STATEMENT OF MISS KATHARINE F. LENROOT, CHIEF OF THE CHILDREN'S BUREAU, UNITED STATES DEPARTMENT OF LABOR

Miss LENROOT. I was appointed Chief of the Children's Bureau, United States Department of Labor, on December 1, of this year. I had been assistant chief of the Bureau since 1922. My total service with the Bureau is 20 years.

I am interested especially, Mr. Chairman and members of the committee, in the sections of this bill relating to the health and welfare of children, although of course a.11 provisions that will tend to strengthen the economic position of the family are essential measures for the protection of the children.

The sections of this bill which relate especially to children are title II, providing for aid to dependent children in their own homes where there is no adult in the home, other than one needed to care for the family, who is able to support the family, and title VII, which provides for Federal cooperation with the States, in strengthening the State and local services for maternal and child health, in the care of crippled children, and in aid to State and local child-welfare services.

It seems to me that these sections of the bill are very logically a part of the general security program covered by this bill. In the first place, they are closely related to the unemployment problem and the measures which are suggested for dealing with this problem. We all know that when we try to provide for the unemployed through work programs or through renbsorption into private industry, there are certain families whose needs cannot be met by such an undertaking because there is no person in the family able to work and support the family. It is estimated by the Federal Emergency Relief Administration that over 40 percent of all the people on emergency relief in the United States are children under the age of 16 years, and that there are at least 358,000 families with 719,000 children under the age of 16 years where there is no father in the home-where the mother is a widow or separated or divorced from her husband. In contrast to this figure, I estimate that 109,000 families and approximately 280,000 children in these families are receiving aid under the State mothers' pension laws. These laws were enacted, the first one in 1911, as an expression of the interest of the State in conserving home life for dependent children who had been deprived of the care of their fathers.

The legislation was popular, and now 45 States, the District of Columbia, Alaska, Hawaii, and Puerto Rico have such laws on their statute books. However, most of the burden of financial support of this system is carried by the local units of government. Approximately one-third or a little more of the States make some financial contribution on a State basis to these mothers' aid systems, but out of a total estimated expenditure of $37,000,000 a year, all but about $6,000,000 comes from local funds.

The CHAIRMAN. Many of the States would have to revise their laws, wouldn't they, to come under this provision, if they met the standards laid down by the Federal Government?

Miss LENROOT. Yes, Mr. Chairman. The laws are limited in many respects as to residence, as to eligibility for aid, and as to standards of relief. . Many of them fix a low amount of money in the statute which would not be adequate under the definition of this law, and the States.

would undoubtedly have to revise their legislation. I estimate that there are about 21 States with fairly broad coverage as to eligibility. Only 10 of them are as broad, however, as the provisions of this bill.

The **CHAIRMAN.** Only 10 are as broad as the provisions of the bill?

Miss LENROOT. Yes, sir.

The **CHAIRMAN.** What States are those, if you can put it in the record?

Miss LENROOT. Colorado, Indiana, Kentucky, Maine, Massachusetts, Mississippi, Nevada, New Hampshire, Rhode Island, Washington and the District of Columbia. Even before the depression, there were only about half of the local jurisdictions in the country authorized by law to grant this form of aid, that were actually doing so, and on account of financial difficulties, a number of local jurisdictions which formerly granted aid have ceased to do so. Even where State aid is being granted, the amount of money provided is inadequate to care for the total number of families that would be eligible under the law, so that we have in many places, large waiting lists, and many families cared for through other relief that ought to be absorbed through the mothers' aid system.

The **CHAIRMAN.** What do you estimate the States ought to put up if the Federal Government appropriates this $25,000,000?

Miss LENROOT. Well, Senator, if we look at this title of the bill as providing a gradual method of transition into a form of aid to children that affords relative security, if you take the widows' families and other families deprived of a father's support and assure them a certain contribution based on need during the period of the child's dependency, just as you take the aged and assure them of a certain continuing monthly contribution, we estimated that the total amount needed to care for this group of families on a conservative basis in this country today is about $120,000,000 a year. The amount now going into this form of aid from funds approved especially for that purpose is $37,000,000 a year. If the States could bring up their appropriations, by using some of the money that they are now spending for emergency relief and earmarking it for those purposes, to an amount of at least $50,000,000 of combined State and local funds, with the added $25,000,000 provided by this bill, we would have a total of $75,000,000, which would not be adequate in comparison to the total need but would afford a measurable improvement in the situation.

The ratio of the contribution contemplated here, you see, is about one-third Federal and two-thirds State and local.

Shall I pass on to title VII, Mr. Chairman, or would you prefer to question me further as to title II?

The **CHAIRMAN.** I will tell you what is running in the-minds of some of us from the questions that have been asked, so that you may understand our difficulty. That is, that the provision in this title with reference to dependent children, is not so dissimilar from the provisions that are written with reference to old-age pensions, so far as the Federal Government approving the plans, and so on. That is true, isn't it?

Miss LENROOT. Yes; they are similar.

The **CHAIRMAN.** What if in the opinion of Congress, the Federal Government ought to make some reasonable appropriation, say in the amount that you suggested here, $25,000,000 for dependent children, but would feel that it should be left to the States entirely without making it mandatory upon some administrator here, or board,

with reference to the laws passed by the State, but would make the contribution to the States, make suggestions to the States, and not make it mandatory; what, in your opinion, would be the reaction to that?

Miss LENROOT. I believe theoretically and practically, Senator, in an approach to the States which is a cooperative approach. In other words, I think that the Federal Government and the States entering into any such partnership as is contemplated by a grant-in-aid system should develop standards as the need develops, through conferences, the stimulus that comes from exchange of information between States, making available to the States the best experience. On the other hand, I do believe that there are certain minimum standards that ought to be insisted upon by the Federal Government if the money is made available to the States, for the reason that we have such a wide variation in the effectiveness of the State and local administrations of mothers' aid in this country, because the mothers' aid program has been, as I have pointed out, largely a local development with very little going in, in the way of service or of equalization funds, from the State agencies.

It would be the purpose of this bill, I should think, to improve and develop the services that would come from the States to the local communities. We now have very wide variations in the amounts of aid, as is shown in the three tables that I should like to insert in the record.

The CHAIRMAN. Yes, we will be glad to have them.

TABLE I.-*Estimated number of families and children receiving mothers' aid and estimated expenditures for this purpose*

[Based on figures available Nov. 15, 1934]

State	Number of families receiving mothers' aid	Number of children benefiting from mothers' aid	Estimated present annual expenditures for mothers' aid, local and State		
			Total	Local	State
Total	109,036	280,565	[1] $37,487,479	[1] $31,621,957	[1] $5,865,522
Alabama [2]					
Arizona	106	379	20,940		20,940
Arkansas [3]					
California	7,056	17,642	2,133,999	224,252	1,909,747
Colorado	552	[4] 1,435	149,688	149,688	
Connecticut	1,271	3,276	734,627	489,752	244,875
Delaware	348	855	93.000	46,500	46,500
District of Columbia	209	720	143; 997	143,997	
Florida	2,564	6,164	222,286	222,286	
Georgia [2]					
Idaho [5]	230	619	36,315	36,315	
Illinois	6,217	14,802	1,837,012	1,533,217	303,795
Indiana	1,332	3,856	352.224	352.224	
Iowa	3,527	[4] 9,170	719; 772	719; 772	
Kansas	768	[4] 1,997	75,721	75,721	
Kentucky	137	[4] 356	62,889	62,889	
Louisiana	88	[4] 229	9,312	9,312	
Maine	817	[4] 2,124	310,000	155,000	155,000
Maryland	267	[4] 694	117,459	117,459	
Massachusetts	3,939	11,817	2,450,000	1,400,000	1,050,000
Michigan	6,938	[4] 18,039	2,448,962	2,448,962	
Minnesota	3,597	9,152	1,138,176	1,138; 176	
Mississippi [3]					
Missouri	336	[4] 874	93,440	93,440	
Montana [5]	839	1,969	213,623	213,623	
Nebraska	1,654	44,300	272,036	272,036	
Nevada [5]	200	[4] 520	44,035	44,035	

[1] Includes revised figures for Illinois.
[2] No mothers' aid law.
[3] Mothers' aid discontinued.
[4] Estimated on basis of 2.6 children per family, the average rate for 20 States reporting in December 1933.
[5] Estimated on basis of trends in comparable States from which reports have been received.

TABLE I.-*Estimated number of families and children receiving mothers' aid an estimated expenditures for this* purpose--Continued

State	Number of families receiving mothers' aid	Number of children benefiting from mothers' aid	Estimated present annual expenditures for mothers' aid, local and State		
			Total	Local	state
New Hampshire	260	761	$82,440		$82, 440
New Jersey	7,711	18,789	2, 445, 564	$2, 445, 564	
New Mexico [6]					
New Yrok	23,493	56,524	11, 731, 176	11, 731, 176	
North Carolina	314	947	58,706	29,353	29,353
North Dakota [5]	978	2,644	238, 31-I	238,314	
Ohio	a, 923	24, 470	2, 116, 908	2, 116, 908	
Oklahoma [5]	1,896	5,166	123,314	123, 314	
Oregon	1,040	2, 259	247,140	247,140	
Pennsylvania	7,700	22,587	3, 197, 640	1, 598, 820	1, 598, 820
Rhode Island	513	1,666	267,252	133,626	133, 626
South Carolina [2]					
South Dakota [5]	1,290	3,324	285,986	285,986	
Tennessee	241	[4] 627	71,328	71,328	
Texas	332	[4] 863	43, 987	43,987	
Utah	622	[4] 1, 617	78, 651	78,651	
Vermont	206	461	46,976	23,488	23, 488
Virginia	136	545	33,876	16,938	16, 938
Washington [5]	3,013	[4] 7,534	519,538	519,538	
West Virginia	108	[4] 281	16,086	16,086	
Wisconsin	7,173	17,932	2, 180, 790	1, 930, 790	250,000
Wyoming [5]	95	279	2'7,294	22,294	

[2] No mother's aid law.
[4] Estimated on basis of 2.6 children per family, the average rate for 20 States reporting in December 1933.
[5] Estimated on basis of trends in comparable States from which reports have been received.
[6] Law not in operation.

Miss LENROOT. Another table shows the range in percentage of the counties granting aid, from a very small percentage-3 or 4 percent-to complete coverage, and the per capita expenditures for aid range from about one-half of 1 cent per capita of the population to about 93 cents.

TABLE *II.---Extent to which mothers' aid is provided: Per capita expenditures and percentages of counties granting aid by States*

State	Percentage of counties granting aid	Per-capita expenditures	State	Percentage of counties granting aid	Per-capita expenditures
Alabama	No mothers' aid law.		Missouri	10 [3]	$0. 03
Alaska	(1)	(1)	Montana	82 [3]	.46
Arizona	State-wide	$0.05	Nebraska	86	.20
Arkansas	Mothers' aid discontinued.		Nevada	71	.41
California	State-wide	.35	New Hampshire	State-wide	.18
Colorado	54	.14	New Jersey	do	.61
Connecticut	State-wide,	.46	New Mexico	Law not in operation.	
Delaware	do	.39	New York	81	.93
District of Columbia.		.30	North Carolina	74	.02
Florida	67	.15	North Dakota	77	.39
Georgia	No mothers' aid law.		Ohio	96	.31
Hawaii	(1)	(1)	Oklahoma	62 [3]	.05
Idaho	75	.10	Oregon	69	.26
Illinois	81	.20	Pennsylvania	a5	.34
Indiana	75	.11	Puerto Rico	Law not in operation.	
Iowa	98	.29	Rhode Island	State-wide	.39
Kansas	36	.04	South Carolina	No mothers' aid law.	
Kentucky,	(2)	.02	South Dakota	78	.47
Louisiana	5	.004	Tennessee	4	.03
Maine	State-wide	.39	Texas	3	.008
Maryland	33	.07	Utah	48	.15
Massachusetts	State-wide	.58	Vermont	State-wide	.13
Michigan	43	.51	Virginia	44	.01
Minnesota	91	.44	Washington	92	.36
Mississippi	Mothers' aid discontinued.		West Virginia	4	.007
			Wisconsin	89	.74
			Wyoming	43 [3]	.10

[1] No report. [2] Less than 1 percent. [3] Based on number of counties granting aid June 30, 1931.

