupus erythematosus, rheumatic fever, and some kidney diseases.

### *University of California Medical Center, San Francisco*

#### **Arthritis Clinical Study Center \$61,019**

Dr. Ephraim P. Engleman—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. In particular, this center is conducting a pilot epidemiological study of the incidence of rheumatoid arthritis among relatives of patients with the disease.

### *University of California Medical Center, San Francisco*

#### **Arthritis—Immunochemistry \$45,735**

Dr. Wallace V. Epstein—Rheumatoid arthritis victims (and some of their relatives) carry in their blood streams a strange protein that non-sufferers do not seem to have. This protein is thought to be a kind of antibody. The reactions between this "rheumatoid factor" and the important fraction of blood that carries antibodies, gamma globulin, are believed to offer an important clue to the nature of the disease. Dr. Epstein is studying these reactions.

### *University of California, San Francisco*

#### **Teratology (Birth Defects) \$51,458**

Dr. C. Willet Asling—Dr. Asling and his colleagues are studying birth defects caused by temporary deficiencies of vitamins and minerals at crucial stages during pregnancy. Their experiments with rats, trying to learn which embryonic tissues are affected by dietary lacks, may throw light on the mechanism of some birth defects in man.

## COLORADO

### *University of Colorado, Denver*

#### **Genetics—Birth Defects—Cell Studies \$102,991**

Dr. Theodore T. Puck—The study of living cells in tissue culture over time provides a means of following the production of genetic material (RNA and DNA) and of proteins. This is the approach of Dr. Puck's group. In recent studies, this productive research team devised a simple laboratory test to detect victims and carriers of galactosemia, an inherited metabolic defect that causes mental retardation and cataracts. The Denver scientists are also making significant contributions to the understanding of how x-ray and other radiation damage cells or change their hereditary traits (mutation) by affecting their chromosomes.

## CONNECTICUT

### *University of Connecticut, Storrs*

#### **Birth Defects \$100,871**

Dr. Hugh Clark—Research studies here are aimed at clarifying the means by which cells differentiate. Such differentiation enables the single-celled fertilized egg to produce the hundreds of different kinds of cells that make up the mature animal or human being. Some birth defects may be caused by something going wrong in the process of differentiation during development in utero. Experiments on how eye tissue in the chick embryo differentiates provide the focus for this interesting project directed by Dr. Clark and conducted by Dr. John Papaconstantinou.

**Yale University, New Haven**

**Virus—German Measles \$59,888**

Dr. Dorothy M. Horstmann—German measles (rubella) is usually only a minor annoyance to a child, but it is a potential tragedy to mothers-to-be. If a woman gets the disease early in pregnancy, her baby has a one-in-five chance of being born with one or more serious birth defects. If she has it very early (first four weeks) the risk of a malformed baby is one in two. Dr. Horstmann is studying the spread of the rubella virus, seeking means of detecting its presence in the body, and looking toward development of a vaccine against it.

**FLORIDA**

**University of Florida, Gainesville**

**Birth Defects Clinical Study Center \$25,000**

Dr. Melvin Greer—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel; with emphasis on detailed biochemical, physiologic and genetic studies of patients with hereditary defects of body chemistry (inborn errors of metabolism).

**University of Florida, Gainesville**

**Birth Defects—Hereditary Disease of Connective Tissue \$46,313**

Dr. Andrew E. Lorincz—An inherited disease called Hurler's syndrome can make babies resemble gargoyles. A similar connective tissue disorder found in dwarf cattle is the subject of Dr. Lorincz's research. His work on cattle with this disease, known as "snorters," may contribute to our understanding of gargoylism in humans.

**University of Florida (Teaching Hospital), Gainesville**

**Birth Defects—Drug Effects \$10,350**

Dr. E. Marshall Johnson—The thalidomide tragedy provoked widespread alarm over the effects of drugs taken by pregnant women. Dr. Johnson has been studying the effects of drugs on unborn animals for some time. He is particularly interested in how chemicals interfere with normal cellular and chemical development of the fetus.

**University of Miami, Coral Gables**

**Teratology—Oxygen Deficiency \$24,492**

Dr. Casimer T. Grabowski—Lack of enough oxygen can deform the human baby before birth as readily as can chemicals or radiation. Dr. Grabowski is conducting exhaustive tests on the effects of oxygen deficiency in producing birth defects in chick embryos.

**GEORGIA**

**Emory University, Atlanta**

**Birth Defects—Blood Abnormalities \$22,318**

Dr. W. Lorraine Watkins—The presence of some birth defects is apparently reflected in change in the composition of the blood, especially in its large protein molecules called globulins. Dr. Watkins is studying the correlation of changes in blood proteins with the occurrence of birth defects in infants.

**ILLINOIS**

**University of Chicago, Chicago**

**Rheumatic Diseases—Connective Tissue \$81,662**

Dr. Albert Dorfman—Connective tissues are the substance primarily affected in diseases such as arthritis (called connective tissue diseases). Connective tissue is distributed all over the body and serves as the means of holding various organs together. Specialized forms of connective tissue include bone, cartilage and tendon. Important elements in this tissue are fibers (collagen, elastin) and a cementing material called ground substance which is located between cells and keeps them together. Dr. Dorfman's group is studying the chemistry and evolution of this tissue, particularly how aging and hormonal changes affect the sugar-protein complexes (mucopolysaccharides) which make up the ground substance.

**University of Chicago, Chicago**

**Viruses \$87,040**

Dr. Earl A. Evans—Every cell is guided in its action by a chemical known as nucleic acid which embodies the genetic code derived from its ancestors. When a virus invades a cell, a new genetic code is introduced and the newcomer commands the cell to make the kind of proteins needed by the virus and not by the cell. In the process, the cell is often killed. Dr. Evans' group is examining the methods by which the virus stages this coup d'etat and takes over the cell's government. These investigators have already made many significant observations on this basic mechanism of virus diseases.

**University of Illinois, Chicago**

**Chromosomes—Birth Defects—Infertility \$20,873**

Dr. Georgiana Jagiello—Men and women who seem unable to have children may carry abnormal chromosomes in their sperm and ova. Dr. Jagiello is screening the reproductive cells of such infertile people to ascertain if this is the case. In addition, she is studying the production of abnormal chromosomes during the development of sperm and ova in guinea pigs.

## KANSAS

### *University of Kansas, Kansas City*

#### **Virus Genetics** **\$116,522**

Dr. Herbert A. Wenner—Dr. Wenner's group is interested in the ways that viruses reproduce themselves inside cells, especially in the production of "hybrid" viruses made by infecting a single cell with two viruses at once. He is also conducting broad studies of viruses and the diseases they cause.

