

aid granted will be sufficient for a plain, but not luxurious, standard of living based upon previous environment and living conditions; sources from which food, clothing, and other necessities have been obtained and the probability that similar conditions will continue. The health of the applicant and needs for medical treatment at present or in the near future are important elements for consideration.

The possession of real or personal property has an important influence on the determination of the amount of the award to be granted. To the extent that an applicant has property, the "need" for aid is modified. If any property was liquid (cash in bank, bonds, etc.) there would be no immediate need, and no aid should be granted until such property had been used for living expenses, except in the few cases where cash in bank was being held to cover expenses of a surgical operation or other exceptional requirement.

When property is in the form of real estate, deposit in a frozen bank, or stock or bonds, with no present salable value, the problem is that of conversion to usable income. In the State of Ohio this is done by transfer in trust of such property and the granting of an award, which action is equivalent to a sale on the installment-payment plan. Owing to the cost of handling some types of property, exemption of transfer can well be made when the value of real property does not exceed \$500 and personal property, including life insurance, does not exceed \$100 or \$200. Cases of excessive amounts of life insurance, with heavy weekly premium expense, are not uncommon and the use of a considerable part of an award to meet life-insurance costs for excessive insurance is plainly improper.

The transfer of such property is very desirable to prevent chiseling by impecunious children, cases being frequent, where, when an award has been granted parents, children try to have life-insurance policies surrendered for the cash value that they may use the money so obtained.

The transfer of property exceeding a stated amount is, therefore, simply conserving it, and applying it to the needs of the aged.

Such transfer of property and the granting of an adequate award would appear much more suitable than the restrictions found in the recently modified laws of Great Britain, which exempt property not over £25 (\$125) and reduce the award approximately \$11.50 per year for each additional £25 of property owned.

A limit to the maximum amount that may be granted is very advisable (with possibly provision for medical or other exceptional requirements) and \$30 per month would seem to be such maximum.

The other conditions of eligibility as expressed in the Ohio law have been found to be reasonable, and no hardships are being created that have come to the attention of the State office.

It should be kept in mind that a noncontributory plan involves a constantly increasing annual cost to the State, with an eventual tax burden that would be beyond the amount that could be equitably apportioned. An ultimate contributory plan will be necessary, but the amount to be granted should be kept at an amount that will provide only for adequate living costs, if the contributions are to be within the ability of those in the lower income brackets.

The CHAIRMAN. The next witness is Dr. Thomas Parran, State health officer of New York State, of New York City. Dr. Parran, will you please come forward and give the stenographer your name and address?

STATEMENT OF DR. THOMAS PARRAN, STATE HEALTH COMMISSIONER OF THE STATE OF NEW YORK; CHAIRMAN OF THE EXECUTIVE BOARD OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The CHAIRMAN. Dr. Parran, will you proceed, now, under the 5-minute rule, unless the time is extended by the committee? In the event you are unable to complete your main statement in that time and it would not be satisfactory to extend your remarks in the record, the committee can by their own action extend your time.

Dr. PARRAN. Thank you, Mr. Chairman. I think 5 minutes may be ample. My name is Thomas Parran.

Mr. TREADWAY. I suggest, Mr. Chairman, you allow him 10 minutes to start with, and see how he gets along.

The CHAIRMAN. Would 5 minutes be sufficient?

Dr. PARRAN. I think so.

The CHAIRMAN. You may proceed.

Dr. PARRAN. Mr. Chairman, members of the committee, I am State Health commissioner of New York State. In addition, I happen to be the chairman of the executive board of the American Public Health Association. That association is the one professional society of the public-health workers of this country. I wish to appear here in both capacities, supporting the public-health provisions of the Economic Security Act.

The American Public Health Association on several occasions has gone on record as approving and petitioning the Congress and the President to include Federal assistance to the States in developing their public-health work. Moreover, Mr. Chairman, New York State is in need of the public-health provisions of this bill.

Ill health is a considerable factor in making for the insecurity of people and in disrupting homes and families. Careful estimates seem to show that the group of the population in this country having incomes of less than \$2,500 per year spend each year on account of sickness, for medical services of all types, about 1½ billion dollars. Obviously all of that disease cannot be prevented, but it does seem quite sound and reasonable to include in any program of economic security adequate provision for preventing and minimizing so far as possible that one hazard to economic security, namely, ill health.

Mr. Chairman, differing from some other provisions of this bill, the principles outlined are very simple and easy of administration. Precedents have been established by previous acts of the Congress which outlined the method under which the Federal agencies cooperate with States in their public-health programs. I should like to mention a few of the needs which we have in our State, and which would seem most appropriate to be embraced within a program such as this.

In the first place, many of our cities, as you know, are overwhelmed with the problem of unemployment relief, and as a result have of necessity reduced their public-health appropriations, simply because there was not enough money to go around. The result has been that on the whole the municipalities of New York State—and I include the counties in that term—have reduced their appropriations by about 20 percent. So far as I can ascertain from studies carried out all over the country, it appears that the amount which is to be appropriated under the public-health provisions of this act represent only about half of the decrease in public appropriations for public-health services during the past 4 or 5 years, and so the amounts are not excessive.

