

unemployment insurance when the plan reaches its ultimate development, we can think of 1.34 cents added to the dollar of wholesale value in manufactured products.

The CHAIRMAN. In other words, it would fall heavier upon the employer than it would the consuming public? Is that what you are trying to suggest?

Mr. LEWIS. It would fall with about four times the force on the pay roll than it would on the price of the article sold.

The CHAIRMAN. If there are no other questions, we thank you, Mr. Brown, for your appearance and the information you have given to the committee.

STATEMENT OF KATHARINE LENROOT, CHIEF CHILDREN'S BUREAU, UNITED STATES DEPARTMENT OF LABOR

The CHAIRMAN. The next witness is Miss Katharine Lenroot, representing the Children's Bureau.

Will you please come forward, Miss Lenroot, and give the stenographer your full name, your official position, and your connection with this legislation?

Miss LENROOT. Katharine Lenroot, chief Children's Bureau, United States Department of Labor.

I have with me, Mr. Chairman, Dr. Martha Eliot, the assistant chief of the Bureau, who is a physician. If the committee desires to ask certain medical questions, it may be that I should like to refer some to her.

The CHAIRMAN. The rule under which we have been operating is that the witness reads his or her main statement, and then at the conclusion of the main statement is available for questioning. If you prefer, you may complete your main statement.

Miss LENROOT. Mr. Chairman, and members of the Committee:

The Children's Bureau was asked by the technical staff of the Committee on Economic Security to act in a consultative capacity with regard to, especially, sections or parts of the security program relating to child health and child welfare. An advisory committee on child welfare, whose names are included in the record that has already been made, worked with the Children's Bureau in the developing of the factual material and recommendations that went to the cabinet committee on Economic Security.

I feel, Mr. Chairman, that the child-welfare provisions of this bill are a very integral part of the entire Economic Security program. The importance of including some special provisions with reference to the security of children arises out of the fact that, as we all know, children have suffered very greatly by reason of the depression, both in respect to health and those other circumstances which are essential to normal childhood, normal growth and development.

Moreover, as other witnesses before this committee have pointed out, when we come to attempt to provide for the unemployed, especially for the unemployed now on relief, by measures which will enable them to become again self-supporting, through private industrial recovery or through a works program, or in lieu of such measures, looking mainly toward the future, measures for providing unemployment compensation, there are certain groups of families which cannot be reached by such measures because the breadwinners are absent. It is these groups of families that we have particularly in mind in some of the sections of the bill.

The measures that have been selected and that were outlined to you yesterday very fully by Mr. Witte, are, of course, in no sense representative of a complete child-welfare or child-health program in this country. It was felt that it would be most logical and most reasonable to select those parts of the child-welfare or child-health problem which were in the first place very closely related to our problem of unemployment; in the second place, attempted to meet the basic needs of children everywhere throughout the country—need for economic security when the father is absent from the home, the need for a measure of health protection, which must be supplied through community activities and community agencies; and in the third place, need for special social protection when grave conditions of incompetency or neglect or abuse or defect in the child himself are present.

That, then, covers the three sections of the bill relating to mothers' pensions, to aid to child-welfare services, and to aid for maternal and child-health services. In addition, there is the section of the bill relating to crippled children. That does present a selection of one group of especially handicapped children for special attention. Other groups, as was pointed out yesterday, the feeble-minded, the blind, and the deaf, have not been included in the program except insofar as the child-health services which will be provided and the social services provided in the aid to child-welfare activities will place our local communities in a very much better position to find out where there are children in need of care, to bring together existing resources, and to develop further experience as to the total child-care program in the country. The provisions, then, with reference to children's security do not contemplate any lessening of the burden now being carried by State and local agencies or by private voluntary agencies, such as the Shriners, the Couzens' Fund, and many other private undertakings which are rendering very great service to children in this country.

The provisions of the bill would only attempt to make universally available throughout the United States certain minimum measures of public protection without which any private effort or any purely local effort is bound to be spotty and to be most inadequate in the places and areas where children are in the greatest need.

Moreover, the provisions of this bill regarding children's security do not set up any new or untried methods of procedure, but build upon experience that has been well established in this country. In that sense, I feel that the children's security measures are essentially American measures, building upon American experience, and designed to establish a foundation of Federal, State, and local cooperation which will not lead us into any difficult administrative realms or into any unpredictable costs.

The amounts of money included in the bill are very conservative, as I shall point out in discussion of the specific sections. We might well have justified larger requests, but we felt that in undertaking programs of this kind there were certain administrative developments that had to be made, there were questions of availability of personnel that had to be settled, and since this is not an emergency measure, but a measure for permanent cooperation, it was felt that it was better to being on a modest basis with a program that we thought could immediately be put into effect.

Now, to come to the mothers' pension features of the bill, section 201, page 9. Dr. Witte gave you considerable material yesterday

which I shall not repeat. There was a question asked yesterday as to the extent to which the State mothers' aid laws were actually operative. As was said yesterday, there are 45 States, the District of Columbia, Alaska, Puerto Rico, and Hawaii, that have on their statute books this form of legislation, the first such law having been passed in 1911; the very rapid development of this type of legislation was due to the fact that the public recognized the importance of the State or locality stepping in to supplement income when the father was removed from his family.

However, many of these laws are not mandatory but are only permissive on the local units. There are 20 States with mandatory laws, 29 States with permissive laws, and 3 States with no laws—and I am including here the Territories and the District of Columbia. Even where the mandatory laws are on the statute books, the depression has meant that some counties have not been able or at least have not seen fit to raise the funds necessary to carry out the mandatory provisions of the State law.