### *University of Kansas, Lawrence*

#### **Embryology—Tissue Differentiation** **\$40,082**

Dr. Byron S. Wenger—Dr. Wenger and his co-workers are trying to discover what kind of chemical signals are sent from one group of cells in an embryo to another group, causing the latter to change their character to become specialized cells of another type. Conceivably some birth defects may be caused by malfunctioning of this signaling system.

## LOUISIANA

### *Tulane University, New Orleans*

#### **Birth Defects—Microcephaly** **\$24,377**

Dr. H. Warner Kloepfer—Because there is much intermarriage among a relatively limited population in certain Louisiana parishes, Dr. Kloepfer has selected that area for investigation of the family inheritance links that produce the birth defect known as microcephaly (small head).

## MARYLAND

### *The Johns Hopkins University, Baltimore*

#### **Nervous System** **\$52,033**

Dr. David Bodian—Dr. Bodian's group is undertaking a comprehensive study of the growth of the nervous system, both in structure and function, and how various things like hormones and viruses affect its development.

### *The Johns Hopkins University, Johns Hopkins Hospital, Baltimore*

#### **Arthritis Clinical Study Center** **\$50,000**

Dr. Mary Betty Stevens—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. In particular, this center conducts a Rheumatology Clinic for special study of rheumatoid arthritis patients; and is carrying out several research projects including increased emphasis on surgical correction of orthopedic problems in patients with arthritis.

### *The Johns Hopkins University, Baltimore*

#### **Bone Metabolism** **\$16,974**

Dr. Donald G. Walker—Dr. Walker has been studying bone destruction and buildup in the hereditary condition known as marble bone disease, and comparing this process with bone production in healthy individuals. He is continuing investigation of how bone-building and bone-destroying cells operate to produce their effects and how their actions are influenced by certain hormones and other agents.

## MASSACHUSETTS

### *Worcester Foundation for Experimental Biology, Shrewsbury*

#### **Hormones—Embryology (Birth Defects)** **\$51,865**

Dr. Gregory Pincus—Dr. Pincus' group recently demonstrated that the sex of an unhatched chick could be changed by dipping the egg in a hormone solution. Scientists at this world-famous foundation are continuing their study of hormonal influences on the growth and development of embryos and the production of abnormalities.

## MICHIGAN

### *University of Michigan (University Hospital), Ann Arbor*

#### **Birth Defects Clinical Study Center** **\$55,701**

Dr. Donita B. Sullivan—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Research emphasis at this center is on children with spine defects and hydrocephalus and on long-term followup studies to determine the value of various treatment procedures.

### *University of Michigan, Ann Arbor*

#### **Viruses—Chemotherapy—Immunity** **\$187,431**

Dr. Thomas Francis, Jr.—Dr. Francis and his associates at the University of Michigan, who contributed so much to the successful campaign against polio, are now searching for drugs effective against this and other virus diseases as well as conducting a broad-scale study on viruses and the interrelationships between them and the cells they attack.

### *University of Michigan, Ann Arbor*

#### **Chronic Diseases—Epidemiology** **\$294,000**

Dr. Thomas Francis, Jr.—Administrative grant for long-term epidemiological research in chronic diseases.

## MINNESOTA

### *University of Minnesota, Minneapolis*

#### **Rheumatic Diseases—Immunology** **\$71,054**

Dr. Robert A. Good—Dr. Good and his associates are concerned with a variety of research projects related to juvenile rheumatoid arthritis and other connective tissue diseases of childhood, and with immunity processes in general. They are working with young patients in a Children's Rheumatism Clinic, seeking causes, trying to devise better methods of treatment, and exploring the relation of connective tissue disorders to the mechanisms of immunity. Dr. Good made scientific headlines in 1962 with his findings showing that the thymus plays a key role in the development of immunity against disease and he is continuing his studies of this gland. In addition, this productive group is conducting a study of families of patients with connective tissue diseases and investigating a virus-caused disease in Aleutian mink which produces blood factors similar to those found in human patients with rheumatoid arthritis and related diseases.

### *University of Minnesota, Minneapolis*

#### **Virus—Genetics—Cancer** **\$118,700**

Dr. John Spizizen—Dr. Spizizen and his group are conducting genetic and biochemical studies of the interactions between virus nucleic acid and host cells, hoping to advance our understanding of the mechanism of heredity, the properties of nucleic acids, the nature of virus infection, and virus induction of cancer.

## MISSISSIPPI

### *Mississippi State University, State College*

#### **Immunology** **\$14,661**

Dr. Bruce Glick—Dr. Glick, a poultry scientist, is using chicken eggs to study the effects of pre-natal influences on post-natal ability to resist infection. It seems that chicks hatched from eggs dipped in various chemicals, including cortisone sex hormones, are often less able to fight diseases because of limited antibody production.

## MISSOURI

### *St. Louis University, St. Louis*

#### **Virus-Cell Relationship** **\$25,490**

Dr. Norman E. Melechen—When a virus infects a cell, the cell usually dies. But there are known instances of bacteriophages (viruses that infect bacteria) becoming part of the host cell's heredity and remaining there in a dormant state. The reactivation of such hidden viruses may be an important link in the chain of cancer causation. Dr. Melechen is studying factors which can spur a latent virus back to destructive activity in a cell after a period of peaceful co-existence.

### *Washington University, St. Louis*

#### **Genetics (in Viruses)** **\$53,273**

Dr. Barry Commoner—The tobacco mosaic virus, one of the first viruses to undergo extensive study, continues the object of research in the laboratories of Dr. Commoner. He has found a presumably incomplete form of the virus that should shed light on how the tiny organisms reproduce themselves.

### *Washington University, St. Louis*

#### **Central Nervous System** **\$23,341**

Dr. Eli Robins—Dr. Robins' very basic studies are seeking better understanding of the chemistry and metabolism of the cells that make up the brain and the spinal cord.

## NEBRASKA

### *University of Nebraska, Lincoln*

#### **Birth Defects—Viruses** **\$29,641**

Dr. George A. Young—Dr. Young's work is in the area of birth defects in animals. He has found that the vaccine against hog cholera sometimes damages unborn piglets when administered to the pregnant sow. The veterinarian is now working with other viruses to learn their effects on the embryos of hogs and other large animals.

## NEW YORK

### *Buffalo General Hospital, Buffalo*

#### **Arthritis Clinical Study Center** **\$24,999**

Dr. Evan Calkins—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Special emphasis is being placed on hand deformities caused by arthritis and surgical means of preventing crippling.

### *Columbia University, New York City*

#### **Genetics (in Viruses)** **\$30,055**

Dr. Hattie E. Alexander—If scientists could produce, culture and harvest "half-breed" viruses, the three forms of poliovirus now needed to make vaccine might be reduced to only one form. Dr. Alexander and her assistants are exploring the possibility of producing hybrid viruses by inoculating the infective ribonucleic acid core of two different viruses into a host cell simultaneously.