The estimated average monthly amount per family in area: mother's aid ranges from a low figure of as little as $7 or $8 p per family to a figure somewhat more adequate, of say $40 per family.

TABLE *III.-Estimated average monthly grant per family in areas granti aid, based on annual or monthly expenditures for mothers' aid gra 1933 and 1934*

	Average monthly grant		
Alabama	(1)	Montana	
Alaska	(2)	Nebraska	
Arizona	$16. 46	Nevada	
Arkansas	(3)	New Hampshire	
California	26. 89	New Jersey	
Colorado	22. 60	New Mexico	
Connecticut	44. 41	New York	
Delaware	22. 26	North Carolina	
District of Columbia	60. 14	North Dakota	
Florida	9. 76	Ohio	
Georgia	(1)	Oklahoma	
Hawaii	(2)	Oregon	
Idaho	18.08	Pennsylvania	
Illinois	24. 62	Puerto Rico	
Indiana	22. 03	Rhode Island	
Iowa	17.01	South Carolina	
Kansas	[4] 14.05	South Dakota	
Kentucky	[5] 38. 26	Tennessee	
Louisiana	8. 81	Texas	
Maine	29. 60	Utah	
Maryland	36. 66	Vermont	
Massachusetts	51. 83	Virginia	
Michigan	28.31	Washington	
Minnesota	26. 37	West Virginia	
Mississippi	(3)	Wisconsin	
Missouri	[4] 26. 22	Wyoming	

[1] No mothers' aid law.
[2] Not reported.
[3] Aid discontinued.
[4] Average grant in 1931.
[5] Mothers' aid available only la Jefferson County.
[6] Law not in operation.
[7] Mothers' aid available only in Knoxville and Memphis.

It is the general experience of those interested in State ad: tion that if children in all parts of the State, the most needy well as the most populous ones, are afforded. the protecti they ought to receive as American citizens and as citizen State, there should be some way of seeing that this form spread through all the counties. That is one reason why one standards is that after June *30, 1936,* the State must make t of aid available in every political subdivision. That is or standards in this act which seems to be very reasonable.

Another suggestion is that there must be adequacy of aid the assistance must be at least great enough to provide, wht to the income of the family, a reasonable subsistence co: with decency and health.

I think it would be a waste of Federal funds if we made a $5 or *$6* or *$7* a month for a family.

The **CHAIRMAN.** Do I understand you to say then tha principle cannot be put across, it would be better not to n appropriations by the Federal Government for these purpo

Miss LENROOT. No, sir; I think the Federal Government should make provision.

The CHAIRMAN. Even though the standards should not be set by the Administration as set out in the bill here?

Miss LENROOT. Perhaps I did not understand your question. I think some simple standards should be included.

The CHAIRMAN. And you are in favor of the principles laid down by this bill as therein stated?

Miss LENROOT. In general, yes.

The CHAIRMAN. What I am trying to get at is, if the majority of the opinion of Congress should be that the Federal Government should make reasonable appropriations to the States to help out this situation, but different from those who have provided this legislation, that they should be in a position to dictate the character of treatment given and aid administered to the dependent children, then what would be your position, whether it would be better to go ahead and make the allocations, if you could not get the full loaf, to take part of the loaf, that would be your idea?

Miss LENROOT. I want to say in the first place that I am speaking only for myself. Of course the administration of this bill is placed in the Federal Emergency Relief Administration, at least temporarily, and I do not feel that I ought to speak for the Administration or for the Cabinet committee or anything of that kind as to what modifications might be made in the bill. I think really the Federal Emergency Relief Administration should be asked to speak to that point.

Speaking entirely personally, I feel that it would be a grave mistake to make a Federal appropriation without any power vested in the Federal Government to insure certain minimum standards of efficiency. I am not sure of just the language that would have to be put in, but I think there ought to be some indication; it might be somewhat more general in character.

The CHAIRMAN. Very well; you may proceed.

Senator COSTIGAN. While you are reluctant to suggest changesin the bill, I should like your opinion as to two suggestions which have reached me. They come from Prof. S. P. Breckinridge of the school of social-service administration of the University of Chicago, a noted educator. She urges that mothers' pensions should be assigned to the Children's Bureau, and the old-age pensions to the Bureau of Labor Statistics. Laying aside your own preference not to discuss the provisions of the bill, are you prepared to say how these sections of the proposed law would work in connection with activities of the respective branches of the Labor Department?

Miss LENROOT. I should not like to answer for old-age pensions, Senator Costigan.

Senator COSTIGAN. Is the Children's Bureau in a position to handle such pensions?

Miss LENROOT. The Children's Bureau has been for many years interested in the subject of mothers' pensions and has been promoting the development of mothers' pensions throughout the country through bulletins on the subject, through sending members of the staff into the field to consult with administrators, through institutes for mothers' pension administration, and in other ways. Of course. we do not have the administrative staff now that would be necessary.

to administer this bill. There would have to be a division or section of the Children's Bureau created to take care of the work involved in the administration of a cooperative act of this kind.

Senator **COSTIGAN.** What is the reason for Miss Breckinridge's recommendation? Ordinarily people would assume that a children's bureau should not deal with mothers' pensions.

Miss LENROOT. I have not talked with Miss Breckinridge about it, Senator.

Senator **COSTIGAN.** All right, Mr. Chairman.

The **CHAIRMAN.** Proceed, Miss Lenroot.

Miss LENROOT. With reference to title VII, which has the threefold provision of aid to maternal and child-health services, aid to crippled children, and aid to child-welfare services, I should like first to discuss section 703, beginnig on page 56, because it is somewhat related to the care of dependent children in their own homes, which I have already discussed under the heading of title II.

This section of the bill provides for an appropriation of $1,500,000 to be available for cooperation with the State agencies of public welfare in extending and strengthening, especially in the rural areas and those suffering from severe distress, the welfare services for the protection and care of homeless., dependent, and neglected children, and children in danger of becoming delinquent. The amounts are to be apportioned, $1,000,000 among the States in the ratio of $10,000 to each State, and the balance, or $480,000—if we include the 3 Territories, the District of Columbia, and the 48 States, that would leave $480,000—to be apportioned on the basis of population. I have a table here showing the amount of money to which each State would be entitled.

TABLE *IV.-Apportionment under title VII, section 703, aid to child-welfare services*

State	Total apportionment-$480,060 plus $10,000 allotment	Apportionment of $480,000 distributed on basis of population	State	Total apportionment—$480,000 plus 10,000 allotment	Apportionment of $480,000 distributed on basis of population
Total	$1,000,000.00	$480,000.00	Missouri	$23,965.08	$13,965.08
Alabama	20,182.24	10,182.24	Montana	12,068.60	2.068.60
Alaska	10,228.09	228.09	Nebraska	15,302.13	5:302:13
Arizona	11,676.00	1,676.00	Nevada	10,350.37	350.37
Arkansas	17,135.68	7,135.68	New Hampshire	11,790.36	1,790.36
California	31,844.93	21,844.93	New Jersey	25,550.25	15,550.25
Colorado	13,985.52	3,985.52	New Mexico	11,628.84	1.628.84
Connecticut	16,183.04	6,183.04	New York	58,436.37	48,436.37
Delaware	10,917.24	917.24	North Carolina	22,198.59	12,198.59
District of Columbia	11,873.38	1,873.38	North Dakota	12,619.76	2,619.76
Florida	15,649.38	5,649.38	Ohio	35,575.17	25,575.17
Georgia	21,191.35	11,191.35	Oklahoma	19,219.48	9,219.48
Hawaii	11,417.28	1,417.28	Oregon	13,669.98	3,669.98
Idaho	11,712.40	1,712.40	Pennsylvania	47,059.52	37,059.52
Illinois	39,361.24	29,361.24	Puerto Rico	15,940.67	5,940.67
Indiana	22,461.12	12,461.12	Rhode Island	12,645.35	2,645.35
Iowa	19,507.68	9,507.68	South Carolina	16,690.42	6,690.42
Kansas	17,237.71	7,237.71	South Dakota	12,665.94	2,665.94
Kentucky	20,060.42	10,068.32	Tennessee	20,067.99	10,067.99
Louisiana	18,086.51	8,086.51	Texas	32,412.35	22,412.35
Maine	13,068.32	3,086.51	Vermont	11,383.71	1,383.71
Maryland	16,277.79	6,277.79	Utah	11,954.09	1,954.09
Massachusetts	26,351.67	16,351.67	Virginia	19,318.80	9,318.80
Michigan	28,632.30	18,632.30	Washington	16,015.64	6,015.64
Minnesota	19,865.58	9,865.58	West Virginia	16,653.64	6,653.64
Mississippi	17,733.39	7,733.39	Wisconsin	21,308.71	11,308.71
			Wyoming	10,867.93	867.93

The CHAIRMAN. You do not lay down any standards in that?

Miss LENROOT. They are in general terms providing that in order to benefit from this section of the bill, a State must, through its State department of public welfare, or some other agency designated, submit a plan which must provide for reasonable provision for such administration, for State financial participation in the work, for furthering local public child-welfare services, and for cooperation with health and welfare groups and organizations.

The CHAIRMAN. That carries out the general principle as in these other provisions?

Miss LENROOT. Yes; it gives the Federal Bureau authority to pass upon the general adequacy of the plan submitted by the States.

The CHAIRMAN. And if they do not do it, it gives you the power to withdraw any allotment to those States?

Miss LENROOT. Yes; Mr. Chairman, it does. Of course, as I say, these are general standards and would be administered in a spirit of cooperation and not a spirit of coercion. I might say that under the Sheppard-Towner law which we administered for 7 years, the States were left the greatest freedom in initiating plans and in developing the character of the work carried on under the plans.

The CHAIRMAN. Were the provisions in the Sheppard-Towner law quite similar to these?

Miss LENROOT. They were somewhat similar. The language is different and the purposes of the Sheppard-Towner Act were of course limited to only one small part of this bill. The Sheppard-Towner Act applied only to maternity and infancy, and as administered extended only to the age of 7 years.

The CHAIRMAN. But it did give them the right to withdraw any allocation to certain States which did not pass State laws?

Miss LENROOT. The act provided that the States must accept the provisions of the act by their legislatures, or provisionally by the governor, and that the plan submitted must be what was called reasonably adequate and appropriate to carry out the provisions of the act. There was no other specification as to standards, and it was provided further that the plans must be approved by the Federal agency if they were in conformity with the provisions of the act and reasonably adequate and appropriate. Of course that was a broad phrase, and it was interpreted by the Bureau very flexibly. There was no attempt to dominate or dictate, but an attempt simply to see that money was not improperly used, for example, for purposes that were really illegitimate purposes.

Senator COUZENS. Did you have any difference with any of the States?

Miss LENROOT. No serious differences. There were one or two problems that came up. I remember one as to the price of an automobile where there was a question as to whether it was justifiable. They were mostly of that character.

Senator COUZENS. There were no funds withheld because they did not comply with the Federal law?

Miss LENROOT. No, sir; there were suggestions made as to minor parts of the plans, but no State was denied funds under that act.

The purpose of this section of the bill is to enable the State agencies, with the assistance of this Federal money that we have provided,

mainly on a matching basis, to extend throughout the States, and particularly into the rural and neglected areas, the fundamental social services that are necessary if we are going to save children from extreme conditions of neglect and abuse and ill-treatment, and to have a way of getting to children who are suffering from physical handicaps or from mental handicaps, such as blindness or deafness or feeble-mindedness or other conditions, the services that are available in the cities. This type of work has been developed rather recently, mostly within the last 10 or 15 years, and it is interesting to note that relatively pioneer work has been done in the Southern States in this form of aid, where the rural problem has been found to be very great. I have here a table showing the 12 States that have already adopted legislation creating county boards or departmen ts providing something of the type of service that is contemplated under this bill, and if the committee approves, I should like to insert the table in the record.