I have here, Mr. Chairman, a table which I should like to insert in the record, showing the percentage of counties granting aid in each State where the counties are given jurisdiction. There are a few States, particularly in New England, where the cities or towns are given jurisdiction, and we do not have information for all those local units.

The CHAIRMAN. Without objection it will be inserted in the record.

MISS LENROOT. This also shows the per-capita expenditures for mothers' aid in the different States.

(The table referred to is as follows:)

TABLE I.—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 ¹	\$0.03
Alaska.....	(1)	(1)	Montana.....	82 ²	.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.....	85	.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.

Miss LENROOT. The very great variability in the coverage of these acts as between the States is illustrated by the fact that the percentages of counties within a State granting aid range from less than 1 percent to 100 percent, and that the per-capita expenditures within a State range from less than one-half of 1 cent per capita to 93 cents per capita. These facts are given in the table.

I would also like to call attention to the expenditures for mothers' aid and the basis upon which we arrived at an estimate of \$25,000,000 as necessary for the first year or two. The report of the committee indicated that the necessary contribution of the Federal Government might rise to as high as \$50,000,000, as the plan develops.

As Mr. Witte said yesterday, the total local and State expenditures now being made under mothers' pension statutes are about \$37,000,000. That amount of money is not only not reaching more than half of the counties authorized to grant aid, but it is also affording in many cases only a very minimum amount of aid per family.

For example, the average grants per family in 1931 ranged from about \$4.33 per month per family to about \$69 per month per family.

Therefore, in setting up this system we ought to look forward both to an increase of the coverage in terms of areas, in terms of families aided, and, too, in most States, to an increase in adequacy of the grants.

In this total of \$37,000,000, there are about \$6,000,000 of State funds. We felt that it was logical to expect the States to increase their contributions for this purpose. Only through equalization funds coming from an area at least as wide as a State can the children in the poorest areas be given substantially the same protection, or at least a minimum standard of protection, that children in the richer areas obtain. The States will be responsible primarily for the administration of the Federal aid which is granted. We feel that it is reasonable to expect a substantial State contribution to this form of aid. The bill requires such a substantial contribution to this form of aid.

We therefore feel that the \$25,000,000 provided in the bill, plus some increase in State funds, which we feel it is reasonable to expect very promptly, inasmuch as a considerable amount of State money is now going into emergency relief for families of identical types, which would be found to be eligible to aid—if those funds could be increased to \$50,000,000, with the Federal grant of \$25,000,000, there would be a total expenditure for this purpose of \$75,000,000 or approximately twice the amount now going into this form of aid.

This admittedly may not reach the total problem. We estimate on the basis of figures made available by the Federal Emergency Relief Administration, checked by certain State studies, that the total amount of money that ought to be going into this form of aid in this country at the present time if there were adequate coverage, is about \$120,000,000.

I wish to insert in the record a table showing the local agencies administering mothers' aid, the States having State supervision, about 22 of them, and the State aid provided by the States.

The CHAIRMAN. Without objection, it may be inserted in the record.

(The table referred to is as follows:)

TABLE II.—Administration of mothers' aid and State supervision and funds

State	Law mandatory or permissive	Administrative agency	State supervision	State funds for grants
Alabama	No special law.	No mothers' aid law		
Alaska	Permissive	Governor	Governor administers.	Territorial appropriation for whole.
Arizona	do	State department assisted by local agency.	State administers.	State appropriation for whole.
Arkansas	do	Juvenile and county court.		
California	do	County department or designated agency.	By department of social welfare.	State may reimburse not to exceed \$120 year per child.
Colorado	do	County court.		
Connecticut	do	State department assisted by local agency.	State administers.	State pays one-third.
Delaware	Mandatory	State mothers' pension commission.	do	State pays administrative expense and one-half cost of aid.
District of Columbia	do	Board of Public Welfare.		
Florida	Permissive	County commissioners.	Reports.	
Georgia	No law	No mothers' aid law		
Hawaii	Permissive	Local board of child welfare.		
Idaho	do	Probate court.	Reports to governor.	
Illinois	do	County court.	By division of child welfare.	State appropriation to be allotted 70 percent on population basis and 30 percent according to needs and resources of counties.
Indiana	do	County board of children's guardians.	Reports.	
Iowa	do	Juvenile court.		
Kansas	Mandatory	County commissioners.		
Kentucky	Permissive	County children's bureau.	By State children's bureau.	
Louisiana	do	Parish police jury.		
Maine	Mandatory	State department and local agency.	Department of health and welfare administers.	State pays one-half.
Maryland	do	County commissioners.		
Massachusetts	do	Town or city board of public welfare.	By department of public welfare.	State pays one-third for mothers with settlement; State pays whole amount for mothers without settlement.
Michigan	Permissive	Probate court.	Reports.	
Minnesota	Mandatory	Juvenile court.	By State children's bureau.	
Mississippi	Permissive	Board or agency appointed by chancery court.		
Missouri	do	County court.	Reports.	
Montana	Mandatory	County commissioners.		
Nebraska	Permissive	Juvenile court.		
Nevada	Mandatory	County commissioners.	By State board of charities and public welfare.	
New Hampshire	do	State department.	State administers.	State appropriation for whole.
New Jersey	do	State department and juvenile court.	State administers.	State pays expense of administration.
New Mexico	Permissive	County commissioners and bureau of child welfare.	Bureau of child welfare assists with administration.	State pays one-half.
New York	Mandatory	County board of child welfare.	By department of social welfare.	
North Carolina	Permissive	County commissioners and county board of charities and public welfare.	By State board of charities and public welfare.	State may pay one-half but whole appropriation does not exceed \$50,000.
North Dakota	Mandatory	County commissioners.		
Ohio	Permissive	Juvenile court.		
Oklahoma	Mandatory	County court.		
Oregon	do	Juvenile and county court.		