### *Columbia University, New York City*

#### **Birth Defects—Chromosomes** **\$47,555**

Dr. Melvin M. Grumbach—Dr. Grumbach and his associates are studying the chromosome patterns of patients with congenital defects, particularly those with abnormalities of sex, and seeking correlations with clinical findings.

**Columbia University, New York City**

**Birth Defects—Fetal Life Study \$74,685**

Dr. Gilbert W. Mellin—Dr. Mellin is now directing the extensive Fetal Life Study, begun in 1946, in which the incidence of birth defects in a large population is carefully recorded. Prospective mothers in the obstetrical clinic are observed through their pregnancies, their newborn babies are closely examined and followed up for several years to watch for appearance of any congenital defects. Under National Foundation sponsorship, the study will be expanded to include 4,000 births yearly and a new dimension is being added in which attempts will be made to relate increased incidence of birth defects, if any, to the mother's smoking, travel, drug-taking and infections during pregnancy.

**Columbia University Presbyterian Hospital, New York City**

**Arthritis Clinical Study Center \$43,236**

Dr. Charles Ragan—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. This center conducts extensive basic experimental and clinical studies in a number of rheumatic diseases, particularly in relation to the diagnosis and therapy of rheumatoid arthritis and systemic lupus erythematosus.

**Columbia University, New York City**

**Virus-Cell Relationship \$52,394**

Dr. Harry M. Rose—Dr. Rose's group is using the electron microscope to observe how viruses infect cells and reproduce themselves therein. Particular attention is being paid to the way in which the genetic material (DNA) of certain viruses multiply in host cells.

**New York Medical College, New York City**

**Birth Defects—Kidney Disease \$54,902**

Dr. Edward Wasserman—Dr. Wasserman's research team is studying the possibility that an immunological antagonism between a mother-to-be and her baby may be responsible for birth defects other than the well-known Rh-factor incompatibility. This group has already found evidence of such a mechanism in a child born with a degenerative condition of the kidneys known as congenital nephrosis.

**New York University, New York City**

**Birth Defects—Inborn Error of Metabolism \$9,052**

Dr. Joseph Dancis—Dr. Dancis is working on a rare inborn defect in body chemistry known as maple syrup urine disease, which results in brain damage and early death. It is being studied both genetically and biochemically.

**New York University, New York City**

**Immunity Mechanisms \$51,889**

Dr. Chandler A. Stetson—Unless the donor is an identical twin, the recipient of a skin graft usually rejects it in a matter of days. This is because his immunological system detects foreign substances in the skin and produces antibodies against them. Dr. Stetson and his co-workers are measuring the antibody-causing (antigen) contents of skin and other tissues, both to improve medicine's ability to graft tissue and to understand better the nature of immunity itself. Although these studies are not directly related to a particular disease or diseases, a number of conditions including rheumatoid arthritis are believed to involve misdirected immunity processes.

**The Rockefeller Institute, New York City**

**Birth Defects—Human Genetics \$95,750**

Dr. Alexander G. Bearn—Dr. Bearn's group is observing chromosome abnormalities in patients with a variety of inborn defects. These workers are especially interested in such abnormalities as they may relate to metabolic and immunological diseases.

**The Rockefeller Institute, New York City**

**Rheumatic Diseases—Human Genetics \$58,575**

Dr. Henry G. Kunkel—Dr. Kunkel and his co-workers are continuing studies on rheumatoid factors and other abnormal blood proteins found in patients with rheumatoid arthritis and lupus erythematosus, seeking to learn why they occur and to study how the traits for these factors are inherited.

**The Rockefeller Institute, New York City**

**Viruses—Chemotherapy \$90,859**

Dr. Igor Tamm—A chemical known as HBB has been shown by Dr. Tamm and his co-workers to prevent viruses from multiplying after they have attacked an animal cell. Now these scientists are studying the exact chemical details of this inhibition. In recent work, this group also demonstrated that viruses, like bacteria, develop strains resistant to drugs. Then they went on to devise means to combat resistant strains, a promising lead that is now being followed up.

**The Rockefeller Institute, New York City**

**Genetics (in Viruses) \$39,727**

Dr. Norton D. Zinder—Dr. Zinder is continuing his studies of f2 virus, one of the smallest and most prolific viruses known, which he discovered. He is interested especially in how its genetic material is replicated and in using this material to decipher the genetic code.

**State University of New York at Buffalo**

**Embryology—Heart Defects \$10,751**

Dr. Oscar C. Jaffee—Birth defects of the heart are relatively common and often serious. Surgeons can now do much to repair such defects, but hope continues that they can somehow be prevented. Dr. Jaffee changes the blood circulation pattern of tadpoles and chick embryos, then observes the effect of altered flow on the developing heart.

**State University of New York at Buffalo, Buffalo**

**Rheumatoid Diseases—Autoantibodies \$103,828**

Dr. Ernest Witebsky—It long seemed inconceivable that the body could form antibodies against its own tissues, treating them as if they were foreign substances. Yet that is what seems to happen in rheumatoid arthritis and several other important diseases. Dr. Witebsky is checking the blood proteins of patients with such diseases to clarify the role of autoantibodies.

**University of Rochester School of Medicine and Dentistry  
(Strong Memorial Hospital), Rochester**

**Arthritis Clinical Study Center \$69,999**

Dr. Ralph F. Jacox—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Special emphasis at this center is on improving and conducting rehabilitation programs for adult and juvenile arthritis patients; group therapy meetings of clinic patients are included as a means to solve psychological and emotional adjustment problems.

**University of Rochester School of Medicine  
and Dentistry, Rochester**

**Immunology—Blood Antibodies \$40,152**

Dr. John H. Vaughan—Dr. Vaughan and his associates are investigating the properties of a newly-found class of antibodies quite distinct from the more common types of gamma globulins found in the blood stream.

**OHIO**

**Children's Hospital, Columbus**

**Birth Defects Clinical Study Center \$50,000**

Dr. Jamil Kheder—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. This center is concentrating on children with hydrocephalus and meningomyelocele and seeking to evaluate various methods used to treat, rehabilitate and enable such patients to lead as nearly normal lives as possible.

**University of Cincinnati, Cincinnati**

**Birth Defects—Adrenal Hormones \$15,952**

Dr. Richard M. Hoar—It has been suspected that imbalance of hormones during pregnancy might be a cause of birth defects. Dr. Hoar has established that defective young are born to guinea pig mothers who receive either too much or too little adrenal hormone during pregnancy . . . and that the defects seen are the same whether the result of hormone excess or deficiency. Now he is attempting to pinpoint the critical time during pregnancy when hormone changes have the greatest effect on the development of the young.