Another point I should like to make is that the total commitment of the Federal Government in respect to this problem is small as compared with the amounts of money necessary to put into effect other aspects of the social-security program. There are several respects in which we are sure that the hazard to economic security can be reduced and lessened by the application of well-known principles in the prevention and treatment of disease. Let me cite a well-known example, tuberculosis as a cause of dependent children. A large proportion of them are dependent because the parent has died of tuber-

culosis, a preventable disease. The death rate of this disease has been cut in half in the past 20 years; and all of the scientific evidence points to the possibility of again cutting it in half.

There is another disease which takes a huge economic toll each year, and that is syphilis, one of the most prevalent of diseases. Conservatively estimated, about one-half million new cases occur in this country each year. In New York State we have some 55,000 people in our mental hospitals. Ten percent of all admissions to those mental hospitals are there on account of the end result of a preventable disease—a disease in which we know the number of cases can be markedly reduced if adequate medical measures are applied in the treatment of cases, and the control in the same manner that we now seek to control smallpox.

Another provision of this bill, Mr. Chairman, to which I should like to refer, which is of particular interest, I think, to all State health authorities, is the provision under title VIII, to allow additional investigations into public-health matters to be carried out by the Federal Public Health Service. I think it is easily understood that many of our States are faced with comparable problems. We have many problems needing study in relation to the pollution of our streams. More effective ways of safeguarding our water supplies, with prevention of many industrial diseases, are problems which exist not only in New York but in many other States. As a result it would be quite uneconomic for each State to set out and try to study these separate problems itself. It is most important, it seems to me, to include the provisions which are in this bill, to permit more extended investigations by the Public Health Service of various types of health problems. We have had small assistance heretofore; small because the resources of the Public Health Service have been limited. We have been studying the problem of undulant fever, which is quite prevalent in our State, we hope those studies can be extended, and that assistance can be given in many other directions in studying more effective ways of getting at these problems of disease. We need more studies as to the cause and means of prevention of cancer. We need studies in the whole field of disease prevention. There are problems urgently demanding attention by the Public Health Service, which can be taken up under this bill.

The CHAIRMAN. Right in that connection, Doctor, has there been any advance made in regard to the prevention of cancer?

Dr. PARRAN. I am sorry to say that our progress in that direction, Mr. Chairman, has been very slow. We know many more facts about cancer than we did 10 years ago, but I do not see in sight any one cure or any one means of prevention.

The CHAIRMAN. I am sure that is true as to the cure. It was the matter of prevention that I had mainly in mind.

Dr. PARRAN. We do know, sir, that many cases can be cured if taken early. The State of New York was the first governmental unit in the world to appropriate funds for the study of cancer. We operate one of the largest cancer research centers in the country as a matter of fact, our State Cancer Institution in Buffalo. That and other cancer institutions are extending fundamental knowledge of cancer. By no means have we arrived at any cure, but we do know, sir, that if patients are treated early many forms of cancer can be cured. We are curing them of it.

The CHAIRMAN. Has the medical profession ever arrived at an opinion as to whether cancer is either contagious or infectious?

Dr. PARRAN. The weight of the evidence seems to show it is neither contagious nor infectious.

The CHAIRMAN. Your time is up.

Mr. TREADWAY. Have you a cancer hospital? I understood you to say you had a cancer clinic, a research bureau, or something of that kind.

Dr. PARRAN. We have a research institute with only about 40 beds, intended primarily to enable studies of clinical cases to be conducted.

Mr. TREADWAY. You have no general hospital, then especially for the treatment of cancer?

Dr. PARRAN. Not operated by the State; no.

Mr. TREADWAY. Just one inquiry, Mr. Chairman.

You said that you favored the public health feature of this bill, based as I understand you, on the needs of New York State. Is that correct?

Dr. PARRAN. I was speaking, sir, both as to the needs of our State, and as to the needs of the whole country.

Mr. TREADWAY. I appreciate that, but you are directing your attention particularly to New York State, naturally?

Dr. PARRAN. I have been.

Mr. TREADWAY. Is that a need for advice and assistance on the educational side, or the financial side, to which you are referring?

Dr. PARRAN. It is a need for both, Mr. Chairman.

Mr. TREADWAY. New York State needs, then, the Federal Government's assistance in the care of the public health of its people?

Dr. PARRAN. It needs the Federal Government's assistance and leadership.

Mr. TREADWAY. I admit it needs leadership, but I was wondering about the financial part of it. If the State of New York comes here asking for financial aid, what are other States going to do, and what will be their privileges and rights in comparison to the way we regard the great Empire State?

Dr. PARRAN. I must apologize, to start with, sir, by saying I am not a fiscal expert, but I do know that in the field of public health we have great inequality, great unevenness of performance among communities and of ability on the part of many of our communities financially to provide themselves with needed health services.

Mr. TREADWAY. That might be. I would not, of course, question your statement, but it sounds to me quite surprising that you would say you needed Federal aid, with all the opportunities to provide financial assistance within the State of New York. I must say I am quite surprised at that statement, Doctor.