TABLE II.—Administration of mothers' aid and State supervision and funds—Con.

State	Law mandatory or permissive	Administrative agency	State supervision	State funds for grants
Pennsylvania.....	Permissive ..	County board of trustees of mothers' assistance fund.	By State department of welfare.	State pays not more than one-half.
Puerto Rico.....	.....do.....	Pension board for destitute widowed mothers.	Pension board administrators.	Territorial funds for whole.
Rhode Island.....	.....do.....	State and local mothers' aid board.	By State public-welfare commission.	State pays one-half.
South Carolina.....	No law.....	No mothers' aid law		
South Dakota.....	Mandatory ..	County court ..		
Tennessee.....	Permissive ..	Juvenile court.....		
Texas.....	.....do.....	Commissioners court.....		
Utah.....	Mandatory ..	County commissioners.....		
Vermont.....	Permissive ..	State department.....	State administrators.....	State pays one-half.
Virginia.....	.....do.....	County or city board of public welfare, juvenile court.....	By State board of public welfare.	State may pay one third.
Washington.....	Mandatory ..	Juvenile court.....		
West Virginia.....	.....do.....	County court.....		
Wisconsin.....	Permissive ..	Juvenile court.....	By State board of control.	State may pay one-third for children with settlement; State may pay entire amount for children without settlement.
Wyoming.....	Permissive ..	County commissioners.....		

Miss LENROOT. The next point that I want to make is with reference to the standards called for in the bill. Certain very simple standards have been incorporated, requiring, for example, residence of not more than 1 year, and a definition which would be broad enough to include all families where there is only one adult person, and that person needed for the care of children under 16, who is able to work and provide the family with a reasonable subsistence compatible with decency and health.

There are certain other provisions as to administration, including the fact that this aid must be available in every political subdivision of the State.

There will be a number of changes required in the State laws to bring them up to the standards of the Federal bill. I shall ask leave to insert a table showing the present conditions under which aid may be granted by the States.

(The table referred to is as follows:)

TABLE III.—Conditions under which mothers' aid may be granted

State ¹	Child under specified age	Maximum grant for family of 3 children	Family eligible when deprived of support of father because of death or conditions specified below.	Years of residence	
				In State	In county or town
Alaska	16	\$55.00	Deserted, divorced, incapacitated, in penal institution.	1	
Arizona	16	(²)	Deserted, incapacitated	1	
Arkansas	15	20.00	Deserted, incapacitated, in penal institution.		1
California	16	60.00	Incapacitated, in penal institution ³	2	
Colorado	18	(²)	Any mother		
Connecticut	16	58.50	Widows only	4	
Delaware	16	28.00	Deserted, incapacitated, in penal institution.	3	
District of Columbia	16	(²)	Any mother ³		1
Florida	⁴ 16	41.00	Broadly inclusive ⁵	2	1
Hawaii		(²)	Deserted, in institution, unable to support. ³		1
Idaho	15	20.00	In penal or other institution ³	2	(⁶)
Illinois	16	⁷ 35.00	Deserted, incapacitated		3
Indiana	⁸ 16	67.50	Any mother		1
Iowa	16	32.50	In State institution		1
Kansas	14	50.00	Broadly inclusive ⁵	2	1
Kentucky	⁴ 14	(²)	Any mother ³	2	2
Louisiana	16	(²)	Deserted, incapacitated, penal institution.	2	1
Maine	16	(²)	Any mother	5	
Maryland	⁴ 14	(²)	Incapacitated		3
Massachusetts	16	(²)	Any mother	3	
Michigan	17	60.67	Broadly inclusive ⁵	1	1
Minnesota	16	50.00	Deserted, incapacitated, State hospital, in penal institution.	2	1
Mississippi	16	(²)	Any mother ³		1
Missouri	16	32.00	Broadly inclusive ⁵	1	1
Montana	16	30.00	Incapacitated, State institution		1
Nebraska	16	30.00	Broadly inclusive ⁵		2
Nevada	⁴ 16	55.00	Any mother		2
New Hampshire	16	31.00	Any mother (father may receive grant)	2	
New Jersey	⁶ 16	(²)	Deserted, incapacitated, in penal institution ³		5
New Mexico	16	40.00	Broadly inclusive ⁵	2	1
New York	16	(²)	Deserted, incapacitated, in penal institution. ³	2	
North Carolina	14	30.00	Broadly inclusive ⁵	3	1
North Dakota	15	45.00	Deserted, incapacitated, in penal institution.		1
Ohio	⁴ 16	55.00	Deserted, incapacitated, in penal institution.		2
Oklahoma	14	20.00	In State institution for insane, in penal institution.		1
Oregon	⁴ 14	52.00	Incapacitated, in institution	3	1
Pennsylvania	⁴ 14	40.00	In hospital for insane	2	1
Puerto Rico	16	25.00	Widow	3	
Rhode Island	⁴ 14	(²)	Any mother ³	3	1
South Dakota	16	42.50	Broadly inclusive ⁵	1	(⁶)
Tennessee	17	35.00	Deserted, incapacitated, in penal institution.	2	2
Texas	16	27.00	Divorced, deserted in hospital for insane, in penal institution.		2
Utah	16	40.00	Broadly inclusive ⁵		2
Vermont	16	26.00	Deserted, incapacitated, in institution		1
Virginia	16	(²)	Broadly inclusive ⁵ ²	2	1
Washington	15	25.00	Any mother	3	1
West Virginia	⁴ 14	45.00	Deserted, incapacitated	2	1
Wisconsin	⁴ 16	(²)	Broadly inclusive ⁵	1	
Wyoming	14	40.00	Deserted, incapacitated, in penal institution.		1

¹ No mothers' aid law in Alabama, Georgia, and South Carolina.² Unlimited.³ May be granted to guardian.⁴ Extension possible.⁵ Includes divorced, deserted, physically or mentally incapacitated, in penal institution.⁶ 6 months.⁷ Except Cook County.⁸ Granted to girls under 17. Aid may be continued during minority

Miss LENROOT. I think that about covers the provisions of the bill with reference to mothers' aid.