**OKLAHOMA**

**University of Oklahoma Medical Center,  
Children's Memorial Hospital, Oklahoma City**

**Birth Defects Clinical Study Center \$48,193**

Dr. Harris D. Riley, Jr.—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Research at this center includes many studies seeking causes and ways of preventing birth defects.

**PENNSYLVANIA**

**The Children's Hospital of Philadelphia, Philadelphia**

**Birth Defects Clinical Study Center \$33,637**

Dr. Miklos Sugar—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Investigators at this center are concentrating on defects of the central nervous system, notably spina bifida and hydrocephalus, seeking to establish criteria for measuring the value of various treatment methods and estimating the potential for improvement of individual patients.

**The Children's Hospital of Philadelphia, Philadelphia**

**Birth Defects—Viruses \$15,590**

Dr. T. F. McNair Scott—In a series of 1,400 pregnancies at the Pennsylvania Lying-In Hospital, Dr. Scott is checking for the presence of virus infections in the expectant mothers and the subsequent effects on their babies. German measles, a virus disease, is known to cause birth defects in babies whose mothers had the disease early in pregnancy. The key question: can other virus diseases have similar effects?

**Jefferson Medical College, Philadelphia**

**Birth Defects \$16,256**

Dr. Robert L. Brent—It has been suspected that women who have a series of miscarriages (so-called habitual abortion patients) may be suffering from misdirected immunity processes. Dr. Brent is studying how anti-kidney antibodies damage embryonic and placental cells in rats and cause birth defects and is testing human patients in an attempt to pinpoint immunological factors involved in failures of pregnancy.

**Temple University, Philadelphia**

**Cell Differentiation \$54,573**

Dr. Mann-Chiang Niu—Dr. Niu and his colleagues believe that RNA (ribonucleic acid), thought of as a mere chemical messenger in the transmission of heredity, may occasionally usurp the role of director. Their recent studies indicate that this is the case, even in one type of mouse cancer, which is tamed by treatment with RNA from normal mouse cells. Their continuing research may lead to major changes in the theory of RNA action.

**University of Pennsylvania, Philadelphia**

**Cell Differentiation—Embryology \$30,513**

Dr. Howard Holtzer—An embryo grows not only in size but in complexity by developing many specialized cells. How do cells become specialized? When grown in cultures outside the body, why do they revert to their unspecialized state? These vital questions, basic to the understanding of birth defects and cancer, are under investigation by Dr. Holtzer's group. Although the questions apply to all of the many tissues that develop in the human embryo, Dr. Holtzer is concentrating on certain cartilage cells that make a specific protein in the body but quickly lose this ability when grown under glass.

**TENNESSEE**

**Vanderbilt University (University Hospital), Nashville**

**Birth Defects Clinical Study Center \$75,000**

Dr. Robert E. Merrill—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Among a great variety of research projects at this center are a study of spinal fluid flow in hydrocephalus, initiation of chromosome studies and development of a system for coding on punch cards all factors relating to condition, progress and prognosis of birth defects patients.

**Vanderbilt University, Nashville**

**Birth Defects—Fertilization \$51,594**

Dr. Robert W. Noyes—A baby begins at the moment of fertilization, a process of which we still know relatively little. Dr. Noyes' group is interested in the way sperm penetrate the egg cell. They especially want to know whether abnormalities in that key operation could trigger birth defects not seen in the human until nine months later.

**TEXAS**

**University of Texas, Southwestern Medical School, Dallas**

**Hydrocephalus \$19,190**

Dr. William Kemp Clark—A knot of tissue embedded in the brain known as the choroid plexus has long puzzled medical science. Many researchers think it is involved in a serious and relatively common birth defect, hydrocephalus (water on the brain). Dr. Clark has developed techniques which enable him to watch the choroid plexus at work in living dogs. He hopes thus to solve the puzzle of the plexus.

**University of Texas, Southwestern Medical School, Dallas**

**Rheumatic Diseases—Autoantibodies \$45,269**

Dr. Morris Ziff—A peculiar substance was first noticed in the blood of rheumatoid arthritis patients in 1948. Although it is known to be a protein, probably an antibody, possibly against the patient's own tissues, its complete significance remains a mystery. Among other projects, Dr. Ziff and his colleagues are injecting this protein—called the rheumatoid factor—into laboratory animals, then tracking it to see where it goes and what harm it does, if any. They are doing similar work on antibodies to heart tissue in patients with rheumatic heart disease.

**University of Texas, Southwestern Medical School  
(Parkland Memorial Hospital), Dallas**

**Arthritis Clinical Study Center \$71,528**

Dr. Morris Ziff—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. This center is conducting intensive research on the possible role of antibodies in rheumatic diseases, and on the development of better methods of detecting these conditions; and is conducting a long-range program of followup of children who have rheumatoid arthritis.

## WASHINGTON

**University of Washington (University Hospital), Seattle**  
**Arthritis Clinical Study Center** \$39,997

Dr. John L. Decker—To provide comprehensive exemplary care for arthritis patients in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Emphasis at this center is on developing a unified, total approach to the patient and his problems, and on conducting research focused on rheumatoid arthritis, by an interdisciplinary group from the departments of medicine, pediatrics, orthopedics, and physical medicine and rehabilitation.

**University of Washington (University Hospital), Seattle**  
**Birth Defects Clinical Study Center** \$20,000

Dr. David B. Shurtleff—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. The center is concentrating on the relatively common and serious birth defect known as hydrocephalus, or water on the brain.

## WISCONSIN

**University of Wisconsin School of Medicine**  
**(University Hospitals), Madison**  
**Birth Defects Clinical Study Center** \$18,172

Dr. David W. Smith—To provide comprehensive exemplary care for children with birth defects in combination with a two-fold program of (1) clinical research to improve treatment methods and (2) teaching of treatment techniques to medical personnel. Emphasis at this center is on intensive studies, including chromosome studies, of children with birth defects and their families, looking for clues to causes of their deformities.

## CANADA

**McGill University, Montreal**  
**Birth Defects—Cleft Palate** \$19,474

Dr. F. Clarke Fraser—Dr. Fraser is studying cleft lip and palate in mice. His findings show that both hereditary and environmental factors are involved in the occurrence of these birth defects. Recently his group found a new mutation in mice, characterized by cleft palate, small jaw and shortened limbs, resembling a human defect called the Pierre-Robin syndrome.

**The University of Manitoba, Winnipeg**  
**Birth Defects—Chromosomes** \$42,454

Dr. Irene A. Uchida—Only in the past few years has it been known that extra chromosomes—or too few chromosomes—can cause birth defects such as mongolism. Dr. Uchida's group is conducting exhaustive studies of all factors in these defects that are associated with chromosome abnormalities.

## DENMARK

**County Hospital, Naestved**  
**Birth Defects—Radiation** \$2,141

Dr. B. Faber—Dr. Faber is seeking to learn whether a higher incidence of birth defects occurs in children born to women who received abdominal x-ray early in pregnancy than in offspring of mothers who did not receive such x-ray.

