OUTLINE OF ORAL HISTORY INTERVIEW
with
Mary Donaldson

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   A. Organization of Suburban Hospital
      1. Offer of federal government to build hospital
      2. Need for hospital in Montgomery County
      3. Role of women as supporters of hospital
      4. Location of hospital
   B. Growth and development of hospital
      1. Need for funds to buy hospital from federal government
      2. Early attempts to merge with Silver Spring association
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LEAGUE OF WOMEN VOTERS OF MONTGOMERY COUNTY - ORAL HISTORY PROJECT
(in cooperation with the Montgomery County Department of Public Libraries)

BIOGRAPHICAL NOTES ON MARY MACATEE DONALDSON (Mrs. Kenneth Donaldson)

Birthplace: Washington, DC - 1907

Education: Smith College, AB; Smith School of Social Work - 1 summer
Washington School for Secretaries

Business & Professional Experience:

Assistant Director, Public Relations, National Congress of PTA 1930-35
Secretary, Landon School
YWCA, Captain Medicare Alert
Maret School, Director of Development and Alumnae Relations 1966-67

Residence in Montgomery County:

1936-46 Section III, Chevy Chase
1946- Section IV, Chevy Chase

Civic Activities:

Suburban Hospital, member Suburban Hospital Association, 1942 -
Membership & Sustaining Fund Campaign 1945-57
General Chairman, 1953, 1954
Building Fund Campaign 1955-56
Chevy Chase Residential Chairman 1955-56
Administrative Chairman 1955-56
Memorial Gifts Committee 1955-56
Public Relations Committee 1952-60, Chairman 1956-68
Development Program 1957-68
Trustee, 1953-68
Advisory Council 1968-
Woman's Auxiliary, 2nd vice-president 1954-56
Campaign Planning Committee, Chairman 1952-55
Community Involvement Committee 1974

Montgomery County Chapter, American Red Cross 1942-63
Vice-Chairman, Public Information 1950-51
Social Welfare Aide 1951-65
Chairman, Blood Donor Recruitment, 1959-60
Vice-Chairman, Educational Relations, 1965

Washington Regional Blood Program
Operating Committee 1960-62
Vice-Chairman, District #1, 1959-60

USO 1949-53 - period of Korean War, reactivated
Vice-Chairman, USO of Montgomery Co. 1952-53
Chairman, Bethesda USO 1952
Public Relations Chairman 1949-53
Chairman, Staff Conference Public Relations Committee,
Metropolitan Area USO 1950-53
(USO funds withdrawn in 1953 - YWCA in full operation by this time)

Biographical notes of MARY MACATEE DONALDSON (cont'd)

Civic Activities (cont'd)

YWCA of Montgomery County, Inc. electoral member 1949-53
Board of Directors, ex-officio 1952-53 (Provisional Board)
Public Relations Chairman 1959-63
Board of Directors 1965-71
Treasurer, 1967-69; Ch., Finance Ctte 1967-69; Ch., Public Relations, 1969-70; Chairman, Development 1970-71

YWCA of National Capital Area, Inc.
Finance Committee 1967-69
Public Relations Committee, 1969-70

Montgomery County Press Association 1953-
Recording Secretary 1954-55

United Givers Fund
Chairman, Mont. Co. Residential Division 1957
Special Gifts Division 1958

Health & Welfare Council of the National Capital Area
Trustee-at-large 1958-60

Planned Parenthood League of Montgomery County, Inc.
Board of Directors 1955-61
Executive Committee 1955-58
Co-Campaign Chairman 1956
Public Education Chairman 1957-58

Citizens for Eisenhower
Precinct Chairman 1954

Town of Chevy Chase Section IV
Civil Defense Committee
Chairman, Medical Sub-committee
Charter Review Committee

Family Service of Montgomery County
Advisory Committee 1958-59
Research Volunteer, 1960-61

League of Women Voters 1974
Welfare, Oral History, Health Care, Charter, Voter Service and Speakers Bureau Committees

ORAL HISTORY INTERVIEW
with
Mary Donaldson

Interviewer - Helen Scharf

SCHARF: This is an interview with Mrs. Mary Macatee Donaldson. I am Helen Scharf, the interviewer, and we are meeting in my home in Bethesda on this seventh day of February, 1972.

Mrs. Donaldson, where were you born and when did you come to Montgomery County?

DONALDSON: I was born in Washington, D. C., and I moved to Montgomery County in 1936 as a young bride.

SCHARF: Well, throughout your residence in the county, you have been active in a variety of civic affairs. In this interview, we will concentrate, though, on your reminiscences on volunteer activities in health and welfare, and some of your observations on county newspapers. Well, let's start with Suburban Hospital. You've been a member of the Suburban Hospital Association for over thirty years.

DONALDSON: Well, I've been told I have, and I may have been a charter member. I don't really remember this because I rather think it is possible my husband joined me, but the earliest thing I remember about it was a very large meeting over at Leland Junior High, and my husband said I ought to get interested in the community hospital, and I said I didn't have time [because I was then working

with the Ladies' Aid to Garfield Memorial Hospital[7]. But we went, and I may have joined at that time. That was, I believe, the organizing meeting.

The meeting, I had been told, was called the Bethesda branch of the Public Health Lay Committee. I rather think that it was at the instigation of Dr. R. L. Ellicott, who was the health officer for the county at that time.

SCHARF: What was the Lay Health Committee?

DONALDSON: Well, they were committees of the Health Department, the county Health Department, and they worked in conjunction with the various clinics. They were just mostly women, I think, who gave voluntary service within the clinic.

SCHARF: Was it a service that the county couldn't supply in any way at that time?

DONALDSON: I presume it was, and they went on for a good many years after that. They worked with welfare patients. I never worked with them, but I was familiar with them. I think, in the end, Dr. Lindgren, who was a later health officer, found working with them a little too much for his staff, and decided to get rid of them.

SCHARF: Well, now, you went to this first meeting, and what kind of proposition did they lay before the public?

DONALDSON: Well, they said that the opportunity existed to have a hospital because the federal government wanted to build hospitals

around the perimeter of the City of Washington. It was during the War, and the existing hospitals were concentrated in what was supposed to be the target area for air raids, which was in the back of everyone's thinking at that particular time.

So the government had offered to build these hospitals, provided the community would operate them. So the intent of the meeting was really to find people willing to set up committees for an incorporation for the purpose of operating this hospital.

SCHARF: As far as you know, had there been an expressed need in the county for some hospital?

DONALDSON: Well, I'm not familiar with the details before that, but my guess is that there had been. There were no hospitals here, with the exception of the Takoma Park Sanitarium, which was not, at that time, much of a hospital. [At one time, Takoma Park did not accept black in-patients. So we needed an integrated hospital, with an open medical staff.] And we had the little hospital in Sandy Spring, which was so small.

SCHARF: That hospital was the Montgomery General?