The CHAIRMAN. Put it in the record.

TABLE *V.-States having legislation creating county boards or departments .*

tate	Year nau- gu- ated	Law mandatory or permissive	Administra- tive responsi- bility vested in—	State financial aid	Employment of county workers			Primary duties of county departments or boards							
					State approval of appointments	Extent of employment of paid workers		Protec tive work and care of chil- dren	Mothers' aid		Proba- tion (when court re- quests	School rttend ance	Home relief	Parole	Give assist- ance to State lepart- ments on re- quest
						Num- ber of coun- ties in States	Coun- ties with work- ers, 1931		Admin- istra- tion	Assist on re- quest					
a,	1923	Permissive-,,,,	Administra- tive board.	$2,000 was avail- able 1927-32 from State at- tendance fund for counties employing workers	Requires certifica- tion of workers by department of child welfare.	67	64	√	-------	------	√	√	-------	Juve- nile only.	√
cky------	1928	____do----------	----do------	----------	Statute requires approval by State depart- ment.	120	-------	√	√	------	√	------	-------	--do--	-------
ota-----.	1917	----do ----------	____do------	----------	----------	87	12	√	-------	√	√	------	-------	—-—-	√
____ ...	1921	----do----------	Official------	----------	----------	115	(1)	√	√	------	√	------	√	√	-------
ka,-----.	1931	____do----------	Administra- tive board	----------	Qualifications fixed by statute, "qual- ified by training and experience."	93	(1)	------	-------	√	√	------	-------	m--e--	-------
ork-----	1929	Mandatory-----	Official,----.	----------	Elected official ---	57	57	√	-------	------	√	------	√	—-—--	-------
Carolina.	1917	----do----------	Advisory board and official.	State aid, accord- ing to popula- tion, from school funds.	Approval by State department.	100	50	------	√	------	-------	√	√	√	√
Dakota-.	1921	____do----------	Administra- tive board	----------		69	-------	√	-------	------	-------	------	-------	-------	√
____ ----	1931	Permissive-----	____do------	----------	Law makes no provision for paid worker.	-------	-------	√	-------	------	-------	------	-------	-------	√

Virginia	1922	Mandatory if list of eligibles for board is submitted by State department.	do		Appointments must be made from list of eligibles proposed by State department.	100	12		√		√		√	√	√
West Virginia	1923	Mandatory but dependent upon submission of list of eligibles by State department.	do	Statute authorizes State to pay not more than half salary of secretary, but no funds at present.	Approval by State department.	55	(1)			√	√				√
Wisonsin	1929	Permissive	do		Qualifications fixed by statute, "shall have the qualifications specified for probation officers employed by counties having a population of less than 150,000".	71		√		√	√			Juvenile only.	√

[1] No report.

Miss LENROOT. The type of services rendered include in practically all cases protective work for the care of neglected and abused children, probation work for the juvenile court when requested, investigation of applications for the care of abandoned children in institutions or in foster homes, and similar types of services. The extent to which the needs of children are being neglected in many parts of the country at the present time is illustrated by the conditions in one State where over 400 children were reported in almshouses within the last year or two. This is a type of care which we had thought was characteristic of the conditions described by Dickens and not of present-day American conditions, and yet those children have beensubjected to almshouse. care in association with the degenerate and feeble-minded and the senile population of the almshouses.

There are many States where the relief workers have brought for the first time into these rural areas something approximating a social service which ascertains what the individual needs of children are and tries to bring the children in need of care in touch with the facilities which may be available through private or other sources.

Senator COUZENS. Have you any figures as to what these States have spent in those activities?

Miss LENROOT. I have figures, Senator, as to the expenditures of the State welfare departments or bureaus or divisions concerned with child welfare for services of this kind. I do not have figures as to the local services in those 12 States. I shall be glad to insert the table in the record showing the State expenditures which total, outside of New York State, a little over $2,000,000, and which showed a decrease between 1932 and 1934 of 12.4 percent in State expenditures.

Senator COUZENS. Why did you leave out New York?

Miss LENROOT. We were unable to get the information at the time that we compiled this table. I may be able to get it for the record. [Figures for New York State have been added to table.]

TABLE VI.-*Expenditures or appropriations for State welfare departments, bureaus, or divisions concerned with child welfare, exclusive of funds for State aid and maintenance of children*

State	Agency	Funds for 1932	Funds for 1934[1]	Percentage change 1932-3	
				Increase or same	Decrease
Total---		$2,483,984	$2,181,357		12.2
Alabama	Child-welfare department	55,105 E	42,933 E		22.1
Arizona	Board of public welfare	18,270 A	6,560 A		64.1
Arkansas	No State department				
California	Department of social welfare	150,024 A	72,331 A		51.9
Colorado	Child-welfare bureau	7,184 A	6,700 A		13.9
Connecticut	Child-welfare bureau, department of public welfare.	129,928 E	111,277 E		14.4
Delaware	State board of charities	3,000 A	5,500 A	83.3	
Florida	Board of public welfare	16,560 A	13,440 A		18.8
Georgia	Department of public welfare	30,000 A	20,000 A		33.3
Idaho	No division for children's work				
Illinois	Division of child welfare, department of public welfare.	68,752 E	38,685 E		43.7
Indiana	Board of State charities	49,700 A	42,400 A		14.6
Iowa	Child welfare division, board of control.	[2] 18,078 A	17,730 A		1.9
Kansas	No division for children's work				
Kentucky	Children's bureau	10,000 A	9,000 A		10.0
Louisiana	Board of charities and corrections.	7,500 A	7,500 A	Same	
Maine	Bureau of social service, department of health and welfare.	80,500 A	86,764 A	7.8	
Maryland	Board of State aid and charities	13,450 A	9,187 A		31.6
Massachusetts	Division of child guardianship, department of public welfare.[3]	408,006 E	495,000 A	21.3	
Michigan	Department of public welfare	84,085 E	84,000 E	Same	
Minnesota	Children's bureau, board of control.	56,670 E	48,672 E		14.1
Mississippi	No State department				
Missouri	State children's bureau	49,515 E	30,870 E		37.6
Montana	Bureau of child protection	13,275 A	10,380 A		21.8
Nebraska	Bureau of child welfare	10,000 A	7,750 A		22.5
Nevada	No division for children's work				
New Hampshire	Board of public welfare	37,225 A	36,912 A		.8
New Jersey	State board of children's guardians.	315,900 A	287,419 A	9.0	
New Mexico	Bureau of child welfare	30,299 E	26,482 E		12.5
New York	Division of child welfare, department of social welfare.	57,180 E	55,671 E		2.6
North Carolina	Board of charities and public welfare.	31,443 E	28,360 A		9.8
North Dakota	Children's bureau:	6,170 A	4,455 A		27.8
Ohio	Division of charities	169,173 A	99,200 A		41.3
Oklahoma	Department of charities and corrections.	14,350 A	8,470 A		40.9
Oregon	Child welfare commission	13,440 A	9,455 A		29.6
Pennsylvania	Department of welfare	297,500 A	235,000 A		21.0
Rhode Island	Children's bureau, department of public welfare.[3]	43,926 E	44,235 E	0.7	
South Carolina	Children's bureau [3]	9,561 A	5,482 A		42.7
South Dakota	Child welfare commission	6,000 A	4,000 A		33.3
Tennessee	Welfare division, department of institutions.	6,938 A	None		
Texas	Child welfare division	20,100 A	13,580 A		32.4
Utah	No State department				
Vermont	Department of public welfare	18,060 A	24,000 A	33.3	
Virginia	Children's bureau, department of public welfare.	39,497 E	34,856 E		11.7
Washington	No staff in children's division				
West Virginia	Department of public welfare	46,750 A	52,700 A		
Wisconsin	Juvenile department, board of control.	32,580 E	31,151 E		4.3
Wyoming	Board of charities and reform	7,750 A	13,250 A	70.9	

[1] A, appropriation; E, expenditures.
[2] 1932-33 appropriation.
[3] Bureau or division doing child placing mainly.

As I said, the type of work contemplated by this section of the act would be primarily to strengthen the State agencies of welfare and enable them to go out into the local communities and help to organize child-welfare services and to provide the types of care that are so lacking and that have not been met by the Emergency Relief Administrations. It is not contemplated that this section of the bill will in any way relieve any State or local government or any private agencies of the burdens that they are now carrying. It would simply provide a general framework for ascertaining the extent of the child-welfare problems of this country and trying to develop better coordination of effort and more effective use of the services now available.

To pass to section 701, title VII, page 50: This provides for an appropriation of $4,000,000 for aid to the State agencies of health in extending and strengthening the services for the health of mothers and children, especially in the rural areas and areas suffering from severe economic distress. Of these amounts, it is provided that there shall be available $2,040,000 for allocation to the States for extending these maternal and child-health and maternity-nursing services, especially in the rural areas, a first grant of $20,000 to each State and $1,000,000 to be distributed to the States in the proportion which the number of live births in each State bears to the total number of live births in the United States. The States must match this money, except that an amount of $800,000 is provided for allocation by the Secretary of Labor to the States unable to match in full these funds, for their use in matching. It is provided in all these sections of title VII that except in extraordinary situations the amounts of money made available by the States shall not be less than the amounts available at the time of the passage of this act. The reason is that we do not want to encourage the States to decrease their appropriations in view of the Federal funds made available! but we want rather to encourage them to increase the services provided.

Then there is an amount of $960,000 provided for demonstrations and research in maternal care in rural areas and in other aspects of maternal and child health.

Provisions as to the submission of plans and the approval of plans by the Children's Bureau are included, which are similar to those in the section which we have already discussed, the aid to welfare services.

I should like to call the attention of the committee to the very great need of maternal and child-health service and the decreased facilities now available in the States and the local communities for work of this kind. The infant death rates in this country have been decreasing for the past few years owing largely to the educational work that has been carried on for a long period of years and to the development of the public-health services. The decline in infant mortality was maintained during the first part of the depression period, but we find in comparing the rates for 1932 and 1933 that instead of falling as it had for a number of years, the rate was stationary. In 1932 the infant death rate was 58 per thousand live births, and in 1933 it was the same, 58, instead of a lower figure. Advance figures made available in the public-health reports for 26 States for the first 6 months of 1934 show an actual increase in the infant mortality. For these 26 States there was a rate of 62 for the

first 6 months of 1934 as compared with 59 for the corresponding area in 1933 and 58 in 1932.

The testimony as to the effect of the depression on the nutrition and health of children has been assembled elsewhere. There is a report from Pennsylvania, for instance, based on examinations over the State conducted under the auspices of the medical societies, showing an average of about 30 percent of the children examined suffering from malnutrition, and there is testimony indicating the shrinkage of State resources for combating the detrimental effects of the depression on the health of the mothers and children.

I have here a table showing the maternal and child-health funds available by the States in 1928 and 1934, showing the percentage of decrease. I should like to file it if the committee permits.