## FRANCE

**Institut Pasteur**  
**Virus-Host Cell Interaction—Genetics in Viruses** \$30,470

Dr. André Lwoff—Dr. Lwoff and his group are investigating how certain chemical agents exert an antiviral effect. They are also probing the effects on virus reproduction of such environmental factors as temperature, acidity and salinity.

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## THOMAS M. RIVERS MEMORIAL FELLOWSHIP

In 1963, The National Foundation-March of Dimes established a new type of grant to support the work of outstanding scientists beyond the time at which the institutions with which they are affiliated require them to retire.

The fellowship honors the memory of Dr. Thomas M. Rivers—often called the “dean of American virologists”—vice-president of The Rockefeller Institute for 18 years, and associated with National Foundation scientific activities for 25 years.

The first recipient of this fellowship is Dr. Helen B. Taussig of The Johns Hopkins University, whose pioneer work on congenital heart defects led to the first effective operation to save blue babies and who will now, with the aid of this \$40,100 grant, continue her vital work on drug-induced birth defects.

## THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

*"In 30 years of work that has brought me into constant contact with research institutes all over the world, I have never had anything to do with a development that I regard as potentially so important, in terms of science and in terms of the total life of man, as The Salk Institute for Biological Studies."*

**Warren Weaver, Ph.D.**  
Vice President  
Alfred P. Sloan Foundation

The Salk Institute for Biological Studies is now under construction in the LaJolla section of San Diego, Calif. The National Foundation is helping to build this great center for basic research in the life sciences, and will contribute to its support.

At the Institute, mathematicians, physicists and philosophers, as well as biologists, chemists, virologists and other scientists will bring their different viewpoints to bear on basic biological questions. As fellows of the Institute, renowned scientists will have an ideal environment in which to think and work in individual freedom, yet with maximum opportunity for continuous exchange of ideas and knowledge.

The Salk Institute's program, its faculty and facilities, have been planned with one aim: to get the most out of the best.

The intention is to collect groups of individuals of different ages and experiences in their careers, from diverse disciplines and from different parts of the world, who will address themselves to basic questions in biology which ultimately will have a relationship to the problems of disease, to questions of health, and to the broader and more philosophical question of what man can become.

The actual work of the Institute is already under way. Dr. Jonas Salk, director and fellow, whose work on the polio vaccine was financed by March of Dimes funds, has moved his scientific

activities to temporary quarters on the site—as have Dr. Renato Dulbecco, Dr. Edwin Lennox and Dr. Melvin Cohn, resident fellows.

Dr. J. Bronowski and Dr. Seymour Benzer, also resident fellows, are to join them early in 1964. All will have research projects under way by the time permanent laboratories are scheduled for occupancy in the summer of 1964.

In addition, Dr. Francis H. C. Crick, Dr. Jacques Monod, Dr. Leo Szilard and Dr. Warren Weaver will be non-resident fellows.

*"Your faith in the power and potential of the Institute is your expression of faith in man's capability to do in another area what he has already done in the field of atomic physics and in the exploration of space. It is for the exploration of the depths within man, or within the universe of living systems, for which we wish to create another launching site."*

**Jonas Salk, M.D., Director**  
The Salk Institute for Biological Studies

## HOW DOES THE MARCH OF DIMES FIGHT BIRTH DEFECTS AND ARTHRITIS?

... with education

"The service our March of Dimes Birth Defects Center is offering most clearly is in the educational area. I had never realized until the start of our center how little general awareness there is of the size of the problem and the great need for specific training not only within the hospital but in the community."

Sydney S. Gellis, M.D.  
Acting Dean of Medicine  
Boston University

### EDUCATIONAL MATERIALS FOCUS ATTENTION ON BIRTH DEFECTS AND ARTHRITIS

Unfortunately, most Americans tend to think of birth defects as rare, individual misfortunes that usually happen to someone else. Arthritis is considered an inevitable hazard of aging—one of those things you can't do much about.

To combat these misconceptions; to awaken the public to the magnitude of the problems and their enormous cost to society; to make families everywhere aware that *something can be done* about birth defects and arthritis; to let them know that the March of Dimes *is doing it*—these are the aims of The National Foundation's Public Education program. Experience has proved that more determined research, more alert and accurate diagnosis and better medical care develop at a faster pace when the public becomes interested enough to demand action.

To this end, March of Dimes funds are used to produce educational materials—pamphlets, articles, books, films and exhibits—for public use and information. An outstanding example is the book, "Birth Defects," published in 1963 under the sponsorship of The National Foundation. The most complete and authoritative volume ever printed on the subject, its chapters were contributed by the world's leading experts in the field.

### THE MARCH OF DIMES A PIONEER IN SUPPORTING PROFESSIONAL EDUCATION

"The essence of scientific research is free inquiry by minds with the knowledge and skill to understand and to use the answers they find. This is the kind of research that The National Foundation has had the wisdom to support during all its 25 years."

George W. Beadle, Ph.D.  
President, University of Chicago

To attract and develop the skilled manpower urgently needed in laboratories, clinics and classrooms, The National Foundation since 1938 has made substantial outlays of funds in the field of professional education. This program has exceeded that of any voluntary health agency, amounting to more than \$38,500,000 invested in scholarships, fellowships and other grants for the training of doctors, research scientists, therapists and other professional specialists.

### HEALTH CAREER AWARDS

To encourage young people to enter the seriously undermanned medical professions, many National Foundation chapters invest local March of Dimes funds in unique Health Career Awards. More than 2,100 qualified students have received these "starter incentive" awards, totaling in excess of \$2,300,000, to help them begin their educational preparation for health careers.

- March of Dimes Health Career Awards are designed to help students begin their educational preparation for careers in medicine, nursing, occupational therapy, physical therapy and medical social work.
- Criteria for selection (by local committees of experienced educators and professional people in the health fields) are: scholastic achievement, personal qualifications, professional promise and financial need.
- The sole obligation of each recipient of a Health Career Award is to have the serious intention of completing his education in the profession of his choice and of serving as a member of that profession. He is not required to work in the fields of special interest to The National Foundation.

## MARCH OF DIMES CENTER TEACHING PROGRAMS

In addition to providing the best possible care and treatment for patients, each March of Dimes center conducts a teaching program. Doctors and medical students, nurses, technicians and other specialists on the center staffs and throughout the communities served thus have ready access to the best and most advanced information about birth defects and arthritis.

## MEDICAL SCIENTIFIC MEETINGS

Major professional meetings such as the Third International Symposium on Immunopathology, held in California, and the Second International Conference on Congenital Malformations, held in New York in 1963, are sponsored by The National Foundation as forums for the exchange of ideas among scientists from all over the world.