DONALDSON: Montgomery General. It was very small, and was also not a fully accredited hospital. [It was known as Dr. Byrd's hospital.] From what I know of hospitals in general, I would think also that there was a tremendous push on the part of any young doctors in the neighborhood to want a hospital for their own purposes,

and there were none that they considered suitable in Montgomery County.

Also, the county had no way of handling its state-aid patients. Paying patients could go into the District, and did, but the state-aid patients, of course, were not eligible, under D. C. laws. So then, I presume, welfare patients must have had to go to Baltimore. I don't know of any other hospitals at that time closer. [We still need the private non-profit hospital to serve the patient too rich for Medicaid and too poor to pay hospital bills -- the hospital service patient for whom no reimbursement is received.]

SCHARF: Well, now, you mentioned that volunteers to organize this were needed. The federal government would finance it. How would they fund that hospital? How did they fund it?

DONALDSON: Well, I understand that they undertook the capital costs of erecting it and purchasing the land, and I believe the agency was the Federal Works Administration. The role of the volunteer appeared to be to furnish it and to buy some equipment. This apparently was -- as near as I can make out, Montgomery County was, at the time, really a bedroom community; and I think that, for the first ten years, it was a woman's hospital. There seemed to be a good many women interested in it, and Mrs. Walter Perry, among others, was very instrumental in getting all existing women's groups working together on it. They raised some money, and they

got donations also of equipment, established a woman's auxiliary and for the first ten years, appeared to do what fund raising was done.

SCHARF: In other words, when you say 'a woman's hospital', you don't mean that they served only women patients, but the women really....

DONALDSON: The women were the organizers and supporters...

SCHARF: I see.

DONALDSON: ...as I remember it.

SCHARF: One other question comes to my mind. Was this one of the hospitals built under the Hill-Burton Act, that supplied federal funds?

DONALDSON: No.

SCHARF: Or did that come later?

DONALDSON: That was later. [Funds came from the Lanham Act.] This was a war-time project, I think, having to do with the Military District of Washington, and the whole intent was to provide medical facilities outside of the range of possible target action. It was purely a project having to do with the fact that this was the location of government, and to provide hospital facilities, [in the event enemy action destroyed the D. C. hospitals].

SCHARF: Would you say a little something about where it was located, and do you have any recollection of why? I mean precise

location.

DONALDSON: No, I don't know exactly why they picked that precise location. [It was a farm. The decision was made by the government.] I presume that it was.... There were two other hospitals built similarly, one in Prince George's and one in Arlington, and there was a hospital of sorts in Takoma Park, and my guess is that they wanted to ring the city of Washington with small hospitals -- because of the location of the others.

SCHARF: Well, now, in looking over your biography, you have a long series of assignments and responsibilities in the hospital organization. Would you like to tell why, for one reason, I keep seeing your name under Campaigns for Membership and Funds?

DONALDSON: Well, it's like anything else. Once you get started with something, it's pretty hard to get out.

SCHARF: Were you a good fund raiser?

DONALDSON: Well, I don't think I'm a good fund raiser really. I'm very good at getting other people to raise money.

SCHARF: In other words, you're the organizer of the fund raisers.

DONALDSON: Well, what I did was sit in the middle andlet everybody else run around and raise money, which is what, in the end, it amounted to.

I did start though, originally, simply ringing doorbells, and

this was something that happened once a year. As I remember it, the door-to-door campaign, as I knew it, began in 1945. They apparently had one or two years of not very successful fund raising, and in 1947, Mrs. Hugh Bickford came out and organized it along the lines of Red Cross. Mrs. Bickford had been an employee of Red Cross during their fund campaigns, and therefore knew their office set-up. So it is my understanding that she organized the files and the system somewhat along the lines that she was familiar with, and it apparently began to grow slowly about that time.

About 1950, Mrs. Benjamin Powell became general chairman, and Ibbie had had many years of experience with Community Chest as a fund raiser and as a member of the budget committee, and because her work had been in Montgomery County, she also knew a good many other fund raisers, I assume, from her previous work with Community Chest. So she was general chairman for about two years [during which the amount raised rose considerably], and then Mrs. Bickford took a turn at it for a year. The object at that particular moment was simply to get enough money to buy the hospital [and to assist with our charity load].

SCHARF: Let's stop just a minute and answer a couple of questions. Why was it necessary to buy the hospital?

DONALDSON: Well, at the end of the War, the federal government didn't want it any more, and had built it for military and defense

reasons, and they did offer it to the community. All three hospitals, in one way or another, continued. In Prince George's, the county bought it [and it is now Prince George's General Hospital]. In Arlington, the community bought it with the assistance of the county [and it is now Arlington Hospital]. But in Montgomery County, the Commissioners would have absolutely nothing to do with it. Certain efforts were made to get them to buy it, and it was a great bargain because it had cost a million dollars and they were offering it for sale for a hundred and twenty-five thousand dollars.

So the Suburban Hospital Association decided to buy it themselves. So they went out ringing doorbells in order to pay for it, and by 1952 it was paid for, but it didn't have a dime in cash assets. So we had a hospital, and we didn't have any money, and it wasn't a very good hospital because it was jerry-built under wartime conditions. It was very difficult to maintain. It was falling down in certain places. The equipment was bad and not well-built. The laundry machines, for example, were made out of wood, and many other peculiarities of that nature existed. [It was also too small and already was having to put patients in the solarium at the end of each corridor.]

What was worse, the doctors didn't like it. It was not their dream hospital by any manner of means. They wanted a very much

larger 1400 bed hospital in a central location, and a good deal of time was spent exploring this possibility. [At this time, together with Arthur Lambert, I represented the hospital on the Medical Care Commission.]

In 1944, a similar association had been incorporated in Silver Spring for the purpose of building a hospital there, but they had not the.... Perhaps it was an accident of the federal government not putting one there. But at any rate, they were not able to get the funds to build a hospital.

So for several years, the Medical Care Commission explored the question of merging the assets of the two associations. The Silver Spring people had had some fund campaigns and had raised some money and owned some land. We had a hospital and no money, and the Health Department wanted a very large hospital in a more central spot.

But it really never came to anything because the Silver Spring people wanted it in Silver Spring, and simply would not listen to merging with the existing hospital. Those of us who were already involved with Suburban felt that there was no point in tearing down an existing hospital in order to build something somewhere else. Also we did not have the millions and millions of dollars that would have been required to do it.

SCHARF: The land values had gone up a great deal, too, since

you originally purchased the land.

DONALDSON: They certainly had. Apparently, somewhere in the past we had been offered more land at, what seems now, an almost ridiculous figure, and had turned it down because we didn't have the money to buy it.

SCHARF: Where was it?

DONALDSON: It was adjoining.

SCHARF: Adjoining it, and do you remember the cost at which it was offered to you?

DONALDSON: I don't remember the figure. I just remember people laughing about it later and saying we were pretty dumb. [So it was bought by a developer and a number of small houses erected on it.]

We did, in time, though, buy most of the property adjoining it, and I think, possibly, we may now own the whole block.