TABLE VII.—*Funds for State maternal and child-health work*

State	1928			1934	Percent increase 1934 over 1928	Percent decrease 1934 under 1928
	Total funds	Federal	State			
Delaware	$18,008.02	$11,504.01	$6,504.01	$33,000.00	83.3	
Pennsylvania	132,621.98	68,810.99	63,810.99	197,539.00	48.9	
Maine	25,000.00	15,000.00	10,000.00	26,300.00	5.2	
Massachusetts	78,275.00		78,275.00	80,850.00	3.3	
New Hampshire	20,976.62	12,988.31	7,988.31	21,620.50	3.1	
Rhode Island	24,276.28	14.076.28	10,200.00	24,065.00		0.9
Illinois	70, ooo. 00		70,000.00	69,070.00		1.3
Connecticut	[1] 32,760.00		32,760.00	29,392.00		10.3
New Jersey	118,163.55	31,284.55	86,879.00	103,872.52		12.1
Wisconsin	50,752.00	27,751.62	23,000.38	43,350.00		14.6
Maryland	33,554.00	19,277.00	14,277.00	26,844.00		20.0
Minnesota	47,000. 00	26,099.65	20,900.35	36,000.00		23.4
South Dakota	7,500.00	7,500.00		5.000.00		33.3
Arizona	19,507.42	12,253.71	7,253.71	12,890.00		33.9
New York	210,041.78	80,041.78	130,000.00	134,500.00		36.0
Virginia	75,574.00	25,574.00	50,000.00	40,372.00		46.6
Kentucky	47,597.48	26,298.64	21,298.84	25,200.00		47.1
Michigan	[1] 64,741.11	34,741.11	30,000.00	31,940.00		50.7
Missouri	49,186.81	24,186.81	25,000.00	23,799.00		51.6
Texas	77,902.52	41,450.52	36,452.00	34,840.00		55.3
Montana	24,400.00	13,700.00	10,700.00	10,500.00		57.0
Georgia	64,438.89	35,451.10	28,987.79	26,000.00		59.7
North Dakota	8. ooo. 00	6,500.00	1,500.00	3,056.00		61.8
North Carolina	49,519.66	27,259.56	22,260.00	18,500.00		62.6
Washington	8,387.00	5,000.00	3,387.00	3,000.00		64.2
Mississippi	49,076.58	22,076.58	27,000.00	15,150.00		69.1
Wyoming	[1] 10,000.00	7,500.00	2,500.00	2,500.00		75.0
Louisiana	30,042.00	7,521.00	22.521.00	7,000.00		76.7
Kansas	35,000.00	20,000.00	15,000.00	8,000.00		77.1
West Virginia	40,443.48	19,571.74	20,871.74	9,140.00		77.4
Hawaii	18,451.92	11,725.96	6,725.96	4,100.00		77.8
California	[1] 57,580.00	31,290.00	26,290.00	12,225.00		78.8
Florida	37,906.00	16,531.72	21,374.28	i, 330.00		80.7
Ohio	53,334.00	23,585.57	29,748.43	10,048.00		81.2
Oregon	27,533.46	15,283.46	12,250.00	4,701.00		82.9
Iowa	42,298.91	21,085.31	21,213.60	6,600.00		84.4
Idaho	12,500.00	7,500.00	5,000.00	1,430.00		88.6
South Carolina	37,711.30	21,355.65	16,355.65	2,046.00		94.6
Tennessee	55,767.00	25,767.00	30,000.00	2,912.00		94.8
Alabama	64,173.90	25,836.95	38,336.95	2,520.00		96.1
Arkansas	38,635.02	21,817.51	16,817.51			
Colorado	15,000.00	10,000.00	5,000.00			
Indiana	53,897.00	31,927.00	21,970.00			
Nebraska	17,000.00	11,000.00	6,000.00			
Nevada	16,044.00	10,522.00	5,522. 00			
New Mexico	19,860.66	12,430.33	7,430.33			
Oklahoma	42,358.96	23,679.48	18,679.48			
Utah	20,500.00	12,500.00	8,000.00			
Vermont	5,000. 00	5,000.00				

[1] For 4 States (California, Connecticut, Michigan, and Wyoming), 1929 figures are given.

The **CHAIRMAN.** Yes.

Miss LENROOT. The percentage of decrease ranges from 0.9 to as high as 96.1, and we have nine States now making no special appropriations for work of this kind. We have, on the other hand, five States that show some increase in 1934 over 1928.

The **CHAIRMAN.** You are putting this tabulation of States in the record, are you not?

Miss LENROOT. Yes; I should be glad to insert this. There are now 23 States appropriating less than $10,000 for the entire State for purposes of maternal and child-health work, and 14 of those 23 States have less than $3,000 or nothing at all for this work. The apportionment of money under title VII, section 701, and the apportionment in comparison with State funds available in 1934 are shown in tables VIII and IX.

TABLE VIII.—*Apportionment under title VII, Maternal and Child Health, sec. 701*

State	Total apportionment $1,000,000 plus $20,000 allotment	Apportionment of $1,000,000 distributed on the basis of live births reported in 1933 [1]
Total	$2,040,000.00	$1,000,000.00
Alabama	47,478.45	27,478.45
Alaska	20,592.75	592.75
Arizona	23,762.55	3,762.55
Arkansas	36,578.39	16,578.39
California	54,747.93	34,747.93
Colorado	27,955.77	7,955.77
Connecticut	30,390.20	10,390.20
Delaware	21,816.21	1,816.21
District of Columbia	24,610.00	4,610.00
Florida	31,855.50	11,885.50
Georgia	48,240.68	28,240.68
Hawaii	24,859.14	4,859.14
Idaho	23,962.61	3,962.61
Illinois	69,971.34	49,971.34
Indiana	43,376.45	23,376.45
Iowa	38,326.53	18,326.53
Kansas	34,242.13	14,242.13
Kentucky	45,620.09	25,620.09
Louisiana	38,406.64	18,404.64
Maine	27,003.21	7,003.x
Maryland	32,707.01	12,707.01
Massachusetts	49,380.33	29,380.33
Michigan	57,474.10	37,474.10
Minnesota	40,613.70	20.613.70
Mississippi	40,502.56	20,502.56
Missouri	46,524.03	26,524.03
Montana	24,145.99	4,145.99
Nebraska	31,199.67	11,199.67
Nevada	20,626.55	626.55
New Hampshire	23,419.87	3.419.87
New Jersey	45,960.92	25,960.92
New Mexico	25,697.78	5,697.78
New York	106,669.77	X6,669.ii
North Carolina	54,926.68	34,926.68
North Dakota	26,107.61	6,107.61
Ohio	64,355.52	44,355.52
Oklahoma	40,235.36	20,235.36
Oregon	23,660.27	5,660.27
Pennsylvania	92,725.40	72,725.49
Puerto Rico	50,764.Of	30,764.02
Rhode Island	24,793.84	4,793.84
South Carolina	38.67 1.0(	18,671.06
South Dakota	25,954.79	5,954.79
Tennessee	43,222.71	23.222.71
Texas	69,989.8(	49,989.86
Utah	25,515.3:	5,515.32
Vermont	22,839.1(	2,839.16
Virginia	43,734.8(	23,734.88
Washington	29,670.11	9,670.11
West Virginia	36,792.8(	16,792.SO
Wisconsin	43,343.5(	23.343.57
Wyoming	21,948,1(	1,948.19

[1] Alaska apportionment based on live births reported for the Z-year period 1931-32; Hawaii and Puerto Rico, 1932.

TABLE IX.-*Apportionment under title VII, Maternal and Child Health, sec. 701, compared with State funds available in 1934*

State	1934 State funds for maternal and child-health work	Total apportionment unde title VII, sec. 701	Excess of total apportionmenr over State funds	Excess of State funds over total apportionment
Alabama	$2, 520. 00	$47, 478. 45	$44, 958. 45	
Alaska		20. 592. 75	20. 592. 75	
Arizona	12, 890. 00	23:762. 55	10:872. 55	
Arkansas		36, 578. 39	36, 578. 39	
California	12, 225. 00	54, 747. 93	42, 522. 93	
Colorado		27, 955. 77	27, 955. 77	
Connecticut	29, 392. 00	30, 390. 20	998.20	
Delaware	33, 000. 00	21, 816. 21		$11, 183. 79
District of Columbia	44, 000. 00	24, 610. 00		19, 390. 00
Florida	7, 330. 00	31,885. 50	24, 555. 50	
Georgia	26, 000. 00	48, 240. 68	22, 240. 68	
Hawaii	4, 100.00	24, 859.14	20, 759. 14	
Idaho	1, 430. 00	23, 962. 61	22, 532. 61	
Illinois	69, 070. 00	69, 971. 34	901.34	
Indiana		43, 376. 45	43, 376. 45	
Iowa	6, 600. 00	38, 326. 53	31, 726. 53	
Kansas	8, 000. 00	34, 242. 13	26, 242. 13	
Kentucky	25, 200. 00	45, 620. 09	20, 420. 09	
Louisiana	7, 000. 00	38, 406. 64	31, 406. 64	
Maine	26, 300. 00	27, 003. 21	703.21	
Maryland	26, 844. 00	32, 707. 01	5, 863. 01	
Massachusetts	80, 850. 00	49, 380. 33		31, 469. 67
Michigan	31, 940. 00	57, 474. 10	25, 534. 10	
Minnesota	36, 000. 00	40, 613. 70	4, 613. 70	
Mississippi	15, 150.00	40, 502. 56	25, 352. 56	
Missouri	23, 799. 00	46, 524. 03	22, 725. 03	
Montana	10, 500. 00	24, 145. 99	13, 645. 99	
Nebraska		31, 199. 67	31, 199. 67	
Nevada		20. 626.55	20, 626. 55	
New Hampshire	21, 620. 00	23, 419. 87	1, 799. 87	
New Jersey	103, 872. 00	45, 960. 92		57, 911. 08
New Mexico		25.697.78	25, 697. 78	
New York	134, 500. 00	106, 669. 77		27, 830. 23
North Carolina	18, 500. 00	54, 926. 68	36, 426. 68	
North Dakota	3, 056. 00	26, 107. 61	23, 051. 61	
Ohio	10, 048. 00	64, 355. 52	54, 307. 52	
Oklahoma		40, 235. 36	40, 235. 36	
Oregon	4, 701.00	25, 660. 27	20, 959. 27	
Pennsylvania	197, 539. 00	92, 725. 40		104, 813. 60
Puerto Rico [1]	[1] 8, 612. 22	50, 764. 02	42, 151. 80	
Rhose Island	24, 065. 00	24, 793. 84	*728. 84*	
South Carolina	2, 046. 00	38, 671. 06	36, 625. 06	
South Dakota	5, 000. 00	25, 954. 79	20, 954. 79	
Tennessee	2, 912. 00	43, 222. 71	40, 310. 71	
Texas	34,840. 00	69, 989. 86	35, 149. 86	
Utah		25, 515. 32	25, 515. 32	
Vermont		22, 839. 16	22, 839. 16	
Virginia	40, 372. 00	43, 734. 88	3, 362. 88	
Washington	3, 000. 00	29, 670. 11	26, 670. 11	
West Virginia	9.140.00	36, 792. 80	27, 652. 80	
Wisconsin	43, 350. 00	43, 343. 57		6. 43
Wyoming	2, 500. 00	21,918. 19	19, 448. 19	
Total	1, 209, 813. 22	2, 040, 000. 00	1, 082, 791. 58	

[1] For Bureau of Child Hygiene, fiscal year 1933-34.

The extent to which the mothers and babies of this country are without the fundamental services necessary to insure an adequate start in life are shown by some studies that have been recently made. For example, we know that the public-health nurse is a fundamental agent in improving maternal and infant mortality. She is the one that goes to the home or sees the mother in the clinic and explains to the mother the reason for her putting herself under medical care early in pregnancy, and she is the one who after the baby is born helps the mother to learn the best way of feeding and caring for the baby, o course under medical instruction. We have reports as to the public

health nursing services available in the counties of 24 States in 1934, and I should like to call the attention of the committee to the fact that these 24 States are not by any means the worst States. They are States that would average up fairly well in the provision that they are making when compared to the rest of the country; and yet, of 1,017 rural counties in these States, there are only 370, or about one-third, that have any permanent county-wide nursing service. We took the population in the rural counties in those States and estimated the percentage of the total population in these counties served by permanent county-wide nursing services, and the percentage without any such service, and we found that 54 percent of the population in these counties was without any service of this kind at all; and frequently when the statement is made that a county has county-wide nursing service, it may mean only one nurse for the entire county.