Chapters also sponsor local or regional medical symposia to keep physicians and other specialists informed about recent advances in diagnosis and treatment of crippling conditions.

## CURRENT PROFESSIONAL INFORMATION

March of Dimes funds are used to channel up-to-date professional information to scientists, physicians and their professional associates. Visual aids, textbooks, pamphlets and technical exhibits are in continual production.

## WHY DOES THE MARCH OF DIMES CONTINUE TO FIGHT POLIO?

*"One measure of the value of the American people's investment in the March of Dimes fight against polio is the statistical fact that somewhere in this nation there are at least 212,000 men, women and children who live and breathe and move freely because they have been protected by the Salk or Sabin vaccines. Without that protection, polio would have claimed at least that many victims since 1955."*

**Daniel Bergsma, M.D.**  
Associate Director of Medical Care  
The National Foundation

Not just one, but *two* polio vaccines—the development of which was totally financed by the public through the March of Dimes—have virtually eliminated polio as a public health problem in the United States.

- This victory cost an estimated \$938 million spent in part for March of Dimes-financed research and Salk vaccine field trials and in part for vaccine costs, doctors' fees for inoculations and administrative costs.
- The nation's economy has realized a *saving* of nearly \$9.3 billion—or ten dollars for every dollar spent to prevent polio. This is based on estimates of income loss and potential medical care costs for those who would have been expected to have had polio had there been no vaccines since 1955.

## HEADLONG RUSH TO OBLIVION

Polio incidence in 1963 was estimated at 500 cases, with 400 of those being paralytic. This is 44 per cent below the 1962 figure, and a reduction of 99 per cent from the yearly average of cases in the five-year period preceding introduction of the Salk killed-virus vaccine.

## THOUSANDS STILL NEED HELP

Despite the rapid decline of new cases, there are still some 120,000 persons in the United States who are partially or completely paralyzed as a result of polio. Many still need help in the form of respiratory equipment, braces, treatment and further rehabilitation. *March of Dimes aid to polio victims is still a prime responsibility being met by The National Foundation.*

In 1963, The National Foundation provided assistance for an estimated 14,000 victims, at a cost of approximately \$4,000,000. The high cost of postpolio care will continue in 1964.

## DRAMATIC DECLINE OF POLIO CASES

Pre-Salk years (1950- 1954 average) . . . . .	38,727	1959 . . . . .	8,425
1955 ( <i>Introduction of Salk vaccine</i> ) . . . . .	28,985	1960 . . . . .	3,190
1956 . . . . .	15,140	1961 . . . . .	1,312
1957 . . . . .	5,485	1962 ( <i>Govt. approval of Sabin vaccine</i> ) . . . . .	886
1958 . . . . .	5,787	1963 . . . . .	500*

\*Estimated

## WHY DOES THE NATIONAL FOUNDATION CONDUCT AN INDEPENDENT CAMPAIGN?

### PUBLIC HEALTH IS A NATIONAL CONCERN

Problems that threaten the health of an entire nation must be attacked by means that are flexible and national in scope. The National Foundation in its fight against birth defects and arthritis must have the freedom to carry out the expert recommendations of the national group of respected scientists serving on its advisory committees.

Their recommendations, in effect, determine our program. Whatever money is required to finance that program then becomes the amount we attempt to raise during the March of Dimes annual January campaign.

### UNITED FUNDS ARE LOCAL

United Funds were originally organized to meet the needs of local agencies. Administratively, each agency's budget must conform to the dictates of the local United Fund committee on budget. This means, in turn, that the size of each agency's program is determined by the United Fund.

It follows, then, that if we were to join United Funds, the National Foundation program, designed to meet a nationwide problem, would be subject to change at the whim of a thousand budget committees in a thousand different communities.

It is this unalterable fact that precludes the truly national agencies from becoming a part of Community Chests or United Funds. Such a partnership is unworkable. It is time that men of good will on either side of the controversy agree to the fact and get on with the tasks they have set out to do.

Independent agencies and United Funds alike have as their goal the betterment of mankind. They should, in mankind's interest, let nothing impede them from that goal.

## WHAT IS YOUR CHAPTER DOING TO FIGHT BIRTH DEFECTS AND ARTHRITIS?

*Consult your chapter chairman, or the appropriate chapter officer, for the following information and write it in the spaces on these pages for quick reference.*

Amount of money used by your chapter for patient aid in 1963

Amount used by chapter for patient aid since its beginning through 1963

What steps has your chapter taken to advance the March of Dimes program in birth defects and arthritis?

If your chapter sponsors, or co-sponsors with other chapters, a March of Dimes Birth Defects or Arthritis Center, fill in these facts:

Location (institution) \_\_\_\_\_

Total amount of grant \_\_\_\_\_

Amount your chapter contributes \_\_\_\_\_

Number of patients aided since opening \_\_\_\_\_

How volunteers participate in Center program \_\_\_\_\_

Influence of March of Dimes Center in your community or area

Other pertinent information concerning your center

If your chapter is not yet investing in a Birth Defects or Arthritis Center, note plans, if any, for future participation in a Center or an Evaluation Clinic

Familiarize yourself with stories of one or more birth defects or arthritis patients in your vicinity aided by the March of Dimes

Annual number of births, stillbirths and deaths from birth defects in your county. (See tabulation circulated by The National Foundation in May, 1963, or check with County Health Officer)

Note names and facts about students your chapter is helping with Health Career Awards

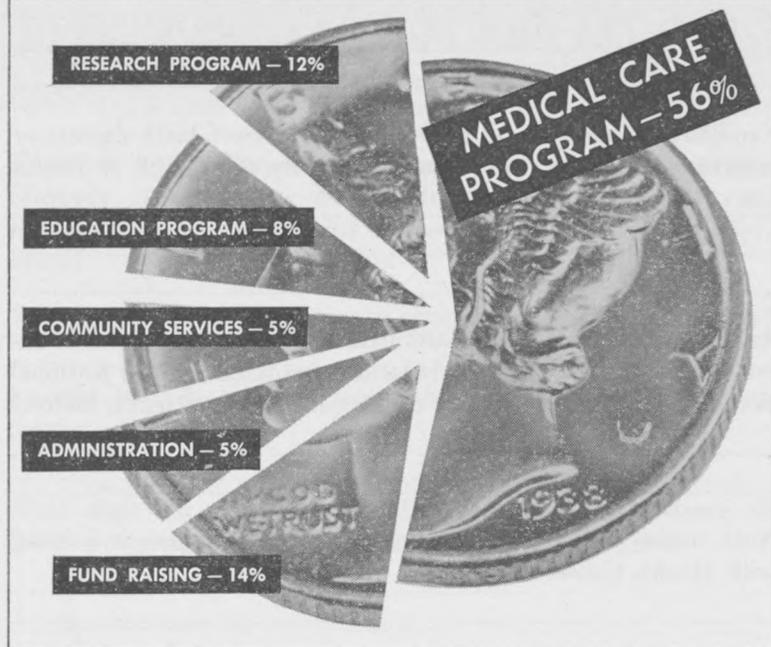
Polio patients aided by your chapter in 1963

Polio patients aided by your chapter since its beginning through 1963

Chapter financial status and other data

For the amount currently invested in March of Dimes Research Grants to institutions in your state and a description of these grants, see pages 21-37.