So having decided to stay where we were, the question did begin to arise as to what we were going to do next. The hospital was there. It was functioning, and it did also have in it the county health officer and a number of county clinics.

But we were running at a deficit, and we had no way to balance this out without continual fund raising. Part of our problem, we finally discovered, was that we were really supporting the Health Department.

So we asked the Health Department to leave. I think there was

some repercussion about this because some of the people who had originally been interested in it, and particularly the Public Health Lay Committee, had wanted it partially for the benefit of the Health Department, but the Suburban Hospital Association having purchased it, it was no longer a government agency. It had become a private corporation.

[Shortly after the Suburban Hospital Association assumed full ownership of the hospital, the Board of Trustees employed Miss Amelia Manry, then assistant administrator of Doctor's Hospital, to conduct a survey of our administrative set-up in order to discover why we continued to have a deficit. The hospital was on the verge of bankruptcy, and only the contributed funds from our annual campaigns were keeping alive.

The report showed so much slackness on the part of the existing administration, that the administrator was fired, and Miss Manry was employed as administrator. Not long after, Miss Manry was married, and Amelia Manry Carter has been directing the hospital ever since.

Much of the progress of the hospital has been due to her careful attention to details, cutting down wasteful use of supplies, and over-ordering of equipment.]

So a good many people, I think, left the board about that time and I was not, at that time on the board. I was working with the

fund campaigns. About 1952, the Health Department was asked to leave and did find public quarters, leaving us more space for patients, which, by that time, was beginning to be a great necessity, and for the first time, we took hold, really, as an association with a hospital.

We were still running annual membership and sustaining fund campaigns. By 1952, we had paid off the debt incurred by purchasing the hospital. We had, twice, gotten some money from the County Council to help us with our deficits. I think it was in the neighborhood of, maybe, $21,000, but in view of the fact that our deficit was being partly caused by the inability of the state and county to pay for their patients, we felt that it was up to them to pay what it cost for state-aid patients. That, actually, is something that has never been arrived at, but we still try.

About that time, having decided to stay where we were and having not purchased quite enough land, we decided that the only thing we could do then was to build around the existing hospital and go up, since we couldn't go sideways. So Mr. William N. Morrell, who was one of the in corporators of the hospital and an early president of the hospital, and for many, many years, chairman of the planning committee, worked with a firm of architects to design a plan where we could rebuild the hospital in stages, while raising the money and while continuing to operate the hospital that we had.

They came up with a plan designed to be erected in three stages. We continued, during this time, to run membership and sustaining fund campaigns for the purpose of providing some reserve funds to get into expansion.

I think that one of the things that made a great difference just about that particular moment was that a new man came on the board and his name was Carroll Morgan, and he was really the first trustee with a background in finance and business. We had a good many lawyers, and we had a good many housewives, and we had some physicians, but we didn't really have anybody with a very sound knowledge of finance. This Carroll did have.

So he was elected treasurer, and the first thing he insisted upon doing was to start building up a fund for depreciation. This, it seems, was rather radical thinking on his part because neither the state nor the insurance companies, at that time, recognized depreciation as a chargeable cost for reimbursement.

But he rather ignored all this theory and said if we didn't put some money aside, we'd never get anywhere, and so he promptly began putting aside a portion of income for the purpose of expansion. I believe it amounted, at that time, to about $48,000 a year. This did not suit some of the doctors who wanted it all spent right away, but the board stayed with him on this. So some of our funds were acquired in this way out of income.

I think the interesting thing about all those early fund campaigns, however, was that they were all arrived at without any professional fund raising advice or professional public relations advice. The women ran the office. They did the typing. They kept the files. They counted the money and carried it to the bank. They published a little magazine called the Suburban Hospital Reporter three times a year. We talked the Auxiliary into supplying us with an addressograph, and we began using that for the mailing, which at times was so heavy that I remember once in a hectic moment we even had convalescent patients stuffing envelopes in bed.

By the end of this ten year initial period, we had a mailing list of 10,600 names of members. I think the Reporter is interesting. It was the brainchild, I understand, of Rietta Albritten, Mrs. Errett C. Albritten. In order to pay for this, she went to all the business houses and got them to advertise, so that this cost the hospital nothing. It was paid for by advertisers. [The editor was Arthur Lambert. The writers were Trustees.]

I have always thought that this little publication, which, later on, I took over publishing for a brief period, had a good deal to do with selling the public on the hospital. About the time I came along, we began to realize that we couldn't just go only to contributors, and we began using direct mail at the time of the fund campaign, so that it went to every household within the hospital

service area once a year. We just bought these mailing services.

SCHARF: Mrs. Donaldson, why don't we just take a few minutes for you to tell me something about how you operated in this whole Suburban Hospital picture, this long series of fund campaigns, and what you did and how it worked and how you got involved in the first place.

DONALDSON: Well, I don't know how I got involved in the first place. I simply rang the doorbells on my own block, and I suppose somebody called and asked me to. Since at the time I had very small children, it just seemed something I could do without leaving home. I just sort of rose by stages, by accepting the next higher thing until, by 1952, I was asked to be general chairman. I actually had not realized that being general chairman meant that I was going to have to run the office, as well as finding people because, up to that point, this is what I had been doing really -- was just finding workers.

But I did find that the general chairman of the fund campaign in this particular place and particular time actually was supposed to do the job normally done by a professional fund raiser. We got up our own maps. We printed our own pledge cards. We wrote our own workers' materials. We did our own speaking, and practically all the things that normally you would not expect a voluntary chairman to do. We even kept our own books and had them audited once a

year. And there were several women who did this. Mrs. Benjamin Powell did it two years, and Mrs. Bickford did it one year, and I did it for two years. In 1953, I was elected a Trustee.

At that point, we were ready to go into a building fund campaign and I think we had what amounted to a sit-down strike on the part of past general chairmen. We simply told the men on the board that we were not going to do it any longer. They'd better go and get professional fund raising counsel.

We had, up to that time, been raising what we could by ringing doorbells, but we knew that the type of campaign we had been running was not going to raise funds of a capital nature because we had been raising about fifty or sixty thousand dollars a year, which was covering our deficits. It was allowing us to build up reserves, but it was not going to add up to the million and a half that we knew was needed for the first wing of a hospital.

So we did finally get this through the board as a matter of policy, and we did, for the first time, hire fund raising counsel. In 1955, we began our first building fund campaign. We had the firm of Hogan and Winters as counsel. Unfortunately, our contract with Hogan and Winters called for a six week campaign, at the end of which their contract expired, and they departed, and I had to go back for two more years to mop up.

We finally did get that wing built though, in 1956, and that

was the hard one.

SCHARF: Did that wing cost you the million plus you had anticipated or estimated?

DONALDSON: Well, it cost us more, of course. You estimate and then prices go up, and there are strikes, and all such things happen. We finally had to cut some of our original plans. We had originally planned to have a building capable of being added to. We had anticipated making it strong enough to support two higher stories later, and we had to cut a great deal of this in order to build it at all.