Dr. PARRAN. Our State found it necessary, sir, to ask and to receive Federal assistance in the care of its unemployed, as no doubt you know. Nearly 2 years ago, the Governor of New York State decided that the State alone could not any longer carry the whole burden of unemployment relief, and New York State has been getting assistance. Without that assistance, I do not know what would have happened.

Mr. TREADWAY. Our former good friend and colleague, the present mayor of New York, has been here, has he not, rather as an applicant for relief of one kind and another?

Dr. PARRAN. I believe so. Mr. Chairman, it appears to me, possibly it is not necessarily a question of the basic resources but the availability to tap their different sources of revenue. Our localities are limited by and large, in the source of tax funds, to real property. The State, in turn, can tap other sources of revenue, and is it not true that the Federal Government can in addition tap still other sources of revenue?

Mr. TREADWAY. They have been pretty well tapped.

Dr. PARRAN. I say that, even though New York State may pay other than its proportionate share of the cost.

The CHAIRMAN. Judging by what I have seen in the press recently the authorities in your State, as well as in the other States, have great difficulty in meeting their fiscal needs at this time.

Dr. PARRAN. We have had, sir. New York City, in particular, has had difficulty.

The CHAIRMAN. We thank you, Doctor, for your brief and for the information given the committee.

Dr. PARRAN. May I file for the record telegrams sent to me and to Dr. Abercrombie, who appeared yesterday, from a number of State health officers, in connection with this matter?

The CHAIRMAN. There is no objection.

(The witness presented for the record the following communications:)

[Telegram]

AUSTIN, TEX., *January 28, 1935.*

Dr. T. F. ABERCROMBIE,
*Care of Surg. Gen. H. S. Cumming,
United States Public Health Service:*

The State Board of Health and State Department of Health strongly urge enactment House bill 4120 which makes provision for supplementing public-health work in various States through United States Public Health Service and State departments of health.

JOHN W. BROWN, M. D.,
State Health Officer.

[Telegram]

MADISON, WIS., *January 28, 1935.*

Dr. ABERCROMBIE,
*Care Surgeon General Cummings,
United States Public Health Service, Washington, D. C.:*

Desire to register most emphatically support of bill S. 1130, especially as it pertains to maternity and child health sections 701, 702, 703, 704, and sections 801, 802, 803, title 8 of the proposed participation of the Children's Bureau and United States Public Health Service in rendering much-needed assistance to a general child-welfare program. The need for such assistance is in evidence everywhere, especially of families near relief, which about equals in number the families on relief.

C. A. HARPER, *State Health Officer.*

THE COMMONWEALTH OF MASSACHUSETTS,
DEPARTMENT OF PUBLIC HEALTH,
Boston, January 23, 1935.

Dr. T. F. ABERCROMBIE,
*Care of Surgeon General Cumming, United States Public Health Service,
Washington, D. C.*

MY DEAR DR. ABERCROMBIE: The Massachusetts Department of Public Health is heartily in favor of bill S. 1130 and H. R. 4120 and the plans proposed by President Roosevelt in his message recommending the legislation on economic security.

I understand that you are to appear before the committee and I would ask you to record the Massachusetts Department of Health as in favor of the passage of this bill.

Very truly yours,

HENRY D. CHADWICK, M. D.,
Commissioner of Public Health

The CHAIRMAN. The next witness is Dr. Walter Bierring, Des Moines, Iowa, representing the American Medical Association.

**STATEMENT OF DR. WALTER BIERRING, REPRESENTING THE
AMERICAN MEDICAL ASSOCIATION**

Dr. BIERRING. Mr. Chairman and members of the committee, I would like to speak of title VIII, on behalf of the physicians represented by the American Medical Association and the public-health interest of this country in general, as one who has become familiar with it through contacts with all parts of this country. I think attention should be called to the fact that within the last 30 years there has been a continual reduction in the death rate, with the institution of modern public-health and sanitation methods. Not all diseases have been reduced alike, but particularly those in which prevention and sanitation play a role, have been reduced. The death rate in typhoid fever has been reduced so that it is only 3 percent of what it was 30 years ago, largely because it is a so-called "water-borne" or "milk-borne" disease.

The death rate in diphtheria has declined in the same way, largely because there have been developed preventive and curative measures for this disease. The death rate in diseases characterized by diarrhea has been reduced one-half in the last 30 years. Again, as has been mentioned, in the case of tuberculosis, there has been a marked reduction in the death rate; but we are coming into new problems now in connection with public health, relative to those diseases which seem to belong to the later days of life, or which are a part of the wear and tear of life, as, for example, heart disease, in which the death rate has about doubled in the past 30 years; cancer, nearly as much; likewise in those associated diseases represented by hardening of the arteries, chronic disease of the kidneys, and high blood pressure. Again, diabetes has become a definite public-health problem, because it affects a great many of our people. There are twice as many cases of that as there were 20 years and 30 years ago.

There is a marked difference between the old-time health officer and the health officials of today. There is a long step from the man who used to simply have to place a quarantine sign on the house and see that the quarantine was enforced, to the health officers of today. In my State of Iowa, which is distinctly a rural and agricultural State, there were 14 epidemics during the past year due to milk-borne dis-