TABLE *X.-Permanent public-health nursing service in the counties of 24 States, 1934* [1]

	Number of counties	Population [2] of counties	
		Number	Percent distribution
Total counties in States	1,393		
Permanent nursing service	835		
County-wide service	638		
Local service only	197		
No permanent nursing service	558		
Total rural counties in States	1,017	19, 630, 274	100
Permanent county-wide nursing service	370	9, 036, 336	46
No permanent county-wide nursing service	647	10, 593, 938	54

[1] Compiled from data received by Uuited States Children's Bureau from State health departments.
[2] Population -1930 United States Census.

Another way of estimating the extent of the need is to ascertain the extent to which prenatal and child-health centers exist where mothers can come to be examined themselves by a physician or have their children examined by physicians to determine whether they are in a normal state of health and of growth, or whether they need special attention. We have figures for 18 States, and again these are the States that are relatively well supplied as compared with the rest of the country. Of the urban counties in those States, totaling 241, 45 percent are without any prenatal or child-health centers of this kind, and in the rural counties 89 percent are without any prenatal or child-health centers of this kind.

I shall file this.

TABLE XI.—*Permanent prenatal and child-health centers in the counties of 18 States, 1934* [1]

	Number of counties	Percent distribution
Total counties	982	100
Prenatal and child-health centers	220	22
Both prenatal and child-health centers	137	
Prenatal centers only	6	
Child-health centers only	77	
Neither prenatal nor child-health centers	762	78
Urban counties	261	100
Prenatal and child-health centers	144	55
Both prenatal and child-health centers	97	
Prenatal centers only	4	
Child-health centers only	43	
Neither prenatal nor child-health centers	117	45
Rural counties	721	100
Prenatal and child-health centers	76	11
Both prenatal and child-health centers	40	
Prenatal centers only	2	
Child-health centers only	34	
Neither prenatal nor child-health centers	645	89

[1] Compiled from data received by U. S. Children's Bureau from State health departments.

Senator COUZENS. Would the extension of these activities be necessary if the rest of the program were adopted?

Miss LENROOT. Yes; I think they would, Senator, because in spite of what we can do in providing greater economic security, there will be a great deal in the way of public-health service necessary to bring to both the rural families, many of which will not be reached by the economic-security measures, and the families in the smaller towns, the type of help and care that they need in order to keep the mothers informed, first of all, as to the standards of maternal care so that the mothers may know what to demand, and secondly, to enable them to have the best information as to the ways by which their babies ought to be taken care of.

I have also figures showing the adequacy of milk supply in 3,500 families under the care of public-health nursing agencies in 25 cities, as of November 1934. I am inserting this with the permission of the committee to show the conditions making necessary unusual and increased efforts for child health in this period. In the families included in this study, there were 56 percent receiving less than 50 percent of the amount of milk that is estimated to be necessary for the family. I am including in this table the standard by which these percentages were srrived at. We divided these into families receiving relief and families not receiving relief, and we find that of the relief families, 64 percent had no milk (in the case of 6 percent of the families) or less than 50 percent of the amount necessary, while of the nonrelief families largelv of low economic standards, only 49 percent had had less than 50 percent of the amount considered adequate.

TABLE *XII.-Adequacy of milk supply in 3,500 families under the care of public-health nursing agencies in 25 cities, November 1934*

ADEQUACY OF MILK SUPPLY FOR FAMILY

	Families						
	Total		Receiving relief		Not receiving relief		Not reported whether receiving relief
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	
Total families	3,500		1,526		1,828		146
Total reported	3,459	100	1,511	100	1,805	100	143
More than adequate	197		50	3	141	8	6
Adequate	53	x	15	1	38	2	
Inadequate	3,209	93	1,446	96	1,626	90	137
75 percent, less than 100 percent of amount necessary	365	11	134	9	217	12	14
50 percent, less than 75 percent of amount necessary	908	26	355	23	520	29	33
25 percent, less than 50 percent of amount necessary	997	29	43s	29	526	29	33
Less than 25 percent of amount necessary	809	23	431	29	331	18	47
No milk	130	4	88	6	32	2	10
Not reported	41		15		23		3

ADEQUACY OF MILK FOR CHILDREN UNDER 6 YEARS OF AGE IF ALL TAKEN BY FAMILY HAD BEEN USED FOR CHILDREN OF THIS AGE

Total families	3,500		1,526		1,828		146
Total reported	2,295	100	1,071	100	1,115	100	102
Adequate	1,263	55	525	49	692	62	46
Inadequate	1,032	45	553	51	423	38	56
Not reported	27		9		16		2
No children under 6, or nursing children only	1,178		439		697		42

Adequacy of milk supply determined by standard:	*Amount of milk necessary per week, quarts*
Children under 1 year:	
If mother is nursing	0
If mother is not nursing	7
Children 1 to 5 years	7
6 to 15 years	5
16 to 20 years	5
Adult not pregnant or nursing	3.5
Adult pregnant or nursing	7

I have also figures for these families as to reports of the mothers and the visiting nurses with reference to the extent to which there were physical defects or conditions needing attention in the children in these families. Of course these figures are not based on medical examinations. With medical examinations we would have found a very much larger percentage with defects. The gross conditions apparent to the mothers and nurses are, however, of interest. We found that among the 31 percent of the children in these families who had these conditions and apparently were in need of care, there were 1,336 children for whom no treatment was arranged for. In

833 of these cases the lack of treatment was ascribed to financial necessity.

TABLE *XIII.-Physical dejects or conditions needing attention as reported by mother to visiting nurse among 9,472 children included in 3,500 families under the care of public-health nursing agencies in 25 cities, November 1934*

Physical defects or conditions needing attention	Age of child							
	Total		Under 1 year		1 year, under 6 years		6 years, under 10 years	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total children	9,472	100	1,238	100	3,509	100	4,725	100
So defects-	6,557	69	1,059	86	2,558	73	2,940	62
Defects	2,915	31	179	14	951	27	1,785	38
Treatment reported	2,833		172		928		1,733	
Treatment arranged for-	1,497		145		504		848	
Treatment. not arranged for because of—	1,336		27		424		885	
Financial reasons	833		9		240		584	
Other reasons	403		15		153		235	
Reasons not reported	100		3		31		66	
Treatment not reported---	82		7		23		52	

I have here a table showing the trend in infant mortality over a considerable period, and I have maps showing the great variation between the States as to infant-mortality rates. I think these are important because they show that even though we have a much lower infant-mortality rate than we did a number of year ago, we have parts of the country where the rate is still exceedingly high and where the need for work of the kind proposed in this bill is exceedingly great.

TABLE XIV.—*Trend of mortality in the jirst day, jirst month, and first year of life in the United States expanding birth-registration area, 1915–33*

[Deaths per 1,000 live births]

Year	Rate in the first day of life	Rate in the first month of life	Rate in the first year of life
1915	15	44	100
1916	15	44	101
1917	15	43	94
1918	15	44	101
1919	14	41	87
1920	15	42	86
1921	14	40	76
1922	15	40	76
1923	15	40	77
1924	15	39	71
1925	15	38	72
1926	15	38	73
1927	15	36	65
1928	15	37	69
1929	15	37	68
1930	15	36	65
1931	15	35	62
1932	15	34	58
1933	15	34	58

Source: U. S. Bureau of the Census.

I have here a map showing infant mortality in the United States in 1933. The black States [indicating] on the map are Arizona and New Me.xico, and they have rates of 90 or more deaths per thousand live births. The rates in these States with the vertical lines are 65 to 89, and in contrast with these States in which so much work is needed, especially in the rural areas, we have these lighter-lined States where the rates are much better.

Senator **COSTIGAN.** Have Arizona and New Mexico been notable for the absence of maternity information services?

Miss LENROOT. They have not had, especially in Arizona I think, adequate maternal and child health service, and of course these States have a very large Mexican population, with a good deal of poverty, and the rates in the Mexican population are very high.

Senator **COSTIGAN.** What is the reason for the large mortality rate in the Southern States, generally?

Miss LENROOT. Of course the Negro population has a good deal to do with it. The infant mortality rates are always higher among Negroes than among the corresponding groups of whites, probably because of the economic conditions of the Negroes and the fact that to a very great extent they do not have the medical services available nor the health services. I think that others who are to testify before this committee from some of the Southern States will show the very great extent to which there is absence of any medical care at all at the time of death or at the time of childbirth.

The **CHAIRMAN.** I notice, Miss Lenroot, that my State, Mississippi is in the second category. It seems as though it were in fairly good shape, and we have about 250,000 more of the colored population than the white.

Miss LENROOT. I want to say that for many years, Senator, you have had remarkable work being done in Mississippi by Dr. Underwood in your health department.

Senator **GUFFEY.** Is the infant mortality greater with the Mexicans than with other people?

Miss LENROOT. I can supply that.

Senator **GUFFEY.** I would like very much to see those figures.

Miss LENROOT. I will supply those.

(The matter referred to is as follows:)

NEW MEXICO

(Information received by Children's Bureau from Dr. J. Rosslyn Earp, director of public health, bureou of public welfare, Santa Fe)

Infant mortality rates for 1933, based on character of name given on birth and death certificates: Spanish American, 173.8; Anglo American, 61.7.

CALIFORNIA

(California State Department of Public Health Weekly Bulletin, vol. xiii, no. 12, Apr. 21, 1934, p. 45)

Infant mortality rates (1933) for Negroes, Chinese, Japanese, and Mexicans

Race:	*Rate*
White	40.4
Negro	61.2
Indian	122.3
Chinese	70.6
Japanese	46.0
Mexican	121.4
Others	91.5

Infant mortality in the Belvedere section of Los Angeles County, 1932 and 1933

Year	Total	American	Mexican
1933	33.66	12.71	56.82
1932	37.07	24.78	48.09

From Annual Report, Los Angeles County Health Department, 1933-34, p. 47, and explanatory letter from Dr. Anna E. Rude to Children's Bureau, dated Oct. 31, 1934.

Mexican infant mortality in Denver

	Per 1,000 live births
Denver infant death rate	86
Mexican infant death rate	193

From Infant and Maternal Mortality in Denver, F. P. Gengenbach, M. D., Denver, Colo. The. Journal of Pediatrics, vol. I, no. 6, pp. 719-726.