SCHARF: The costs of financing were high at that time? Or was it modest compared to what it is now?

DONALDSON: Our first wing cost about a million and a half. Our second wing cost about two million, and our last wing cost us four million, but it's bigger.

SCHARF: They were financed by mortgages, I take it.

DONALDSON: Well, it was a combination of funds. We had contributions. We had Hill-Burton funds. We had reserve funds because Carroll Morgan had been putting things away for a rainy day, and we had been building up some reserve funds. The balance was met by bank loans. So we did wind up in debt each time.

SCHARF: How is the indebtedness on the hospital now? Is there a large indebtedness, or is it paid off, or....?

DONALDSON: Well, I'm not familiar with it now because I left the board in 1968. The last wing was, by far, the most expensive wing, and it.... For one thing, costs have gone up. For another thing, it is actually bigger. It has two more stories to it, and it also goes further underground, so that it's actually eight stories high. It also has in it some of the most expensive things in a hospital -- the kitchen equipment and laboratory and x-ray equipment. So the equipment was very much more expensive in the final wing than it had been in some of the other [wings], in the first two.

SCHARF: I suppose, too, the four million dollars against the million and a half in some ways reflects the more sophisticated equipment required in a hospital today.

DONALDSON: Yes. Not only does the cost of equipment go up, but it becomes obsolete very rapidly. This is true that it does reflect that.

SCHARF: Well, you sound almost like a professional as you relate the story of the development of a hospital and the work it took on the part of the volunteers.

DONALDSON: I was on a payroll in 1930 and again in 1966. Like many other women I'm getting pretty tired of hearing that my opinion is worth what my salary was. I am a professional public relations woman.

SCHARF: It would be interesting to know how you were able to

get so many volunteers to leave home and come out and give this time. I suppose many of you worked all day long in the hospital.

DONALDSON: Well, actually, no. Being a volunteer myself, I kept that campaign office open only from 9:30 (a.m.) to 3:00 (p.m.), and at 3:00 (p.m.) we all lit out and went home and met the school bus.

SCHARF: Well, that's a five and a half hour day. That is quite a contribution of time on a volunteer basis.

DONALDSON: Well, we just ran it to suit ourselves, and I think, in a way, this is good. In other words, we were not suiting some staff time. We were suiting our time. I think, during peak times, we had several thousand women working on it.

SCHARF: How did you get that many people to give time away from their homes and families?

DONALDSON: Well, I think women like a chance, once in a while, to get away from their homes and families, and if you have enough people doing it, nobody has to do it too long.

SCHARF: Today, young people have a difficult time. They come to meetings with their little ones by their hands. Did your women do that?

DONALDSON: Sometimes.

SCHARF: They did?

DONALDSON: We just let them do whatever they needed to. I think

women with small children were more likely to be the doorbell ringers. The people who actually worked in the office were like Mrs. Herron, Mrs. Charles Herron, whose husband was a retired Army general. I think the files were kept really by retired generals' and admirals' wives. I've never seen so many Army and Navy people in one place in my life. But they just came in, and they patiently kept the records. It wasn't easy because to post ten thousand contributions began to take all summer, too.

SCHARF: I see on this list of your biographical facts that you worked straight through in an active assignment until about 1968. I believe your last assignment was working with the development program. Does that refer to the development of the new hospital as we know it today?

DONALDSON: [In fund raising, development refers to capital funds. Building had priority until 1966, when the third wing was opened, but we also began an Endowment Fund, and began to encourage bequests.] After the first wing was up, our financial crisis, in a way, was over because one of the problems with the old building had been that we did not have enough private rooms. The only patient from whom a hospital can make anything at all is the patient in the private room because the semi-private room pays its own way only. It does not pay for things like the emergency room or the out-patient clinic or all these other things. But the private patient who pays a little

more than his insurance is the only patient from whom a hospital can make any kind of profit.

So our first wing did give us, for the first time, enough private rooms to increase our own income somewhat. Also, Carroll Morgan was fighting continuously with the insurance companies -- well, we all were -- and with the county [and state] government to get higher reimbursement. So our loss on the non-paying patient was lessened somewhat, and also we were getting a good deal [of unsolicited money in contributions]. Once the first wing was up, the hospital began to sell itself, in a way. We didn't have to work so hard at it.

One of my favorite campaign stories used to be the woman on my own block. I called her one time and asked her if she wanted to work, would work on the campaign. She said no. She had just gotten there, and had just come to Montgomery County, and she didn't want to. The following year, I called her and asked her if she would and she said yes. She really hadn't thought much about the hospital, but her next door neighbor had fallen downstairs and broken a leg, and she had to dash her over to Suburban, and she suddenly realized what an advantage an emergency room was.

Well, that particular woman who had said she wasn't interested, in time, became one of our large contributors. She donated a room. Well, we hadn't done that. The emergency room had, just by being

there.

SCHARF: Another appeal was to the mother of the child who had the accident, had to have a quick break set or an x-ray taken to see if there was a break. We all, with young children, had this experience. This is probably the first introduction to many of us to the Suburban facilities, where heretofore we'd always used the city hospital facilities.

DONALDSON: This is right. Or the school would say, "Here is your child. We took him from the playground. Would you kindly pick him up? He's been sewn up." People began to realize that what we had been talking about actually was something that they did want and could use.

SCHARF: Well, it must be a source of great satisfaction to you to drive by that hospital today and see that finished building after all these....

DONALDSON: Well, it's a little hard to believe that the old one is gone.

SCHARF: All those thirty years your contribution of time and effort. Could we move on?

DONALDSON: I think an interesting point might be why I left in 1968, and I left in 1968 because Mary Donaldson, Junior, came home and said she had decided to study medicine, and she wanted to go to Suburban Hospital and apply for a job. She couldn't do that if I

stayed on the board and why didn't I resign. And I said, "Well, I don't know why I don't." So I refused further nomination. In June, she will have an M.D. degree, so I guess we've got another person around who is going to be interested in hospitals.

SCHARF: I think that was a great reward for all your service, and I'm sure you feel that way about it, too.

Do you have any other observations before we leave the subject of health, or at least hospitals, on other hospitals in the county or any problems that are peculiar to our area in hospitals?

DONALDSON: Well, the other hospitals have all been having to grow the same way Suburban has, and they all have, I think. The Silver Spring people solved their problem eventually with Holy Cross, and Takoma Park, which was originally simply a Sanitarium, is now a fairly sizeable general hospital. Montgomery General also has recently been completely rebuilt, itself. So I think they have all been doing the same thing, probably, in their own way.

[One problem peculiar to the Washington area is that we must compete with the large federal hospitals for skilled workers and must approximate their salary and benefits scale.

Suburban Hospital lost a lot of nurses to N.I.H. when their clinical center was first opened, and I can't remember a time when all authorized positions were filled, because of a lack of qualified applicants.]