The bill provides that this section shall be administered by the Federal Emergency Relief Administration or by one of its successor agencies, as the President may designate. I think I have explained that the amount of the Federal reimbursement is one-third of the total expenditures.

I should like now to pass to section 703 of the bill, title 7, page 56, "Aid to Child-Welfare Services", because I feel that that is very closely related to the mothers' pension problem. I should like to deal with it before passing on to the child-health features of the bill.

There are many conditions, as I indicated in my opening statement, requiring special social service for children, many situations of extreme neglect in homes, feeble-mindedness in parents and children, cruel and abusive parents, illegitimate children without competent guardians, children who are delinquent and come before the juvenile court, and many other types of problems.

The basic service necessary to deal with these situations is a child-welfare service, which ought to be very closely related to and an integral part of a public-welfare service, and which makes available skilled investigation as to the needs of the child and resources for bringing to meet those needs whatever agencies in the community or the State may be adapted to the particular situation.

Social services for the most part have been developed in the cities, and there has been a great deal of serious neglect in many of the rural areas of the country and the areas suffering from extreme distress and destitution.

In order to meet the situation, 12 States have passed laws providing for county welfare services operated in close relationship to a State welfare agency which can help the counties to organize the service, which can set certain standards as to personnel and administration, and can bring to bear upon the local situation the benefit of a State-wide experience.

I should like, Mr. Chairman, to call the attention of the committee to the fact that whereas mothers' pension laws first developed in our Northern and Eastern States, our more industrial States, it has been in some of the Southern States that very great progress has been made in this county welfare organization. I refer particularly to North Carolina and to Alabama.

The CHAIRMAN. Thank you.

Miss LENROOT. I have here a table showing the 12 States that have passed these laws, and indicating whether they are permissive or mandatory, and certain features as to the type of legislation and the functions performed by the board. I should like to insert that table in the record.

The CHAIRMAN. Without objection, it may be inserted in the record. (The table referred to is as follows:)

TABLE IV.—States having legislation creating county boards or departments

State	Year inaugurated	Law mandatory or permissive	Administrative responsibility 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		Protective work and care of children	Mothers' aid		Probation (when court requests)	School attendance	Home relief	Parole	Give assistance to State departments on request
						Number of counties in States	Counties with workers, 1931		Admin-istration	Assist on request					
Alabama	1923	Permissive	Administra- tive board.	\$2,000 was avail- able 1927-32 from State at- tendance fund for counties e m p l o y i n g workers.	Requires certifica- tion of workers by department of child welfare.	67	64	✓		✓	✓		Juve- nile only.	✓	
Kentucky	1928	do	do		Statute requires approval by State depart- ment.	120		✓	✓	✓			do		
Minnesota	1917	do	do			87	12	✓		✓				✓	
Missouri	1921	do	Official			115	(1)	✓	✓	✓		✓	✓		
Nebraska	1931	do	Administra- tive board.		Qualifications fixed by statute, "qual- ified by training and experience."	93	(1)	✓		✓					
New York	1929	Mandatory	Official		Elected official	57	57	✓		✓					
North Carolina	1917	do	A d v i s o r y board and official.	State aid, accord- ing to popula- tion, from school funds.	Approval by State department.	100	50		✓	✓	✓	✓	✓	✓	
South Dakota	1921	do	Administra- tive board.			69		✓						✓	
Texas	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)			✓	✓				✓
Wisconsin.....	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 depression has affected these developing plans for county services very materially, in two ways: In the first place, many of the child-welfare workers that were employed in the States that had developed these county plans were drawn off into emergency relief administration. It was absolutely necessary in time of emergency that this should be done. It was a great contribution to the whole social situation that they were available. Nevertheless, there have been many situations that have suffered as a result of their attention to emergency relief, and as a result of the funds provided being diverted for relief purposes.

I shall digress a minute to point out some of the very extreme conditions from which children are suffering—for example, the great increase in some States of the use of almshouses for children, a practice that was condemned over 100 years ago. That is one side of the picture of the effect of the depression upon these county welfare services. The other side of the picture is that the emergency relief administrations, by going into every county in the United States and bringing at least to a certain extent trained social service to these places that have never known it before, have greatly increased public recognition of the need for social services of this kind and the values that are inherent in this form of plan. So that we now have at least 14 States without this type of legislation that are seriously considering this year enactment of legislation for strengthening these county welfare services.

However, the resources of the States for giving encouragement and aid to these services and for exercising the older functions of State welfare departments with reference to the protection of children have been greatly curtailed by the financial situation and the necessity of the States for putting as much money as possible into emergency relief funds.

I have here a table showing the expenditures or appropriations for State welfare departments or bureaus concerned with child welfare, exclusive of funds for direct maintenance of children. This shows a decrease of 12.4 percent in the appropriations between 1932 and 1934 for the States for which we have reports. We have no reports as yet for New York State.

The total amount of money expended for State welfare service to children, exclusive of child placing and maintenance of children in institutions in 1934, is estimated as \$2,125,000, exclusive of New York State. I would like to file that table.