V. *Trend of infant mortality by color in the U. S. birth registration area and in States having 1,500 or more Negro births in 1933; 1915–33* [1]

State	Deaths under 1 year per 1,000 live births																	
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
	100	101	94	101	87	86	76	76	77	71	72	73	65	69	68	65	62	58	58
	99	99	91	97	83	82	72	73	73	67	68	70	61	64	63	60	57	53	53
	181	185	151	161	131	132	108	110	117	113	111	112	100	106	102	102	96	86	91
													64	75	74	72	61	61	65
													55	64	64	60	53	52	56
													82	94	91	94	77	76	80
													61	67	58	51	49	45	54
									-m-v-				56	61	55	50	48	43	51
									-----e				77	86	69	56	51	52	66
										82	74	75	67	67	65	64	64	61	63
										70	60	62	56	55	52	50	52	49	50
e									-e-e-	107	105	107	93	95	94	95	91	87	92
														82	76	77	68	64	67
-m-m-														68	66	65	57	55	59
														104	93	97	86	78	78
								76	82	71	73	69	64	64	61	56	59	53	49
								75	79	68	70	68	62	62	60	54	57	52	47
								125	157	141	122	109	105	105	99	90	87	71	81
			86	87	79	82	71	67	71	65	68	72	59	63	64	58	58	55	53
			84	85	78	79	70	66	69	63	66	70	57	61	62	55	56	53	52
			156	162	136	178	129	129	142	140	119	145	96	102	109	140	91	91	78
			87	93	82	13	62	69	72	65	71	75	61	70	71	65	65	63	58
			82	87	77	69	58	64	67	61	67	71	58	66	67	62	61	61	56
			152	191	147	138	110	157	157	119	119	134	109	118	130	122	137	108	98
													77	78	74	78	66	65	70
													58	64	59	62	53	53	57
													109	102	98	103	85	82	89
		121	120	140	105	104	94	94	95	86	90	87	81	80	80	75	81	69	66
		101	101	124	92	90	81	81	80	76	76	74	68	67	69	63	66	57	55
		209	201	215	160	164	147	147	155	128	146	137	134	128	120	121	132	110	104
	86	96	88	89	90	92	79	75	80	72	75	77	68	69	66	63	57	54	51
	8 6	96	88	88	89	90	78	73	79	71	73	76	66	68	65	61	56	53	50
	160	199	158	155	147	179	125	127	147	126	149	124	102	126	109	95	94	68	71
						-me-	68	68	68	71	68	70	67	74	72	68	56	54	64
							53	56	53	55	53	59	55	61	58	51	44	44	51
							85	79	82	88	83	81	78	86	85	83	67	62	75
													60	66	62	59	63	57	55
													57	62	58	55	60	54	53
							-a---						112	123	121	108	108	110	100

							74	79	72	70	69	70	61	65	60	56	57	50	46
							71	76	69	67	65	67	58	61	57	53	54	47	44
							139	129	124	125	125	122	113	124	105	99	98	92	77
	99	94	91	97	84	86	75	77	72	69	68	71	59	65	61	59	57	53	54
	98	93	90	95	82	85	74	76	71	68	66	68	57	63	59	57	55	51	52
	191	169	176	175	151	159	13s	124	121'	114	119	132	109	123	111	103	104	93	90
a			100	102	74	85	75	80	81	82	79	82	79	86	79	79	73	67	66
			85	85	109	113 73	66	70	70	70	67	71	66	75	67	67	60	57	55
			133	140			95	101	106	110	105	107	109	109	107	105	102	87	90
			92	94	90	83	75	72		67	70	76	62	66	66	61	60	58	53
			91	92	88	81	73	70	75 72	64	67	73	60	64	120	107 58	58	57	51
			158	178	157	153	122	111	139	113	127	128	103	113			106	97	88
														69	66	61	51	50	56
														65	142	1057	48	47	53
														131			86	81	95
	110	114	111	129	98	97	88	88	90	79	82	82	69	72	71	68	67	60	53
	108	113	109	126	151	95	86	86	88	76	80	80	67	70	69	66	64	58	52
	184	180	194	226		167	134	142	151	138	131	139	112	116	106	106	115	98	79
a					113	116	96	93	96	102	(2)	(2)	(2)	97	72	89	81	77	78
					76	83	69	67	70	77	(2)	(2)	(2)	78	110	108 69	59	61	61
					149	148	123	119	125	127	(2)	(2)	(2)	115			102	92	95
													71	81	77	76	68	68	69
													64	73	70	69	61	63	63
													107	121	117	115	102	95	102
																			76
																			62
																			117
			98	103	91	84	79	77	84	78	81	84	75	76	79	77	76	67	69
			80	86	78	72	68	65	71	66	67	72	62	64	67	65	64	58	59
			137	141	120	110	103	102	115	104	111	111	106	104	107	107	108	90	90
											80	82	72	70	78	81	77	75	68
											78	79	70	69	76		75	73	67
umbia											110	124	101	95	96	00 97	111	103	84
	111	106	97	112	85	91	83	85	92	76	s7	85	68	65	71	71	67	73	67
	83	83	71	85	67	72	68	64	71	62	67	67	49	46	48	52	44	56	49
	173	158	160	188	132	139	122	134	143	108	132	123	109	107	117	110	115	108	101

U. S. Bureau of the Census.
l from birth registration area.

Senator **BARKLEY.** Is there any relationship between infant mortality and political mortality in Mississippi? [Laughter.]

Miss. LENROOT. I want to say, Senator, that Kentucky shows up even better than Mississippi. Dr. McCormack has done notable work. The maternal mortality is shown on this map [indicating] and there we have a similar variation among States. I would like to know whether the committee would like to have these maps?

The **CHAIRMAN.** It is difficult to put them in the record. If we have one for each member of the committee, it would be better. Maps of that character are expensive to reproduce, and it takes a long time to have it done by the Government Printing Office, usually.

Miss LENROOT. Perhaps I could have available a few copies for the members of the committee.

The CHAIRMAN. Give us one for each member of the committee if you can, or if you cannot, give us as many as you can.

Miss LENROOT. I might put in some tabulation showing it.

The **CHAIRMAN.** Yes, you might put in tables and some description of the States with reference to the matter.

Miss LENROOT. In addition to table XV which shows the trend of infant mortality I will be glad to insert material on the trend of maternal mortality in the United States.

I have also certain comparisons to give you regarding maternal deaths in this country and certain foreign countries. I will be glad to insert those if you want them, and also infant mortality comparisons.

The **CHAIRMAN. Yes.**

TABLE XVI.-*Trend of maternal mortality in the United States birth-registration area by States, 1915–33* [1]

State	Maternal mortality rates [2]																		
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
	61	2	66	92	74	80	68	66	67	66	65	66	65	69	70	67	66	63	62
													80	94	99	90	81	76	75
												102	89	77	78	65	82	81	65
													90	88	91	94	71	66	78
					80	77	68	72	67	59	60	56	58	61	57	51	62	56	46
														96	86	74	70	74	62
	56	49	51	75	62	68	53	57	57	57	49		55		54	49	43	48	50
							63	66	84	77	77	93	59	56	63	65	71	82	69
										121	121	107	110	101	95	102	104	101	115
														107	93	106	99	92	75
												57	60	68	61	65	51	53	43
								63	64	62	58	65	56	57	68	55	55	56	50
			73	104	84	87	69	66	65	58	60	65	66	62	70	62	61	57	59
										60	56	60	59	48	56	59	50	54	53
			76	114	82	84	64	76	68	63	65	70	63	77	68	73	62	62	55
			60	80	63	64	63	61	60	62	60	58	49	60	66	64	64	57	54
													91	114	99	100	86	81	84
	68	78	67	86	86		74	76	87	82	72	67	80	74	72	72	79	64	70
		64	68	95	84	76	67	59	60	66	58	58	58	65	55	56	62	51	50
	57	60	65	92	71	75	65	68	63	65	63	64	63	64	67	64	65	60	67
	6 7	68	74	86	77	93	69	69	70	65	64	67	68	66	66	62	60	60	61
	52	55	56	78	67	79	57	49	60	50	53	57	44	57	43	53	49	48	44
							95	83	88	95	98	79	87	94	89	96	80	63	73
													67	70	73	61	73	67	58
								79	75	66	81	80	66	75	84	69	73	66	57
						71	66	58	58	63	57	66	59	60	61	58	54		46
															63	105	98	63	82
e	61	72	70	78	80	71	62	65	74	61	71	76	65	63	75	62		59	69
							59	64	57	62	64	58	63	59	55	56	57	57	54
															87	88	72	91	86
	59	54	57	80	62	69	63	60	57	59	60	57	61	59	56	56	59	59	62
			82	108	93	100	73	80	80	77	87	88	66	78	84	83	80	68	68
										57	62		51	57	55	58	49		49
			71	97	74	80	72	66	72	64	68	67	62	64	67	63	65	63	61
											72			71	82	69	62	72	65
					101	94	74	83	69	65	64	59	64	61	59	58	45	47	55
	64	70	65	105	68	7	68	62	66	63		64	64	61	65	60		61	58
	66	58	63	98	(3)	(3)	71	55	63	63	52	60	64	60	79	57	55	60	57

United States Bureau of the Census. [2] Deaths assigned to pregnancy and childbirth per 10,000 live births. [3] Dropped from birth-registration area.

TABLE XVI.—*Trend of maternal mortality in the United States birth-registration area by States, 1915–33*—Continued

State	Maternal mortality rates																		
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
South Carolina					112	122	98	107	97	108	[3]	[3]	[3]	109	114	114	102	94	80
South Dakota																		37	48
Tennessee													71	89	87	84	74	72	60
Texas																			77
Utah			59	86	84	79	73	55	50	45	52	49	75	49	49	49	42	43	45
Vermont	61	79	64	80	80	70	73	74	70	81	68	67	73	58	77	66	76	71	57
Virginia			82	107	83	86	70	72	74	65	70	80	62	75	71	71	75	71	63
Washington			74	99	86	92	78	79	67	71	60	75	66	72	62	62	64	60	64
West Virginia											63	71	62	57	58	60	58	57	57
Wisconsin			57	60	48	67	58	56	58	60	52	60	53	58	51	54	45	44	50
Wyoming								71	73	98	95	93	87	65	63	92	84	66	57
District of Columbia	70	101	86	91	86	88	101	71	101	122	87	77	86	85	70	90	71	90	50

[3] Dropped from birth-registration area.

TABLE XVII.—*Trend of infant mortality in the United States and certain foreign countries*

Country	Deaths under 1 year per 1,000 live births																		
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1025	1926	1927	1928	1929	1930	1931	1932	1933
	68	70	56	59	69	69	66	53	61	57	53	54	54	53	51	47	42	41	40
	218	192	186	193	156	157	154	156	141	127	119	123	124	120	112	104	103	106	------
	------	------	------	----	109	110	122	114	100	95	100	104	98	94	110	100	89	94	------
	202	203	206	267	224	195	198	175	176	189	174	189	167	173	178	181	[1]79	------	------
	------	------	------	146	110	146	158	155	165	150	152	127	168	149	156	138	[1]56	[1]46	------
	------	------	------	----	----	100	88	87	88	79	79	102	94	90	92	89	85	73	'73
	254	241	269	255	306	263	278	240	283	266	258	251	226	212	224	234	232	235	258
a	------	------	------	----	142	178	173	166	147	148	146	154	157	146	142	137	'134	[1]38	[1]27
	95	100	100	74	92	91	77	85	83	84	80	84	83	81	83	80	81	72	68
Vales	------	------	------	----	128	137	133	140	143	150	155	146	152	151	159	151	160	------	------
	110	91	96	97	89	80	83	77	69	75	75	70	70	65	74	60	66	65	[1]63
	------	------	------	----	----	----	----	105	103	100	96	102	115	104	110	100	103	97	------
	110	110	118	115	135	97	95	99	92	107	85	86	97	84	98	75	75	71	-me---
	168	148	155	154	121	131	134	130	132	109	105	102	97	89	96	85	83	[1]79	*76
	------	------	------	----	----	----	68	82	92	98	90	75	101	94	111	99	134	-mm--	-e--v-
	130	116	115	116	112	81	76	92	79	81	99	104	89	83	98	----	----	------	----
	85.	219	216	217	159	193	193	198	184	193	168	167	185	177	179	153	162	184	[1]139
e	147	147 81	84	80	84	78	73	69	66	72	68	74	71	68	70	68	69	72	[1]65
	------	------	139	192	129	127	129	126	128	126	119	127	120	120	125	106	113	110	------
	160	170	173	189	170	166	168	166	163	156	142	137	142	138	142	124	132	118	------
	------	------	------	----	----	128	93	91	88	101	107	88	96	96	L07	90	86	89	76
	------	------	------	----	----	----	----	----	----	170	179	146	151	147	176	154	145	167	121
	------	------	------	103	93	83	85	77	66	61	58	61	59	52	59	51	50	46	[1]44
	50	51	48	48	45	51	48	42	44	40	40	40	39	36	34	34	32	31	31
nd	107	89	97	101	95	94	87	77	76	85	86	85	78	78	86	68	73	83	[1]79
	68	64	64	63	62	58	54	55	50	50	50	48	51	49	54	46	46	47	------
	------	------	------	144	132	147	141	124	118	150	139	155	118	142	151	130	----	------	------
	126	97	107	100	102	92	90	101	79	98	91	83	89	86	87	83	82	86	81
	76	70	65	65	70	63	64	62	56	60	56	56	60	59	59	55	57	[1]51	[1]50
	90	78	79	88	82	84	74	70	61	62	58	57	57	54	52	51	49	51	48
e	100	101	94	101	87	86	76	76	77	71	72	73	65	69	68	65	62	58	68
	111	124	107	110	101	117	107	94	104	108	115	93	106	100	93	100	110	------	------

m official sources.
al.
ed States expanding birth-registration area; in 1915 it comprised 10 States and the District of Columbia; in 1933 the entire continental United States.