SCHARF: As I see the help leave, at the turnover time at the end of the day, and wait for the bus, I wonder how the transportation problem is handled for all of the,well, let's say, the auxiliary, the paramedical staff that is needed to run a hospital.

DONALDSON: Suburban Hospital sends a stationwagon to Western Avenue to help solve its problem twice a day.

SCHARF: Is that so?

DONALDSON: At late shift times. It has always had to do this. It simply can't get the lower priced help unless it does. It has done that for years.

SCHARF: I would assume that this problem becomes more acute as you go farther into the upper county area, such as is necessary with the Montgomery County General.

DONALDSON: They say not. Of course, it's still a smaller hospital, but also they are in the upper county where there are more lower-income people. Your professionals usually have cars -- your nurses. It's your laundry people, your orderlies, your cooks, that are so difficult to get, and your janitors. They say they have enough people of this type in their area. Now just the fact that they have enlarged somewhat may provide some jobs up in that area that had not been in existence. [If they get too big this may become a problem].

SCHARF: We might talk a bit about your Red Cross connections.

You also had time, in your busy schedule, to give time to the Red Cross. Did you go into that at the time of the War, or how did you get involved in the Red Cross in Montgomery County?

DONALDSON: It was during the War. Actually, Red Cross, I think, is the oldest agency in Montgomery County. It was founded during World War One. So it was already there, and during the War, it began expanding. I mean during World War Two, it began expanding at a very rapid rate.

I was initially involved in a small neighborhood production unit, which actually suited me very well because it was just women within walking distance, we simply took our children with us and got involved in this thing.

SCHARF: What were you doing?

DONALDSON: Oh, making layettes and knitting sea boots, and things of this nature. This went on for some years, this little production unit. We also made dressings, too, the sort of things that women make.

SCHARF: The layettes -- how did they relate to the war activity?

DONALDSON: I get my wars mixed. Was it Belgian babies this time? Once it was.

SCHARF: I don't know. I was just curious.

DONALDSON: They were war refugees overseas.

SCHARF: Wherever we were serving or helping...

DONALDSON: Yes.

SCHARF: ... through the Red Cross, we assisted the civilians in any way that was needed.

DONALDSON: And we made layettes. It was one of the things that we did.

Actually I think the reason that I later on became more active was the fact that, about the time of the Korean War, many people thought we were headed for another war, and I decided that I had knitted my way through two world wars because I learned to knit in World War One with Junior Red Cross, and if we were going to have another one, maybe I ought to be doing something for which I was better suited because I was never very good at it.

SCHARF: You were the person they made the cartoons about?

DONALDSON: I was the person that took out the basting stitches. [LAUGHTER]

DONALDSON: We had a professional dressmaker who would whip things up in no time, and I would.... As I say, my job was taking out the basting stitches, and I did wade my way through one pair of sea boots, but this took so long that after that I took on the smallest size mittens. Incidentally, they are very good mittens. I still knit them for my grandchildren.

SCHARF: You did publicity work for the Red Cross. You were in their information program at one time. What did this involve?

DONALDSON: Well, I did that for a short time when I first went there. There already was a woman there who was chairman of public information, and when I first went there, I was assigned to this thing to work with. She wanted to set up and did set up for a short period a committee, and I did the press work. She had another woman who coped with radio spots and another woman who set up a speakers bureau.

I didn't stay more than perhaps a year, maybe not that long, because I got interested in being a social welfare aide and went on and took that training instead, and stayed fifteen years with that.

SCHARF: How did that relate to the Red Cross? Where was there need for this kind of volunteer assistance?

DONALDSON: Well, frankly, I think it was much too elaborate. I think many of these little public relations committees are.

SCHARF: No, I was thinking of the welfare aide.

DONALDSON: Oh, the social welfare aide.

SCHARF: Yes.

DONALDSON: Well, the social welfare aide, in this particular chapter, did the case work for the chapter in the division called Home Service.

SCHARF: And that's available to military only or....?

DONALDSON: Military and veterans, under certain circumstances. It covers financial assistance. One of the big items is verifying

a need for emergency leave, reporting, communications, counseling, and this sort of thing. Financial assistance is limited to servicemen and their families during periods of interruption of allotment, and to veterans during a period of first adjudication of claim. We did not have too many veterans, but once in a while the Department of Public Welfare would refer someone eligible. [We could assist civilians when there was a disaster involving five or more families.]

SCHARF: This was money that was extended by the Red Cross on a temporary basis. This was Red Cross funding that went into this?

DONALDSON: Yes. We gave grants or loans, depending. Most of them were loans to the servicemen, and we were not supposed to supplement an allotment. But occasionally, if we were sure that they could never pay it back, it would be a grant, and we could also assist a serviceman under emergency, real emergency.

SCHARF: Is this service still carried on by the Red Cross as one of its accepted responsibilities?

DONALDSON: As far as I know. They have changed the name from Home Service to Service to Armed Forces, but as far as I know, they still do this.

SCHARF: How much of your time did this take?

DONALDSON: Well, just one day a week. There were five of us, and each of us would put in a day a week, which was the equivalent of one full-time staff person.

SCHARF: Did you go into the home or did you usually have your client visit you at the office?

DONALDSON: Well, it would depend. If we wanted a home conditions report, we'd have to go get the report. Most of it could go on in the office because a tremendous amount of it was verifying need for emergency leave or need for compassionate transfer or discharge. Of course, in a request for a discharge or transfer, we frequently would have to go into the home.

SCHARF: Did the Red Cross, itself, offer this training that you mentioned taking?

DONALDSON: Yes. I took a course offered jointly with five other chapters.

SCHARF: Would you like to tell us something else about your Red Cross interests and other programs of the Red Cross with which you worked?

DONALDSON: Well, I worked really mostly with Home Service because this was what I liked to do. But I did work for a while with the Red Cross blood program, and for one year I was blood donor recruitment chairman, which meant I had to get people out who were to donate blood.

We had a quota. I picked a bad year to do it because I had no sooner said I would do it than they doubled the quota. We had been picking up about five thousand bottles, which meant you had to

have about eight thousand donors because not everybody who shows up can donate.

SCHARF: Per what? Week? Month? Year?

DONALDSON: This was an annual quota. They doubled it because of the doubled population of the county. It was realistic but the local Red Cross was not really geared for it, and so it was a very difficult thing to achive in one year, a rise from five to ten thousand. I did not achieve it. I managed to get it up one thousand. I happened to pick up the paper the other day [and saw a Red Cross report,] and in all the years since, they've only gotten it up to thirteen thousand.

But that was another case where a volunteer was doing something that should have become a staff job, and after a year, I was really exhausted from that and resigned from it. Then they did put on a paid director.

SCHARF: The mechanics of scheduling people as well as enlisting their interest and committing them to an appointment were parts of your job?