THE CHAIRMAN. Without objection it may be inserted in the record.

(The table referred to is as follows:)

TABLE V.—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 ¹	Funds for 1934 ¹	Percentage change 1932-34	
				Increase or same	Decrease
Total.....		² \$2,426,804	² \$2,125,686		12.4
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.....	7,784 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.....	³ 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. ⁴	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. ⁴	43,926 E	44,235 E	0.7	
South Carolina.....	Children's bureau. ⁴	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.....	18,000 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.....	48,780 A	52,700 A	12.7	
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 Total exclusive of New York, for which information not obtained.³ 1932-33 appropriation.⁴ Bureau or division doing child placing mainly.

Miss LENROOT. This act provides an appropriation of \$1,500,000 to be made available for aid to State welfare departments, especially for strengthening and extending public-welfare services in rural areas and areas suffering from severe economic distress. These services contemplate the care and protection of homeless, neglected and dependent children, and children in danger of becoming delinquent. The money is to be divided as follows: One million dollars to be allotted, \$10,000 to each State, and the balance on a population basis, all this to be granted on a matching basis; and about \$425,000, if we deduct the maximum allowed for Federal administration, to be used in helping States in severe economic distress to match the funds, using their own funds and this additional allotment.

I have here a table showing the apportionment to each State under this title. The amounts of money would range from something slightly over \$10,000 to a maximum of \$58,000 per year. With the permission of the committee, I shall file this table.

The CHAIRMAN. Without objection it may be inserted in the record. (The table referred to is as follows:)

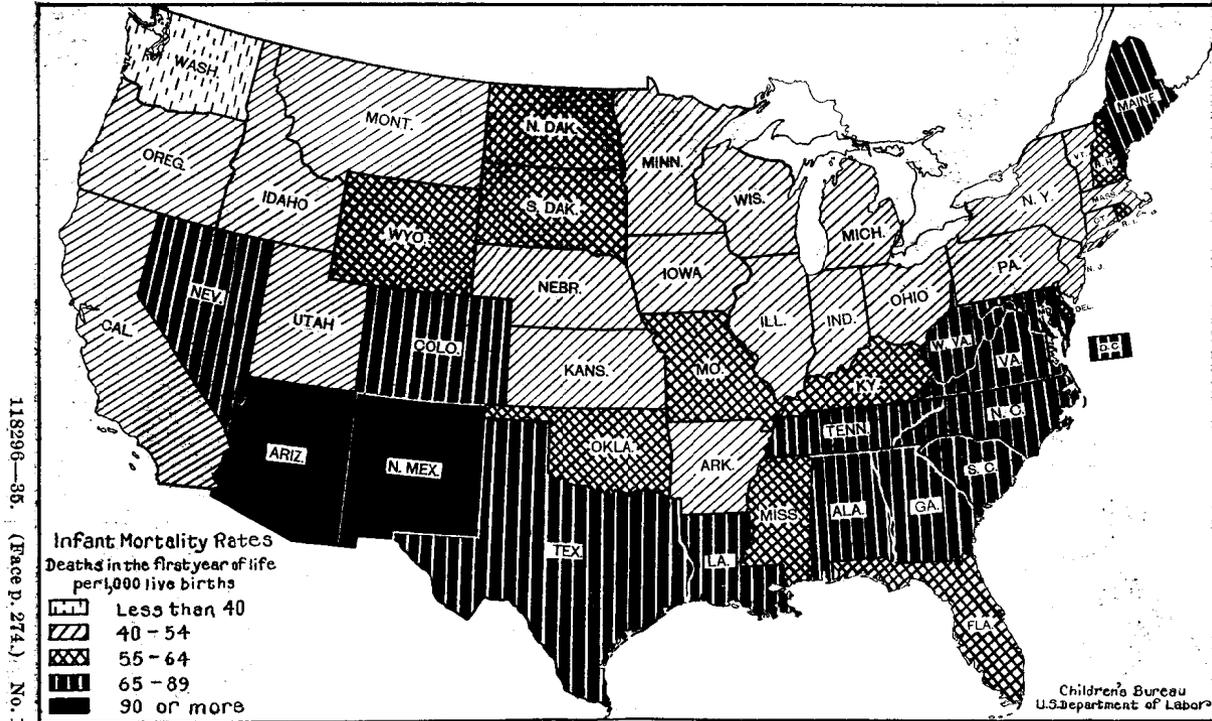
TABLE VI.—Apportionment under title VII, section 703, aid to child welfare services

State	Total apportionment—\$480,000 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	10,060.42	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	3,068.32	Utah.....	11,954.09	1,954.09
Maryland.....	16,277.79	6,277.79	Vermont.....	11,383.71	1,383.71
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

Miss LENROOT. Aid is to be granted after plans have been submitted from the State agencies of welfare, which plans must include reasonable provision for State administration, State financial participation, furthering local public welfare services, and cooperation with health and welfare groups and organizations. Of course, it will be necessary to develop this service in very close relation to the public welfare programs of the States and the local communities.