TABLE XVIII.—*Trend of maternal mortality in the United States and certain foreign countries*

country	Maternal deaths [1] per 10,000 live births																		
	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Australia	43	53	56	47	47	50	47	45	51	55	56	53	59	60	51	53	55	56	51
Belgium					72	60	57	53	56	58	50	61	57	60	62	52	49	48	
Canada							51	55	54	60	56	57	56	56	57	58	51	50	[2] 50
Chile	66	73	72	82	88	75	79	80	74	61	61	58	58	59	78	68	75	71	
Czechoslovakia					37	40	37	34	32	31	33	34	36	40	43	41	41	[2] 43	248
Denmark							16	20	26	23	24	27	31	27	32	38	40	35	36
England and Wales	42	41	39	38	44	43	39	38	38	39	41	41	41	44	43	44	41	42	243
Estonia									45	40	38	41	41	50	46	49	43	34	
Finland		36	38	44	40	36	33	30	31	35	29	32	[2] 30	[2] 30					
Germany										53	50	49	52	55	55	54	51		
Greece							73	72	85	88	67	59	61	66	71	58			
Hungary		42	40	52	29	32	29	30	28	31	29	32	30	34	34	36	37	37	
Irish Free State	53	57	49	48	47	49	50	57	48	48	47	49	45	49	41	48	43	46	
Italy	22	27	30	37	29	28	26	25	27	32	28	26	26	28	29	27	28	30	
Japan	36	35	35	38	33	35	36	33	34	31	30	27	28	28	28	27	27	25	
Lithuania											59	56	50	50	57	60	62	55	61
Netherlands				29	33	24	23	25	23	24	26	29	29	34	34	33	32	30	[2] 32
New Zealand	47	59	60	52	51	65	51	51	51	50	47	42	49	49	48	51	48	41	44
Northern Ireland	56	50	51	47	46	69	52	47	49	45	44	56	48	52	49	53	51	53	
Norway	27	28	30	30	34	26	22	25	28	29	27	32	25	30	36	30	27	26	
Salvador						57	57	46	50	57	50	56	63	56	53	49	56		
Scotland	61	57	59	70	62	62	64	66	64	58	62	64	64	70	69	69	59	63	59
Sweden	29	27	25	26	32	27	27	25	23	24	26	29	28	33	38	35	37	[2] 27	
Switzerland		54	56	51	57	56	55	51	46	48	43	44	37	44	46	43	44	44	46
United States [3]	61	62	66	92	74	80	68	66	67	66	65	66	65	69	70	67	66	63	62
Uruguay	22	29	32	30	23	34	33	27	27	25	25	30	22	24	24	31	24		

[1] Deaths assigned to pregnancy and childbirth.
[2] Provisional.
[3] The United States expanding birth registration area, in 1915 it comprised 10 States and the District of Columbia; in 1933 the entire continental United States.

Figures from official sources.

Miss LENROOT. The types of work that would be contemplated under this section of the bill, as I say, would be mainly enabling the State agencies of health to go into local areas and help the local areas to develop the public-health nursing and the prenatal and child-health activities, and the work that is necessary to help the States bring to midwives the instruction in the care of maternity cases which is so much needed.

The CHAIRMAN. Have you conferred with the State health officers of the various States as to their reaction to the provisions of this bill?

Miss LENROOT. Yes, Senator; with several of them, and I was just coming to that. I wanted to point out that these sections of the bill were developed in consultation with an advisory committee on child welfare appointed by the Secretary of Labor as chairman of the Cabinet Committee, and on that committee was Dr. Abercrombie, of Georgia, who is the chairman of the Conference of State and Provincial Health Authorities of North America. He sat with us and worked with us very closely in the development of the report to the Committee on Economic Security. Moreover, the technical expert on the staff of the Committee on Economic Security working on public-health report covered by title VIII of this bill was consulted, and one member of our advisory committee was also a member of the Public Health Advisory Committee, so that title VII and title VIII have been developed in harmony, and there is full agreement as to both titles of the bill.

Moreover, a number of the health officers, such as Dr. Underwood of Mississippi, who is here, and Dr. Chesley of Minnesota, and other

health officers, have been consulted with reference to these recommendations. We have had also medical representation in the group -working with us in developing suggestions for title VII. Dr. Adair, -professor of obstetrics in the University of Chicago, and a very (eminent obstetrician; Dr. Grulee, professor of pediatrics in the Rush Medical College; and Dr. Grover Powers, professor of pediatric& in Yale University, were members of our advisory committee, and worked with us; and Dr. Eliot, the Assistant Chief of the Children's Bureau, is herself a pediatrician and associate professor of pediatrics at Yale. We have also conferred with other representatives of the medical profession with reference to the recommendations incorporated in this title of the bill.

I should also like to file with the committee a list of the members of the Children's Bureau Advisory Committees on Obstetrics and Pediatrics, who have worked with us for many years on the various aspects of our program relating to maternal and child health. I shall file a list of the committee members with the permission of the chairman.

Obstetric advisory committee:

Dr. Fred Adair, professor of obstetrics, University of Chicago.

Dr. Robert De Normandie, clinical professor, department of obstetrics, Harvard Medical School.

Dr. James L. McCord, professor of obstetrics, Emory University, Atlanta.

Pediatric advisory committee:

Dr. Richard M. Smith, professor of child hygiene, Harvard School of Public Health, representing American Pediatric Society.

Dr. Julius Hess? professor of pediatrics, Illinois Medical School, sepresen ting American Medical Association.

Dr. Samuel McClintock Hamill, chairman Pennsylvania Emergency Child Health Committee, representing American Academv of Pediatrics.

Dr. Howard C. Carpenter, representing American Child Health Association .

We have a maternal and child-health division, of which Dr. Eliot was the head until recently when she was promoted to the position of Assistant Chief of the Bureau, and we have a competent medical staff in the Bureau which of course would have to be enlarged to some extent to carry out the provisions of this act.

The types of demonstration service that might. be carried on under this act are particularly important from the point of view of those States, shown on this map, and the groups of the population especially in need of attention-those in the rural areas, the Mexicans and other groups in special need. Such demonstrations would include those of administrative procedure and health services of an intensive nature such as were carried on a number of years ago by the Child Health Association and the Commonwealth Fund; studies of the adequacy of facilities for maternal care in communities of different types; study of infant mortality where it is particularly high; studies of nutritional condition of children and of the effect of inadequate food and dietary deficiencies on the growth and development of children; studies of the health and nutrition of adolescent children, both those entering industry and those in school; study of the causes of dental defects in children and pregnant mothers ; and studies of nervous instability related to behavior problems.

If the committee wishes, I will proceed to the section of the bill dealing with the care of crippled children, section 702, page 54. This section of the bill provides for $3,000,000 to be used, again in cooperation with the State agencies, in the provision of medical care and other services for crippled children, especially in rural areas, to be granted on a matching basis if possible, with certain exceptions when unusual need is shown.

The amount will be $10,000 to each State and the remainder on the basis of need. This need refers not only to financial need, but also to the number of crippled children in different areas. I have here two maps showing the distribution of poliomyelitis in the States, and showing the shifts in the areas where that condition is prevalent. This map (indicating) shows the distribution of infantile paralysis, poliomyelitis, in the States, from 1915 to 1929. The yellow-colored States have less than 2 per 100,000 population; the black-colored States have 10 or more cases per hundred thousand; the purple-colored States, 6 to 10 cases per 100,000. The map for 1930 to 1933 shows the same thing, but it indicates the different distribution. You see that on this map (indicating) the black States show up somewhat differently than on the former map. We have felt that it was necessary to leave the allocation of the funds somewhat flexible so as to get promptly to the areas where there were prevailing conditions that were likely to lead to crippling and provide medical care and physiotherapy.

The **CHAIRMAN.** What does the white space on that map mean? That they have no cases at all?

Miss LENROOT. "Not reported." Kentucky shows "not reported."

The **CHAIRMAN.** Is that due to the inefficiency of the public-health service in that State?

Senator **BARKLEY.** Due to the efficiency. It has been eradicated. (Laughter.)

Miss LENROOT. Perhaps there was none to report. This form of care and service to children is very closely related to health and welfare services contemplated by the other sections of the bill, because of course, there are many conditions in the homes of the crippled children needing social-service attention. If we can get this public child health and welfare service extended throughout the poorer areas of the country, we shall avoid the situations which now exist in many places of having crippled children overlooked and neglected.

The **CHAIRMAN.** "Crippled children" is not confined to infantile paralysis?

Miss LENROOT. No. I have figures showing that in New Jersey, figures for a recent year showed one-third of the cases due to infantile paralysis. I presume the distribution would vary. It varies, I believe, from about 15 percent to about 51 percent in the various studies as to the causes leading to crippling.

The types of service that would be carried on here would be largely restorative, preventive, and medical and health services. The Children's Bureau would contemplate developing very close cooperative relationships with the Division of Vocational Rehabilitation in the Office of Education. That program provides about $1,100,000 a year for the rehabilitation and education of employable persons disabled or physically handicapped, 14 years of age and over. The two programs could be well integrated, I think, and we have been in

consultation with members of the staff of the Division of Vocational Rehabilitation and also with others interested in this vocational-rehabilitation program.

Senator COUZENS. What problems have you with the blind?

Miss LENROOT. The problem of the blind, of course, is partly a medical problem and to a very great extent an educational problem.

Senator COUZENS. What I am trying to get at, are there any vocational efforts with the blind?

Miss LENROOT. Yes; I believe the blind would be included under the vocational rehabilitation; the blind, the deaf, and all types of physically handicapped would be included. There are only 10 States that now have anything like a State-wide system providing for the care of the kind contemplated in this bill. These States are Florida, Kentucky, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Vermont, and Wisconsin.

There are a total of 35 States that have made provision of some kind for care and treatment, but in some of these States the amounts of money are very inadequate, as little as $3,000 a year for the entire State. I might say that in conversation with some of the people interested in this study in the last few days, I have had instances brought to my attention of the extent to which services for crippled children have been curtailed because, of financial conditions. For instance, I was talking the other day to a person who is concerned with the administration of the juvenile court work throughout a State, or was until recently. The juvenile courts in that State have jurisdiction over crippled children. He said that while he had no statistics available, he had conversation frequently with judges of the juvenile court, and that cases were brought to his attention where the judges, because of lack of funds, did not feel that they could commit children for care, and that in some cases where a judge formerly would have ordered an expensive operation, he now contented himself with ordering a brace for the limb of the child.

In other States also it has been reported to me that services formerly available had been curtailed during the depression period. The types of work that would be provided under this section of the act would include such things as location and registration of crippled children by surveys or by a school census; the development and extension of diagnostic and follow-up clinics., either permanent or itinerant or both, under the staff of a physician and nurse and assisted by county social workers,- physiotherapists; and the provision of medical and nursing care and after care, in the child's home, in a hospital, in a convalescent home, or in a foster home. There might be a necessity of bringing some educational facilities to these children, especially in the rural areas, but the aim would be to coordinate this program with the educational program being carried on under the Division of Vocational Rehabilitation.

Now, Mr. Chairman, I think that concludes my statement. I shall be very happy to answer any questions.

The CHAIRMAN. Are there any questions?

(No response.)

The CHAIRMAN. The committee thanks you very much, Miss Lenroot and we may want you here later on when we begin to take up this bill paragraph by paragraph.

Miss LENROOT. I shall be very happy to be at the committee's disposal.

The CHAIRMAN. I desire to place in the record certain letters and statements relating to S. 1130, which have been submitted to me.

(The letters and statements above referred to follow:)

NATIONAL CATHOLIC WELFARE CONFERENCE,
Washington, D. C., February 4, 1935.