DONALDSON: Well, it was more a question of getting groups to do it, to do the actual mechanics of getting the individual, but you can't do blood recruitment once a year like money and put it in the bank because it only lasts twenty-one days. So what it boiled down to was trying to run about fifty-two small campaigns a year because

it was.... They would send a unit from the center downtown out to Montgomery County for the purpose of collecting blood and with the hope of getting about two hundred bottles at each trip, which meant to collect ten thousand bottles, you had to have about fifty-two visits set up because visits were scheduled once a week the year around.

So it was a question of finding a group willing to sponsor it, a group or an individual willing to get that many people in, plus also a place to do it, usually a church or a large office. So it all had to tie in.

SCHARF: Was that prior to the existence of that Red Cross building on East-West Highway?

DONALDSON: No, by that time, it was there, but we did not often run a Bloodmobile there. They called it a Bloodmobile, which I always thought was confusing because you do not donate blood inside the van. It simply transports supplies, but then you have to set them up inside a place. It was usually in a church or something closer to the donors.

There again, it was a transportation problem. We had to go where the donors were rather than expecting them to come to us.

SCHARF: The collection was a regional collection or for use just here in the county?

DONALDSON: Oh, it covers a very large region. It covers thirty-

seven Red Cross chapters, the Washington Regional Blood Program does.

SCHARF: When you enlisted your donors, then the blood that you received in Montgomery County was distributed from a center that was more regional in its coverage? It didn't go directly to a blood bank or a hospital here in the county?

DONALDSON: Oh, no. It went to a central laboratory, which, incidentally.... No, that's the national one that's moved to Montgomery County. But it went to a central laboratory for processing and for storage, and then reshipped from there to the civilian hospitals, as requested by the hospitals. But these were hospitals within a very wide area. It included, well, all the Washington Metropolitan area, the counties, as well as the District of Columbia, and, I think, possible, in Maryland, it may have included Charles [County]. I have forgotten exactly how far it went in Maryland because there's a Baltimore Regional Blood Program that covers most of that area. But it did cover a wide section of Virginia, up to the Shenandoah Valley, and down as far south as Charlottesville.

The ten thousand bottles that I am talking about was only the Montgomery County quota of a very much bigger quota, and the effort was to supply all the blood needs of the civilian hospitals within this wide area.

SCHARF: Has that goal every been achieved?

DONALDSON: It comes close, but at times, it falls down, and a good many of the larger hospitals have started their own banks in order to be able to pick up the donor that is interested in a particular patient, for example, to be able to line up donors in an emergency situation. Because if somebody is going to die without blood transfusion, donors will show up -- if there is no other way.

There are times when there is a tremendous shortage, particularly around Christmas. People don't want to bother. During the summer, people are away on vacation. It gets low then.

SCHARF: Would you say that the Red Cross maintains its appeal whether or not we are in a crisis situation, such as war or disaster?

DONALDSON: Frankly, I worked on the operating committee, which is the policy group for the regional blood program for a little while, and I found myself so at outs with it, I just didn't stay very long. I think it is organized wrong, from a public relations point of view, and the director of it is a pathologist, and this apparently is a regulation. He is not skilled at all in public relations.

They do carry on a certain amount of research, but I think that actually the director.... I think there should be a pathologist, but I think the director of the blood program should be a very highly skilled public relations person, myself.

The chapters have had no help. They don't even have materials. It's just what they can think of to do themselves. During the War, this was quite different because it was a military program, and the government put all kinds of public relations effort behind this. But when the War was over, it was closed out for a brief time. Then the civilian hospitals saw the possibilities of it and asked that it be reactivated.

The Medical Society insisted that the director be a physician. I think the American Medical Association also insisted. This was a national project within a number of areas, and that's why it is transferable around the country within areas where there is a Red Cross blood bank, a Red Cross program. The government wants it maintained because there it will be in case of another disaster or emergency, but it simply has never, to my way of thinking, been run properly from the point of view of public relations -- of trying to get donors.

SCHARF: Just one question.... Oh, well, there is another activity that you were involved in, associated with health, and that's Planned Parenthood. I believe you were interested in Planned Parenthood in Montgomery County as far back as 1955. Were you interested because there was a need for it that you thought was not being met, or did you have a special talent that they enlisted?

DONALDSON: Well, I think they thought that I could help with their fund campaign. By that time....

SCHARF: Money woman.

DONALDSON: By that time, I began to think that I was going to wind up on every finance committee in Montgomery County.

Actually, I had been interested in Planned Parenthood for a good many years and was a regular contributor to it, and I was asked to serve on the board and was co-chairman with their.... They had a joint fund campaign with the D. C. Planned Parenthood, and so there was a chairman from D. C., and I was from Montgomery County. One year, I did this.

Then, for a while, I was chairman of educational.... What did they call it? Community education.

SCHARF: Public education.

DONALDSON: Public education. I think they called it public education, but this was not a press job as so many of the others were. It was a matter of relationships with other agencies, and it was a matter of finding out why we were not, for example, getting referrals from the Family Services Agency. Well, we knew why we weren't -- because the director of it was a Catholic, but it was a matter of pointing out to the board that possibly this may be a resource that they were overlooking in working with their clients.

I think the thing that I got most bogged down with at that

particular moment was the fact that, because I was supposed to handle its relationships with other agencies, I got all bogged down in the effort to get it introduced into the Health and Welfare Council and into UGF, and had to fight it through all those committees. We did get it accepted in Montgomery County and then tossed out by the area, which at the moment was....

SCHARF: Was this a conflict in basic philosophy or religious convictions?

DONALDSON: The vote in Montgomery County was ten to two in favor of accepting us, and the vote downtown was so close that we lost because two of our board members, who were on the Health and Welfare Council as representatives of other agencies, were not allowed to vote. It was almost a tie vote.

Well, yes, we think that it was a religious battle. It was the first year of UGF, and the Catholics were threatening not to support [United] fund raising if they accepted Planned Parenthood. It was one of those times when I had a little organizational schizophrenia because I was UGF chairman, and I could see that there might have been a point there. The Catholics were refusing to work on or even donate to the campaign if Planned Parenthood were accepted.

[The Montgomery County Community Chest and Council was the first in the United States to accept Planned Parenthood into full

membership.]

SCHARF: Has that divisiveness ever been overcome?

DONALDSON: Well, frankly, I don't know. I believe not and, actually, I was not too much in favor of Planned Parenthood applying because it had been my observation that anybody that gets involved in united fund raising just gets their budgets frozen wherever they are and that's the end of it. I have heard that Planned Parenthood later was invited and refused. They realized, by that time, that budget-wise they were much better off to raise their own funds.

This period of time when I was there was the end of the Montgomery County League. I happened to rotate off the board just as it merged with the D. C. League.

SCHARF: League of what?

DONALDSON: Planned Parenthood League. It became the Planned Parenthood--National Capital Area, or some such name.

We actually felt that there was no longer a need for it in Montgomery County. We had managed to get the laws changed. We had managed to get it in the Health Department clinics, and we felt that the private physicians here were perfectly well able to cope with it, and that it was pretty much a part of people's mores here, and that we'd be better off to go out of business and just lend our energies to downtown, where this wasn't quite the case. It's

to someone who can, so that you have to know what all the resources are.