## How Your March of Dimes Dollar Was Used — 1938-1963



**MEDICAL CARE PROGRAM**—56% (See page 12.)

**RESEARCH PROGRAM**—12% (See page 21.)

**EDUCATION PROGRAM**—8% (See page 40.)

**COMMUNITY SERVICES**—5%—A field staff whose duties are directly connected with the welfare and well-being of patients provides many services to communities. Field staff duties include year-round negotiations with hospitals, liaison with March of Dimes Centers, planning with medical personnel, arranging for emergency equipment and guidance to chapters.

**ADMINISTRATION**—5%—This covers the maintenance of approximately 3,100 county chapters and the national office. It includes stationery, postage, materials, telephone and office expenses.

**FUND RAISING**—14%—The National Foundation is not a fund-raising organization—but it cannot achieve its health aims without funds. The March of Dimes is its sole source of income. This figure includes all local and national fund-raising expenses.

Used for medical care program in 1963 .....	\$ 7,550,000
Number of patients aided in 1963 .....	17,250°
Total used for medical care program 1938-1963 ..	\$392,300,000
Total number of patients aided 1938-1963 .....	340,000°
Used for research program in 1963 .....	\$ 7,480,000
Total used for research program 1938-1963 .....	\$ 81,100,000
Used for professional and public education in 1963	\$ 2,810,000
Total used for professional education program 1938-1963 .....	\$ 38,500,000
Total number of scholarship and fellowship awards in professional education 1938-1963 .....	10,700°
Students aided through Health Career Awards in 1963 .....	1,650°
Annual U.S. births.....	4,200,000
Babies born each year in U.S. with serious birth defects .....	250,000°
Annual stillbirths or deaths due to birth defects ...	30,000°
Americans suffering from arthritis and rheumatic diseases .....	11,000,000°
Persons suffering from rheumatoid arthritis .....	4-5,000,000°
Children under 17 with arthritis .....	42,000°
March of Dimes Birth Defects Centers supported ..	44
Amount invested in Birth Defects Centers .....	\$ 1,325,000
March of Dimes Arthritis Centers supported .....	25
Amount invested in Arthritis Centers .....	\$ 782,000
Polio Special Treatment Centers supported .....	6
Amount invested in Polio Centers .....	\$ 204,000
Total March of Dimes Centers in 51 cities .....	75

°Estimated

## THE MARCH OF DIMES: A HISTORY OF PROGRESS

**Jan. 3, 1938:** The National Foundation for Infantile Paralysis incorporated. President Franklin D. Roosevelt states aims: "to lead, direct and unify" the fight against polio. Basil O'Connor named president.

**May 12, 1939:** First chapter started at Coshocton, Ohio.

**April 16, 1940:** First professional education grant authorized.

**July 12-17, 1948:** First International Poliomyelitis Conference (43 nations) held by March of Dimes in New York. Four other international polio conferences have been held in 1951, 1954, 1957 and 1960.

**Jan. 28, 1949:** March of Dimes-supported scientists (Dr. John Enders, Dr. Thomas Weller and Dr. Frederick Robbins of Harvard University) published first report of an historic research breakthrough by growing poliovirus in cultures of nonnervous tissue. For this, they received the Nobel Prize for medicine in 1954.

**April, 1950:** First March of Dimes-supported Respiratory Study Centers established at Houston and Boston.

**Sept., 1951:** Scientists in four laboratories supported by March of Dimes grants complete 2½-year project establishing three types of poliovirus responsible for the disease.

**Fall, 1951 and Summer, 1952:** Human field trials on effectiveness of gamma globulin in preventing polio paralysis.

**April, 1952:** March of Dimes-aided scientists report discovery that antibodies in bloodstreams of monkeys prevent poliovirus from reaching vital nerve cells.

**March 28, 1953:** First medical report published on antipolio "killed-virus" vaccine developed by Dr. Jonas Salk under March of Dimes grant.

**April 26, 1954:** March of Dimes field trials for Salk vaccine begun with 1,830,000 school children participating.

**April 12, 1955:** Salk vaccine pronounced safe, potent and effective.

**July 22, 1958:** The National Foundation expands its goals, announces it will use its resources to combat other major health problems, with arthritis and birth defects as initial new targets, in addition to polio.

**Jan. 1, 1959:** First March of Dimes Arthritis Clinical Study Center opened at Presbyterian Hospital, New York.

**July 7, 1959:** The National Foundation Vaccine Advisory Committee recommends further field trials for "live-virus" polio vaccine developed under March of Dimes grants by Dr. Albert B. Sabin.

**Jan., 1960:** First March of Dimes Birth Defects Clinical Study Center opened at Children's Hospital, Columbus, Ohio.

**March 15, 1960:** Announcement of the founding of The Salk Institute for Biological Studies at San Diego, Calif., with Dr. Jonas Salk as director, to be staffed by leading scientists from the United States and abroad.

**July, 1960:** First International Conference on Congenital Malformations, London, and Fifth International Conference on Poliomyelitis, Copenhagen, sponsored by The National Foundation-March of Dimes.

**Sept., 1960:** Three New Jersey chapters sponsor new Arthritis Special Treatment Center at Seton Hall College of Medicine in Jersey City as pilot study for nationwide expanded patient aid program.

**May 18, 1961:** New expanded program of direct patient aid announced. Go-ahead given for nationwide network of chap-

ter-financed Special Treatment Centers and Evaluation Clinics. Limitations lifted to include children suffering from all types of birth defects.

Jan., 1962: First Inter-American Conference on Congenital Defects held in Los Angeles, Calif., co-sponsored by The National Foundation and the University of California.

Dec., 1962: Rapid expansion of Medical Care program indicated by total of 55 March of Dimes Centers actually in operation: 31 for birth defects; 17 for arthritis; seven Polio Respiratory Centers.

Dec., 1962: The 1962 Nobel Prize in Medicine and Physiology shared by biophysicists Dr. F. H. C. Crick of Cambridge University, Dr. James D. Watson of Harvard and Dr. M. H. F. Wilkins of Kings College, London, for their discovery of the molecular structure of DNA, the substance of heredity. Dr. Watson was aided by a March of Dimes fellowship during the work for which the prize was given; Dr. Crick is a Visiting Fellow of The Salk Institute.