Hon. PAT HARRISON,
Chairman Finance Committee, United States Senate,
Washington, D. C.

DEAR MR. CHAIRMAN: The administrative committee of the National Catholic welfare Conference would not, of course, venture to express a detailed opinion on the proposed Economic Security Act as a blanket measure. Many expert minds were called into service in the compiling of that act; and to specialists, the wisdom of many of its measures must be left.

Everything that promotes just legislation, and particularly such legislation as is beneficial and helpful to our needy citizens in this time of wide-spread distress, has received and will receive the full support of the National Catholic Welfare Conference.

But the administrative committee of the National Catholic Welfare Conference reepectifully submits that this proposed legislation, to be known under the title of the "Economic Security Act," should explicitly do justice to every agency that contributes to the public welfare.

The President and many other public leaders of the day have appealed time and again for the generous support of the private agency of prevention and relief. The private agency has played an essential part and is today playing an extended and essential part in the actual care of the unemployed, of the aged, of needy mothers, of the sick and injured, of the orphans, of those mentally or physically handicapped.

The administrative committee of the National Catholic Welfare Conference respectfully requests that this recognized and most laudable work of private institutions, fostered by the members of every religious denomination and of none-and always encouraged in our Nation's history by both State and Federal authorities-be not further burdened because of any unfavorable interpretation of any of the provisions of the proposed Economic Security Act; but that such legislation make it explicit that no State is prohibited, through acceptance of Federal funds, from using as agencies of relief and prevention the private institution, hospital or home. This legislation would then recognize-what is pre-eminently true-that the private institution is an essential element in the promotion of that self-sacrifice so necessary to the happiness and prosperity of our country.

Thanking you in the name of the administrative committee for the consideration you will give to its petition, we remain,

Respectfully yours,

JOHN J. BURKE, C. S. P.,
General Secretary.

AMERICAN CHILD HEALTH ASSOCIATION,
New York City, February 1, 1935.

Hon. PAT HARRISON,
Chairman Senate Finance Committee, Washington, D. C.

DEAR SENATOR HARRISON: May I be permitted to file this letter as a part of the Senate hearing concerning bill S. 1130, especially title VII and title VIII?

For 18 years I (Samuel J. Crumbine, M. D.) was engaged in the practice of medicine at Dodge City, Kans. I then became State Health Officer of Kansas, serving in that capacity for 19 years, and for 11 of these years as dean of the school of medicine of the University of Kansas. In 1923 I came to New York to the American Child Health Association, whose general executive I have been for 10 years.

The experience of these 48 years in private practice, and in public health, is the basis for my belief and conviction that there must be aggressive efforts looking toward the prevention of infant and maternal mortality, and the promotion of child health. The loss each year of about 14,000 mothers in childbirth means that a large proportion of the homes in which the deaths occur will be broken. The cumulative effect of this tragedy, during the years that have passed and in the years to come, is an appalling menace to the home which is the bulwark of our national and racial stability, and the foundation of our civilization. Among

older children the broken home is often a cause of delinquency. Because of the death of these mothers a mighty army of orphaned children is constantly growing, from which come the every increasing army of dependents and delinquents.

A number of years ago this very condition was so apparent to the social workers of the New York Association for Improving the Condition of the Poor that they organized a clinic for prenatal care, one of the first organized in this country for the purpose of not only cutting down the death rate of mothers, but also as a means for reducing the annual influx of dependent and delinquent children occasioned by the death of the mother and the consequent disruption of the family.

In my judgment prenatal clinics should be established all over the country in cooperation with the medical profession and under the supervision of the official agencies. This much-needed program might be attainable under the provisions of the security bill.

Health programs such as these are basic for economic and social progress and for the physical and mental development of the race.

Very truly yours,

S. T. **CRUMBINE,** *General Executive.*

THE JOHNS HOPKINS UNIVERSITY,
Baltimore, Md., January 2.9, 1935.

Hon. **PAT HARRISON,**
Chairman Senate Finance Committee,
Washington, D. C.

DEAR MR. HARRISON: I am writing you as chairman of the Senate Finance Committee in reference to Mr. Wagner's bill S. 1130. I am particularly interested in paragraph 3 on page 52, under title VII, on maternal and child health.

Permit me to emphasize my belief in the need for special demonstrations and research in maternal care in rural areas and other aspects of maternal and child health. This work, if financed, would, I believe, be under the supervision of Dr. Martha M. Eliot, of the Children's Bureau, who is a person exceptionally qualified for both the planning and conduct of research in the field mentioned. I feel quite confident because of my long acquaintance with her that any funds made available for work in her department would be exceptionally well expended. Therefore anything you can do to promote the passage of the bill in such form that an adequate remainder of funds will go to the Secretary of Labor for use in work relating to maternal care and child health will be greatly appreciated.

Very truly yours,

E. V. MCCOLLUM.

HARTFORD, CONN., *January 28, 1935.*

Hon. **PAT HARRISON,**
Chairman Senate Finance Committee,
Washington, D. C.

DEAR SIR: I wish to express myself as heartily in favor of the maternal and child health program outlined in Seante bill 1130, title 7.

I have practiced obstetrics in Hartford for 20 years and am convinced from my thorough knowledge of conditions throughout the State, in this field, that the rural areas of our State would benefit by the terms of this bill.

Very truly yours,

JAMES RAGLAN **MILLER,** M. D.

MICHIGAN CRIPPLED CHILDREN COMMISSION,
Lansing, Mich., January 28, 1935.

Hon. **PAT HARRISON,**
Chairman Senate Finance Committee,
United States Senate, Washington, D. C.

MY DEAR SENATOR **HARRISON:** In reference to Senate bill 1130, section 702, the portion dealing with the care of crippled children, I wish to make the following suggestions for the consideration of the Ways and Means Committee of the House and the Senate Finance Committee.

First, it would occur to me that the term "crippled child" should be defined in this section and that the age limit should be 21 years, unless it is definitely determined that the definition should be left to each State individually, and that the

term "child" is universally accepted in this country as a person under 21 years of age. I would suggest as a definition the following:

"A crippled child, for the purposes of this act, is defined as one under 21 years of age whose activity is or may become so far restricted by loss, defect, or deformity of bones or muscles, or nerves involving bones or muscles, as to reduce his or her normal capacity for education and self-support; an orthopedic or plastic surgery case which has a definite crippling condition that actually or potentially handicaps the child educationally and/or vocationally."

We believe this is highly important: First, to establish a standard to be used in the various States; and, second, to simplify the problems of administration.

On page 54 of Senate bill 1130, line 4, there appears the statement: "the provisions of medical care and other services for crippled children." Unless it is felt that "other services" may properly be interpreted to refer to special educational advantages or transportation or maintenance for crippled children in the rural districts who cannot get to school because of physical limitations' I think that that phrase should be enlarged or clarified to include such services to crippled children.

Therefore' I would also suggest that in lines 14 to 18 on the same page, the following amendment which I have italicized:

"The remainder shall be allotted to States for purposes of locating crippled children, and of providing facilities for diagnosis and care, hospitalization, and after care *including education when not otherwise available*, especially for children living in rural districts."

On page 55, I would suggest a similar amendment in lines 15 to 19 to read as follows: "State plan must include reasonable provisions for State administration' adequate facilities for locating and diagnosing children, adequate medical care, hospitalization, and after care *including education when not otherwise available*, and cooperation with medical, health, *educational*' and welfare groups and organizations."

I might add that my 10 years' experience in Ohio and 4 years' in Michigan' as well as my investigations in many other States, have convinced me that one of the greatest types of neglect for crippled children lies in the inability of those living in rural districts to get the type of education which they should have, considering their handicaps. We have a record now of 700 cases in Michigan who have had about all the hospital treatment the State is justified in giving them and who are in rural homes or in other locations where it is impossible for them to get to school because of their physical condition.

The agencies in Michigan interested in the care, relief, and education of crippled children endorse section '702 of Senate bill 1130, and feel that it will be of inestimable value to this type of work in the United States if enacted into law.

The investigation of the White House Conference on Child Health and Protection lead to the conclusion that only a small proportion of the total number of crippled children in the United States have secured any kind of real service, and -those receiving adequate care are very few considering the country as a whole. 'The report recommended Federal aid to "properly constituted State service." (Refer to pp. 173 and 178 of The Handicapped Child, published by the White House Conference.)

This report also stated that a Federal program should be one of consultation, education' and demonstration services with financial aid to States and territories and through them to local communities. That the Federal program should provide for a coordination of efforts with other Federal and State authorities and private agencies, as well as to carry on proper type of research to determine the best way to improve and enlarge esisting State and local services. It set forth too that special emphasis should be given to the situation surrounding the crippled children of the rural communities.

We believe that this bill provides for the needs which were found in the investigation made by the White House Conference. The enactment into law would be a tremendous service to the crippled children of the United States and in our opinion is economically sound.

Very respectfully submitted.

HARRY H. HOWETT,
Secretary-Treasurer.

STATEMENT OF THE ASSOCIATED WOMEN OF THE AMERICAN FARM BUREAU FEDERATION

The American Farm Bureau Federation has been a potent factor in the securing of legislation favorable to rural America for many years. At each succeeding session of Congress, its representatives have appeared in behalf of such measures, or vigorously opposed those which the organization felt were opposed to the best interests of agriculture.

Recently there has been formed an affiliate organization known as the "Associated Women of the American Farm Bureau Federation," whose purpose is to assist in an active, organized way in carrying forward such phases of the American Farm Bureau Federaton programs as inevitably enlist the creative interest of women, namely, to help accent the fundamental importance of organized efforts to bring about, better educational, social, and spiritual opportunities for rural people; to strengthen and support the extension organizations associated with home-demonstration work throughout the United States; to serve as a means for the exchange of experience in this field of adult education relating to home and community life; to provide nationalization for the State organizations of rural women in the United States, in order that they may participate in national councils of American women in cooperation with national organizations of city women and to give to the rural womanhood of America the means of expression and the strength that comes from unity in organized efforts that are dedicated to the development of a more abundant country life.

The influence of this organization, which is Nation-wide, reaches into every State where Extension Service and the Farm Bureau are laboring together for a better rural America.

It is a well-known fact that even at the peak of prosperity, four-fifths of the rural areas of the United States were without organized health service. No one can deny that maternity and infancy are without proper protection in most of our rural communities. The Associated Women of the American Farm Bureau Federation "count children as the best crop of the farm" and are glad to add their influence to help secure measures which will properly safeguard mothers and children. This principle has been ofttimes expressed by official resolution and presented by our representatives to congressional committees.

The Associated Women of the American Farm Bureau Federation hereby endorse those sections of S. 1130 and H. R. 4120 as relate to maternal and child health and child welfare.

Furthermore, the Associated Women of the American Farm Bureau Federation wish to endorse section 802 of S. 1130, provided that the words "particularly in rural areas", be inserted in line 23, after the words, "State health services."

Respectfully submitted.

MRS. CHAS. W. SEWELL,
Administrative Director of the Associated Women of the American Farm Bureau Federation.

EMORY UNIVERSITY,
Atlanta, Ga., January 28, 1935.

Hon. PAT HARRISON,
Chairman of the Senate Finance Committee,
Washington, D. C.

MY DEAR SIR: Please permit me the privilege of writing you concerning the economic security bill. I am particularly interested in the provision of the bill that, has to do with maternal and child health.

I have been teaching obstetrics for 25 years. For the past 5 years I have been teaching obstetrics to rural doctors in five Southern States. This I have done by going directly to a group and staying for 5 days. .

I was born and reared in the South and I know its people and needs. Being more familiar with maternal problems, I can more easily see the great need for help along those lines in our rural counties.

I think that a well-planned program, with competent supervision, can lower the maternal death rate in our rural counties at least 50 percent.

It will be of inestimable value in making our people think along public health lines. I urge your cooperation and support.

Very truly yours,

JAMES R. MCCORD, M. D.