A veteran may wander in, and he's eligible for assistance from you under certain circumstances, but if he is not, it may be necessary to refer him, say, to the Department of Public Welfare. So then it would be a question of phoning a caseworker, an intake worker, at Welfare, and ask if they will accept this referral, and then possibly giving the person carfare enough to get there. Occasionally, in Red Cross with Motor Service, we'd have to take somebody there because they'd wind up [at the Red Cross Chapter House] without a dime.

So that you got to know what the other resources were and what other resources weren't, were non-existent also.

SCHARF: What time frame are you saying these things in? Was this 1950? 1960?

DONALDSON: I was active with it from about 1950 to about 1965, roughly. So it's during a fifteen year period.

SCHARF: The reason I ask is it seems amazing that we depended on volunteers to do so much of this work. You travelled to various parts of the county, and you filled a service that nobody else was filling, really. Is this characteristic of comparable communities today?

DONALDSON: I don't think so. I think it was this particular chap-

ter. The director of it was a woman who insisted that the volunteers she could find were of higher caliber than the people she could hire, and she insisted on doing it that way.

SCHARF: The Red Cross Chapter, you are talking about?

DONALDSON: The director of the Red Cross Chapter did. Normally, the people who were allowed to do it, they'd have background in.... A number of the other volunteers had master's degrees, and I had been a sociology major and had a little background, so that it wasn't as silly as it may sound.

SCHARF: If there were no Red Cross, on which agency would this responsibility fall?

DONALDSON: The serviceman and the veteran?

SCHARF: Yes.

DONALDSON: I have no idea. It wouldn't get done, I presume. The problems of the serviceman, of course.... Actually, we were working, largely, being where we were, with the serviceman's family. Working with the serviceman would be the field director at his post or at the hospitals, depending on whether he was a patient or not. The families would, probably, not be eligible for welfare because a serviceman is employed. But if the serviceman is employed in Viet Nam and your allotment isn't there because of peculiar governmental difficulties, you are going to get pretty

hungry. So I think it is really necessary in some cases.

SCHARF: This was a service that would otherwise have been very expensive for the Red Cross, but as it was staffed mainly by volunteers, it was really a gift. I mean this was a budget item that didn't have to be....

DONALDSON: Well, somebody figured one time that I had put in, when I left, the equivalent of three years full time, but I was doing it one day a week. I would occasionally pick up an extra day. Let's say I had a case in which I was particularly interested, and it was rather necessary for the same person to follow through. I would sometimes just follow through in an extra day or two.

SCHARF: Was the Family Service a volunteer operation?

DONALDSON: It was voluntary in the sense that it was supported by voluntary contributions, but it does not use any volunteers for casework.

SCHARF: Now, this is an agency?

DONALDSON: This is a UGF-supported agency.

SCHARF: Family Services is the proper name, I suspect, and it is not tax supported, but it is funded enough so that it has a paid staff.

DONALDSON: Yes. [The full name is Family Service of Montgomery County, Inc. It is the successor to the old Social Service League, which was more of a catch-all agency.] While it does not use volun-

teers in that way at all, it is stymied, they say, because they have so little funding. But that is the reason it went out of offering any financial assistance at all. It simply did not have the funds. During the time that I was working with the agency, it changed its direction and stopped offering anything of this nature to the transient in the way of financial assistance and concentrates almost entirely in the field of counseling now -- family counseling, and particularly marital counseling.

[I worked there for one year doing research on their case load, but I was the only volunteer there, and they didn't know what to do with me. So the director asked me to go on the Board. However, I was on too many boards already, so I declined.]

SCHARF: You mentioned 'transient'. Is this an area in which they try to help because there are no other services available for this person?

DONALDSON: As far as I know, they still don't [offer financial assistance]. I understand that the residence requirement [for government assistance] has been ruled unconstitutional, but I don't know what the county is doing about it.

SCHARF: In other words, public welfare probably wouldn't cover this person, and so the only thing he could do would be to go to the Family Services and get some advice? No money? Just advice?

DONALDSON: Get some advice. My advice has always been -- why don't you go a little further into the District? I mean I have

literally done this with people. [Red Cross is located only twenty yards from the District Line.]

SCHARF: You are suggesting that Montgomery County services don't reach all the people who might need them?

DONALDSON: Well, I'm suggesting that Montgomery County simply does not have the private services that most places do.

SCHARF: I see.

DONALDSON: It has a better, I think, Welfare Department than many, but the private services are non-existent. The Salvation Army is non-existent. The Visiting Nurse Service has recently begun to serve out here. But it used to be that it was available only within a five mile radius of the District Line, and not available at all to indigents. Well, the Health Department, presumably, was supplying this to indigents, but the in-between person who could profit from a visiting nurse couldn't get one. Then they began going within five miles of the District Line, and recently they have opened an office.

The Travelers Aid Service is non-existent. For a person that I thought could profit by Travelers Aid, I'd just dump them across the District Line, and tell them to go to the nearest telephone.

SCHARF: Yes. We are so organized. How have we been left alone by these agencies that you referred to, such as the Salvation Army, Travelers Aid?

DONALDSON: They don't want us. They insist that we have not got the case load to warrant it. [Montgomery County is too affluent.] In the case of Travelers Aid, their relationships are with the Welfare Department because in the case of an indigent, what is done with a transient is to send him back to where he has residency. So it requires the service of the governmental agency to verify residence somewhere else and the willingness of somewhere else to take him. I can assure you that some people wind up in no man's land. But Travelers Aid can only function within the framework of the District of Columbia because of the type of work they do.

Actually, the Department of Public Welfare in Montgomery County will do the same thing for a transient, but you get a transient who doesn't want to go....

SCHARF: If he is without funds, are funds supplied to him for transportation?

DONALDSON: Well, it's one of those things. [He has to be eligible.] We used to keep a thing we called the coffeepot fund, and we'd use that when there just wasn't another answer. It would at least get them a little further. It was just something we did.

SCHARF: Just made of voluntary contributions?

DONALDSON: Well, we used to pay for our coffee. If we wanted coffee, we'd go out and put a dime in the pot and we'd charge a little more than the price of the coffee. So we had a little fund

that we would dip into now and then.

SCHARF: This was at the Red Cross?

DONALDSON: This was just a very informal thing that just the volunteers did because we knew these things happen at times. [It was outside the regular Red Cross funds, and therefore not subject to policy.]

At one time, Rita Beucher [Director of the Health and Welfare Council] did want to.... She got rather irate about it [and tried to talk me into raising a fund for emergency financial assistance to be administered by some existing agency. But I was tired of raising money.] I would try to bounce these cases back to the Health and Welfare Council, if possible, because they were the ones that were responsible for refusing to put the Salvation Army out here. So if I had a case like that, I would try to hand it over to Rita if I could, and there were all kinds of queer little ways of doing it. Sometimes you could interest some church group into doing it. But you get a case like that and you really.... If you could find a church.... If there was somebody with a church, you would try to get his denomination interested, or the handiest minister. But these were not organized ways of helping.