Jan. 3, 1963: 25th Anniversary of The National Foundation-March of Dimes; a quarter-century of medical-scientific progress encompassing the development of two vaccines to eliminate polio as a threat to public health, and the launching of an unprecedented attack on heretofore neglected birth defects and arthritis.

Jan., 1963: Third International Symposium on Immunopathology held in San Diego, Calif., co-sponsored by The National Foundation and the Atomic Energy Commission.

July, 1963: Second International Conference on Congenital Malformations sponsored by The National Foundation in New York; some 1,500 delegates registered from 21 nations.

Dec., 1963: March of Dimes Centers continue rapid expansion; now in operation: 44 centers for birth defects; 25 centers for arthritis; 6 respiratory centers for polio.

## THE MARCH OF DIMES STORY TOLD IN SPEECH OUTLINE

*These key points should be emphasized whenever you have an opportunity to speak for The National Foundation-March of Dimes. Cover each as thoroughly as possible in the time you have available. Include local information and illustrations to bring home your message to local groups.*

### FIGHT BIRTH DEFECTS!—FIGHT ARTHRITIS!

These militant themes for the 1964 March of Dimes are basic statements of what the work of The National Foundation is all about. They echo an earlier battle cry — Fight Polio! — which led to victory over a killer and crippler that threatened us all before the Salk and Sabin vaccines were developed with March of Dimes funds.

Fight Birth Defects! Fight Arthritis! With these calls to arms, The National Foundation-March of Dimes now mounts a greater assault on conditions that cripple more Americans each year than polio did in its worst epidemic decade!

The weapons are familiar. They include the mobilization of the dedicated efforts of volunteers . . . the funds so generously contributed by the American people to the March of Dimes . . . and the rapidly advancing knowledge of medical science.

This arsenal against ancient scourges that waste and wither millions of twentieth-century lives will grow as public awareness grows. To speed public understanding, The National Foundation-March of Dimes answers the questions most often asked:

## I. WHY FIGHT BIRTH DEFECTS?

Birth defects are today's greatest unsolved childhood medical problem. More than a quarter of a million babies are born in the U.S. each year with serious defects. At least 30,000 infant deaths annually are caused by birth defects. Those who survive usually face prolonged and costly illness, mental deficiency or disability. Unknown numbers of older children and adults are victims of "hidden" defects causing disease or mental retardation.

*See page 4.*

## II. WHY FIGHT ARTHRITIS?

This painful disease cripples more people than any other chronic illness. It is not solely an affliction of the aged, as is commonly believed — some 42,000 in the U.S. suffer severe juvenile forms of arthritis; more than 6½ million victims are in the age group that includes the prime career and family-rearing years. There is no known cure, but many successful treatment and rehabilitation techniques are being developed with the help of the March of Dimes. Meanwhile, research grantees of The National Foundation are concentrating on promising leads to causes and, eventually, cures and preventives for arthritis and rheumatic disease.

*See page 6.*

## III. HOW DID THE MARCH OF DIMES "GET INTO" BIRTH DEFECTS AND ARTHRITIS?

- A. Knowledge gained in the March of Dimes-supported fight against polio led to new insights into many diseases.
  1. Much of the basic understanding of the life sciences developed in "polio research" is applicable to birth defects and arthritis.

2. Rehabilitation techniques developed for polio victims have proved effective for victims of other crippling conditions.
3. Experienced medical and scientific advisors agreed that a concerted effort, as persistent as the program that triumphed over polio, could bring similar victory over birth defects and arthritis.

*See page 9.*

## IV. HOW DOES THE MARCH OF DIMES FIGHT BIRTH DEFECTS AND ARTHRITIS?

- A. With MEDICAL CARE, through a nationwide network of centers for study and treatment of birth defects and arthritis.
  1. 69 March of Dimes centers are open in 51 cities across the U.S. There are 44 birth defects centers; 25 in arthritis. More will be opened until the need for high-quality medical care is met.
  2. Each center brings together teams of specialists to deal with all aspects of long-term disability that can affect patients and their families.
  3. Many centers conduct research to speed the acquisition of new knowledge and extend its benefits to as many victims everywhere as soon as possible.
- B. With SCIENTIFIC RESEARCH to determine the underlying causes and ultimately to perfect means of preventing crippling birth defects and arthritis.
  1. March of Dimes funds support a broad range of studies to determine why birth defects and arthritis occur, how they may be prevented, and the best means for correcting disease and disability.

*See page 12.*

2. Salk Institute for Biological Studies, established with the help of March of Dimes funds, is now functioning in temporary quarters until the completion of permanent laboratories near San Diego. There, some of the world's most respected scientists will seek greater knowledge of the basic processes of life and of the changes caused by disease.

*See pages 21 and 38.*

C. With PUBLIC AND PROFESSIONAL EDUCATION to increase awareness of the magnitude of the problems of birth defects and arthritis — and how The National Foundation is meeting those problems.

1. The March of Dimes conducts a year-round program of public information to correct popular misconceptions about birth defects and arthritis, and to alert victims and their families to the fact that much can be done to alleviate disability if it is done in time.
2. Doctors, medical students and others in the profession in hospitals and throughout communities served by March of Dimes centers have access to a continually updated flow of the best information about birth defects and arthritis.
3. March of Dimes chapters invest local funds in Health Career Awards to encourage promising students to enter the severely undermanned health professions.

*See page 40.*

#### V. WHAT ABOUT POLIO?

- A. March of Dimes aid to polio victims is still a prime responsibility.
  1. Despite polio's headlong rush to oblivion, thanks to the Salk and Sabin vac-

cines which the American people literally bought and paid for through the March of Dimes, there are still many partially or completely paralyzed victims who need help and further rehabilitation.

2. Aid to an estimated 14,000 polio victims cost about \$4,000,000 in 1963. The high cost of polio care will continue in 1964.

*See page 43.*

The late Dr. Thomas Rivers, dean of American virology, once said, "The road to prevention of congenital malformations . . . or arthritis . . . seems long and difficult. But those who have participated in the progress of The National Foundation during its early polio days recall vividly how difficult or impossible the road to be traveled at that time appeared."

The American people — you and I — have not forgotten, either, how sweet was the victory at the end of that road; how great the sense of achievement to know that we, through the March of Dimes, had played a major role in the battle to make protection from polio possible.

Now there are other cripples to be conquered — other battles to be won — for our neighbors who walk in the posture of pain and for babies born with abnormalities that deny them even the simple joys of a normal life.

The March of Dimes is our battle against disease — our partnership with science — our help for a neighbor in pain — our comfort to parents in despair.

With the confidence bred of past success — with faith that our support can again help science achieve victories in this great fight — we redouble our resolve to FIGHT BIRTH DEFECTS and FIGHT ARTHRITIS!

THE MARCH OF DIMES

**NF**

THE NATIONAL FOUNDATION