Now I shall pass to the child and maternal health sections of the bill, title 7, section 701, making available \$4,000,000 in order to enable the Government to cooperate with the State agencies of health in

Infant Mortality in the United States, 1933

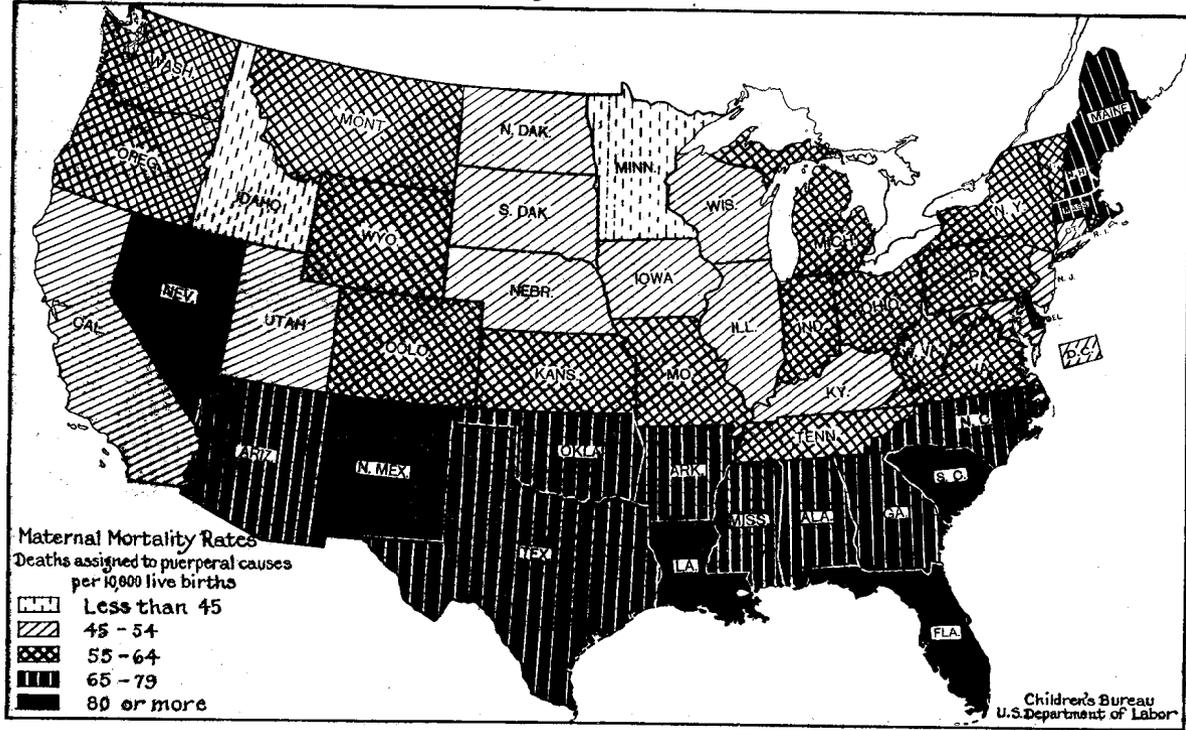


1182906—35. (Face p. 274.) No. 1

Source: U. S. Bureau of the Census

Maternal Mortality in the United States, 1933

118296—85. (Face p. 275.) No. 2



Source: U. S. Bureau of the Census

extending and strengthening services for the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress.

The Children's Bureau, ever since the depression began, has been keeping in touch as best it could with situations affecting the health of children, and accumulating as much information as could be made available concerning the effect of the depression on child health. During the past year, representatives of the Child and Maternal Health Division of the Children's Bureau have been in every State of the Union, and have talked with State officials and local officials, and voluntary groups and individuals. We have also made home visits to families in several communities for the purpose of talking with mothers and finding out for ourselves what the mothers' own experiences have been as to the effect of the depression on child health and on child welfare.

The infant and maternal mortality rates also give some indication of the situation. We have had a falling infant mortality rate in this country, but between 1932 and 1933, there was not the usual decrease. The rate remains stationary.

I have here a map showing the infant mortality in the United States in 1933, which I should like to exhibit as indicating the great variation between States and the areas where special service is needed. The black States have rates of 90 or more infant deaths per thousand live births. The black States with white stripes have rates ranging from 65 to 89 infant deaths per thousand live births. In contrast with that is Washington, the only State with a rate of less than 40, and the States with diagonal lines, which have rates of 40 to 54.

Would you like to have that map go in the record?

The CHAIRMAN. So far as practicable it will be put in the record. (The map above referred to faces this page).

Miss LENROOT. Advance figures made available by the Public Health Service for 26 States for the first 6 months of 1934, show a more discouraging situation. It appears that the rate not only is stationary, but has begun to rise. For these 26 States, the rate for the first 6 months of 1934 was 62, as compared with 59 for the same group of States in 1933, and 58 in 1932.

The maternal mortality picture is similar. I have here a map showing the maternal mortality, that is, the number of deaths of mothers assigned to causes related to childbirth per 10,000 live births. Here again the black is the highest, with rates of 80 and over, and only two States (Minnesota and Idaho) are in the lowest group, those with rates of less than 45. I will leave that with the committee.

The CHAIRMAN. Let it go in. The same action will be taken with this map as with the other.

(The map above referred to faces this page).

Miss LENROOT. It is well known that the death rate among mothers has not decreased in anything like the proportion that the death rate among infants has decreased. This fact is one of the things that causes us to feel that increased facilities for maternal care and maternity nursing services are essential, not only for saving the lives of mothers, who are so necessary for their families, not only for the new-born babies that may survive, but also for the older children in the families. They are needed for safeguarding the lives of the infants, too, for we have made much less progress in reducing the death rate within the first month of life than we have in reducing

the death rate from 1 to 11 months of life. The death rates during the first month of life are very closely associated with the causes leading to maternal deaths.

One of the most effective ways of reaching the problem of infant and maternal mortality is the development of public health nursing services, because it is through these services that the mothers are made to realize in the first place what kind of medical attention is needed and how important it is to place themselves under the care of a physician early in pregnancy; also, it is through the public-health nurse that the mother learns how to take care of the baby and to give the child the best possible start in life.