SCHARF: Tell me something about this movement I've read about or heard about lately called FISH. Is this an effort to take up a slack here where there is no public agency or private agency?

DONALDSON: HELP and FISH.

SCHARF: HELP and FISH? Two different programs?

DONALDSON: Help and FISH. Well, I don't know a tremendous amount about them except that they are largely, seem to be connected with the churches. They are just people who guarantee to get you over the problem you have, apparently. You can call one of them, and they'll use their ingenuity. How much funding they have, I don't know -- probably not [much].

SCHARF: Is it your understanding that they also refer people to someone who can do something for them, or do they find the source of help themselves?

DONALDSON: Most ministers, these days, have a good deal of counseling training, and I would guess that there is some referral. I don't know too much about them. I just know that they are new and they exist, and it just capitalizes on people's instincts to help people. [I asked Rita Beuchert one time if she ever solved the problem of emergency financial assistance, and she indicated she had a lot to do with starting them. That is, HELP and FISH.]

SCHARF: In other words, We still have with us a vast number of people who need help for which there is no group set up, either...

DONALDSON: And a vast number of people who like to help, apparently.

SCHARF: People of good will. Is there anything else you would

like to say about the subject of welfare before we leave it?

DONALDSON: No, it's one of the insoluble problems of all ages, apparently, and still being studied. I don't think the situation here is as good as it ought to be. It's better than it was.

SCHARF: Perhaps we have to have more crises before we give it more public attention.

DONALDSON: I hope not a depression.

SCHARF: I hope not. You have had a great deal of experience with our newspapers in some of these volunteer jobs you've had. You've needed the help of the press for publicity for announcements. Would you like to make comments on the value of the weekly newspaper in a suburban community?

DONALDSON: Oh, well, I think there is no question about the value of it, particularly in this area where the metropolitan press is so much interested in national news. It really is not very comparable to the press anywhere else. To get a local story out is one of the most difficult things to do, I think. The papers exist, but there are too many of them. They are competitive with each other. They do not have enough circulation to tell the whole story to everyone, but they do have a value -- that they will print the story the way you send it in, as a rule.

SCHARF: They'll make room for it.

DONALDSON: They are glad to have it, apparently. They won't cut

it. They won't garble it, as a rule, if you get in there with a written statement. There's been a slight tendency on the part of one or two of them lately to begin cutting and rewriting, but up 'til now, they would at least print it the way it went out.

There has been a slight change, I think, in the metropolitan press in that they now have a Metro Section, but these things are happening five times probably in all these counties, and they just won't print it five times. Of course, there again, you wind up in one of these jurisdictional things that, some way, has got to get solved.

SCHARF: Now, you mentioned the fact that there are many of them. They are in competition with each other. Why do you suppose a person starts a newspaper in a situation like that, where we have a few newspapers in existence already?

DONALDSON: I can only assume that each one thinks he can do better than the last. I think, in one or two instances, somebody actually had a story to tell. I've always thought Gertrude Bradley did. I think that she wanted this charter thing, and a newspaper was her talent, and she just gave it to the community. But she couldn't make it pay.

I don't really know why the others have done it, and they've been through a number of different hands.

SCHARF: That, in itself, would tell a story, perhaps?

DONALDSON: Well, it shows that it is hard to make a living that way, among other things. Unfortunately, circulation doesn't pay for a newspaper. It's the advertising. John Steelman told me that it took him two years -- that he had to sink a great deal of capital into the Record after he bought it before it was on an even keel financially. I don't even understand how some of them do keep going, frankly. They have a limited circulation. They have not much appeal except for the small advertiser.

SCHARF: What about the staff situation on these papers? Are any of these newspapers well staffed?

DONALDSON: None of them ever have been, unless the Sentinel is now. It may [be]. They have mostly consisted of an editor and some part-time reporters, usually not very good, and handouts [from P. R. people].

SCHARF: The handout papers we now have in the county, the Advertiser and the Billboard, which is a newcomer, attempt to do two things, earn money and tell a story, too.

DONALDSON: Actually, Paulin makes no bones about his being an advertising man, but, as he goes, he will tell a story. I rather admire him for his point of view, because the story does get circulated. The degree of readership of that type of thing, of course, is another thing. Paid circulation is presumed to be better circulation.

I don't know if there is an answer to it. I know that most people that are able to do so, if they really want to get a story out, go into direct mail. Even the county government does that.

SCHARF: Are you a member of the Montgomery County Press Association?

DONALDSON: Yes.

SCHARF: What is the purpose of that organization?

DONALDSON: Well, it provides some interchange among them. They have a luncheon meeting one Friday a month, which is the day after they go to press, and they move around from restaurant to restaurant, and frequently have a speaker of.... Well, the next one is going to be Hovsepian. If they can get a speaker of interest, they do. Sometimes they do have a business meeting. About twice a year, they have a party. They have a party at Christmas time, and in the summer, they generally get together and have a big picnic sort of thing.

SCHARF: You are saying really it has a social purpose as well as an information purpose?

DONALDSON: Apparently, it does, and it consists not only of the editors and reporters, but also of the various public relations people in the county. That was how I happened to get in it because I was working with Red Cross public relations at that time.

SCHARF: At one time, they offered seminars or workshops for

the volunteer, the novice.

DONALDSON: They do that every few years. They had one about a year ago, and just recently I got a thing from them requesting that I fill out a form with background and stuff because they have offered their services as speakers to the schools. You were supposed to put down on what subjects you might be willing to speak, say, to an elementary or to a high school, and particularly, would you be able to speak about journalism as a career or radio as a career or public relations as a career. So that's a new venture for them.

They also.... I think they still do, but for many years, they've had an event that supported a scholarship in journalism out at the University of Maryland.

Precisely, what they get out of it themselves, I don't know. I've felt that, possibly, the people, like myself, interested in public relations, may have gotten a little more out of it than anybody else because it allowed us to get to know the people who handled the press.

SCHARF: Have you any comments on editors you have known in Montgomery County, or newspaper people in general? Are there any that you consider outstanding?

DONALDSON: /The time when I was doing active press work was in the period between 1949 - 1956, so my recollections are old. I don't see all the papers any more./ Well, I thought Gertrude

Bradley was, and I think Roger Farquhar is. I think John Benedict is a good editor. The paper, itself, for some reason.... I can't quite figure the total content [of the Record]. I'm going by his editorials. The sort of thing I can know about an editor is his editorials, which, I assume, are written by the editor. Only I'm not always certain of that with these county papers, but I rather think, at the moment, these particular three, at least, have written their own editorials. Most of the others have just not been any good at all. I can't remember anybody else that I thought was any good.

SCHARF: I really think we've covered lightly some of your activities in which you have not been lightly involved. We have at least made a start on this. I hope we can come back and fill out some of it, as we think about more of the facets of this that we need to record. I've enjoyed interviewing you.