The other factors, of course, which are highly important are the development of better method of obstetric care and other technical questions relating to our maternal health service in this country.

The very great need for improvement along these lines has been indicated by reports of studies of maternal mortality made by the Children's Bureaus in 15 States, and also made in other States and localities, notably New York and Philadelphia, by local groups.

For 24 States where we know that the situation is probably better than average—that is, in this group of 24 States, many of the States with the most inadequate nursing service are not represented—but in this group of States we have information as to the number of counties without any permanent county-wide public-health nursing service whatever, and we have information as to the population living in these counties without service. The table shows that of 1,017 rural counties in the 24 States, there were only 370, or a little over a third, with any permanent county-wide nursing service, and that might mean only one nurse; the other 54 percent of the population living in these rural counties was living in counties without any such nursing service.

I shall ask leave to file that.

The CHAIRMAN. Without objection it may be inserted in the record.

(The table above referred to is as follows:)

TABLE VII.—*Permanent public health nursing service in the counties of 24 States, 1934*¹

	Number of counties	Population of counties ²	
		Number	Percent distribution
Total counties in States.....	1,303		
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 United States Children's Bureau from State health departments.

² Population—1930 United States Census.

Miss LENROOT. Another very important aspect of the maternal and child-health program is the provision of health centers where mothers can go for advice, consultation, and examination, both in the prenatal period and with the children after the children are born. These are developed in very close relation to the public health nursing services. We have figures as to the number of prenatal and child-health centers in the counties of 18 States in 1934, and here again these 18 States do not represent the most needy group. They represent States from which we can easily get information. In the urban counties of those States, 55 percent have prenatal or child-health centers, but in the rural counties only 11 percent have such centers. The bill, as you note, gives particular attention to the need for extending these services in rural areas.

The CHAIRMAN. It may be admitted.

(The table above referred to is as follows:)

TABLE VIII.—Permanent prenatal and child-health centers in the counties of 18 States, 1934¹

	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.

Miss LENROOT. Yesterday the Surgeon General of the Public Health Service sent me a very interesting table showing the extent to which mothers had had prenatal care in a group of maternity cases reported by visiting nurses. Of course, these cases would be a selected group of cases, because there were visiting nurses available in the community to get in touch with the mothers.

Among the mothers included in the study who lived in cities, 37 percent of those who had no prenatal service did not have it because they did not consider it necessary, whereas in the towns and rural areas 80 percent fell in this group.

We have also some evidence that has been collected very recently by the Children's Bureau through the cooperation of the public health

nursing agencies in 25 cities. These nurses reported the conditions of the children that they visited on one day in November. We have tabulated the reports based on the nurses' and the mothers' observation for 3,500 of these families under care of nursing agencies.

The number of children reported as having defects that needed attention was 31 percent of the total number. This is not based on medical examination, which would have revealed a great many defects not obvious to the mothers and the nurses. Treatment was not arranged for in almost half of the cases reported as having defects. In 833 of the approximately 1,300 cases for which treatment was not arranged for, the reason given was financial distress. In other words, these 833 children were not receiving attention because of financial conditions.

I should like to insert that in the record.

The CHAIRMAN. Without objection that will be inserted in the record.

(The table above referred to is as follows:)

TABLE IX.—Physical defects 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	Per cent distribution	Number	Per cent distribution	Number	Per cent distribution	Number	Per cent distribution
Total children.....	9,472	100	1,238	100	3,509	100	4,725	100
No 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	

MISS LENROOT. Another table based on this same group shows the adequacy of milk supply in these families. In the total group 56 percent of the families were receiving less than 50 percent of the milk estimated to be necessary on the basis given in the table. We divided these families into families receiving relief and families not receiving relief. Sixty-four percent of the families receiving relief had a milk supply less than 50 percent adequate as compared with 49 percent of the families not receiving relief.

May I file that?

The CHAIRMAN. Without objection it will be inserted in the record. (The table above referred to is as follows:)

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

	Families						Not reported whether receiving relief
	Total		Receiving relief		Not 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	6	50	3	141	8	6
Adequate.....	53	2	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	22	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	438	29	526	29	33
Less than 25 percent of amount necessary.....	809	23	431	29	331	18	47
No milk necessary.....	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	1,078	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

Miss LENROOT. I have a table from Pennsylvania showing the extent of malnutrition found in very careful and extensive examinations of children made through a State-wide plan for having these medical examinations, worked out largely by the medical profession. Thirty percent of the children were found to be suffering from malnutrition. I do not want to elaborate on some of these points. If the committee wishes further information as to the extent of malnutrition—and we have had reports showing it has considerably increased in many places—such reports can be furnished later on.

To meet these situations, the bill provides \$1,040,000 to be allotted \$20,000 to each State and another million dollars to be distributed among 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, making a total of \$2,040,000 that would be available if the States matched this amount of money by equal State appropriations.

However, realizing the extent to which State appropriations have been curtailed, an amount of \$800,000 is included to be allotted by the Secretary of Labor in her discretion to States unable because of severe economic distress to match the amounts in full.

I have here a chart showing the extent to which the child-health appropriations in the States have decreased during the depression period and indicating the necessity for this \$800,000 discretionary fund. The red shows the amount of money available in 1932, and the blue shows the amount of money available in 1934. You will see that in almost every case the blue line is a considerably shorter line than the red line.

I do not know whether you care for that chart or not. I have a table here that perhaps would meet the point. In fact, a table was inserted in the record by Dr. Witte yesterday, which shows the amounts of the appropriations available to the States and the decreases, so that it probably would not be necessary to insert additional information.

We have estimated in this table, which I shall ask leave to file, the amounts that would be available under the matching provisions of this section with the present State appropriations. That is, unless the States increase their appropriations they would be over a million dollars short in ability to match the funds made available under the matching section. We shall hope, of course, that the States this year will increase somewhat their State appropriations, but it is clear that at least an amount of \$800,000 will be necessary for a reserve fund in order to make sure that these services can be made available.

The CHAIRMAN. Without objection the table will be inserted in the record.

(The table above referred to is as follows:)

TABLE XI.—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 under title VII, sec 701	Excess of total apportionment 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.....	20,300.00	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	106,693.77	-----	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	18,612.22	50,764.02	42,151.80	-----
Rhode Island.....	24,065.00	24,793.84	728.84	-----
Rhode Island.....	2,046.00	38,671.06	36,625.06	-----
South Carolina.....	5,000.00	25,954.79	20,954.79	-----
South Dakota.....	2,912.00	43,222.71	40,310.71	-----
Tennessee.....	-----	69,989.86	35,149.86	-----
Texas.....	34,840.00	25,515.32	-----	9,324.68
Utah.....	-----	22,839.16	22,839.16	-----
Vermont.....	-----	43,734.88	3,362.88	-----
Virginia.....	40,372.00	29,670.11	-----	10,701.89
Washington.....	3,000.00	36,792.80	27,652.80	-----
West Virginia.....	9,140.00	43,343.57	-----	6.43
Wisconsin.....	43,350.00	21,948.19	-----	21,401.81
Wyoming.....	2,500.00	-----	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.

Miss LENROOT. I have also a table showing the apportionment and the amount of money that each State would be entitled to under this section of the act.

The CHAIRMAN. Without objection it will be inserted in the record. (The table above referred to is as follows:)

TABLE XII.—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.....	29,762.55	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.....	31,885.50	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	18,406.64
Maine.....	27,003.21	7,003.21
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	86,669.77
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.....	25,660.27	5,660.27
Pennsylvania.....	92,725.40	72,725.40
Puerto Rico.....	50,764.02	30,764.02
Rhode Island.....	24,793.84	4,793.84
South Carolina.....	38,671.06	18,671.06
South Dakota.....	25,954.79	5,954.79
Tennessee.....	43,222.71	23,222.71
Texas.....	69,989.86	49,989.86
Utah.....	25,515.32	5,515.32
Vermont.....	22,839.16	2,839.16
Virginia.....	43,734.88	23,734.88
Washington.....	29,670.11	9,670.11
West Virginia.....	36,792.80	16,792.80
Wisconsin.....	43,343.57	23,343.57
Wyoming.....	21,948.19	1,948.19

¹ Alaska apportionment based on live births reported for the 2-year period 1931-32; Hawaii and Puerto Rico, 1932.

Miss LENROOT. There is another provision of \$960,000, approximately, which would be used in conducting special demonstration services in the fields of maternal care and maternal and child health, concerning certain problems about which our present information is inadequate to afford a basis for the most effective campaigns against infant mortality, maternal mortality, and conditions impairing the health of children. Some of the things that need to be done especially, under this provision of the act, would be intensive demonstrations of administrative procedures in certain areas, such as those carried on by the American Child Health Association and the Commonwealth Fund some years ago; studies of the adequacy of facilities for maternal care; studies of the reasons why some of these States show up so black on

our infant mortality map and maternal mortality map; studies of the nutritional condition of children; studies of methods of promoting growth and development, and the nutritional condition of children; the effects of inadequate food and special types of diet on child health; the health and nutrition of adolescent children in industry and in school; nervous instabilities related to delinquency and conduct problems; and causes of dental defects among children.

The specifications of this section of the bill provide again for plans to show reasonable provision for administration, State financial participation, cooperation with medical, nursing, and welfare groups and organizations, due consideration to areas and groups in special need, and conformity with accepted standards of public-health practice developed by Federal bureaus and other agencies.

I may say that the program outlined in the bill has been gone over in consultation with some of those who have been interested in developing the public-health provisions of the bill, and that the administration of these would be closely coordinated through consultation in making sure that the activities were directed in the most effective manner.

I think I will take just a moment on the care of crippled children, unless there are questions. Section 702, page 54, provides for an appropriation of \$3,000,000 to be allotted \$20,000 to each State and the rest on a basis of need. I will explain for a moment why it is that the bill suggests so large an appropriation to be allotted on the basis of need. "Need" here refers not only to economic need but to the extent of conditions causing crippling, because as the committee knows, there are certain areas of the country that suffer from epidemics such as poliomyelitis epidemics, where the number of crippled children in proportion to the population would be excessively high.

I have here a map showing the distribution of poliomyelitis or infantile paralysis from 1915 to 1929. The black and the purple States are States with the highest incidence. I have another map showing the same thing for 1930 to 1933. A comparison of the two maps shows a considerable shifting in the areas of greatest need, so that it is not possible to predict absolutely just how this money would be apportioned.

The need for extended service of this kind in spite of the great amount that is being done by private organizations such as were mentioned yesterday, is brought out by the fact that the White House Conference on Child Health and Protection in 1930, reported at least 5,000 crippled children on the waiting lists of hospitals, waiting admission. Indications are that in a great many instances remedial procedures which ought to be undertaken to save children from serious crippling conditions have not been undertaken because of financial distress of the family or the community and the lack of adequate facilities.

There are 10 States that have a fairly comprehensive State-wide program for dealing with these situations. These 10 are Florida, Kentucky, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Vermont, and Wisconsin. There are in all 35 States that have made some appropriations, but some of them are so very, very meager as to be almost negligible.

Without objection, I shall file a table showing the amounts appropriated and something with reference to the administrative agencies.

The CHAIRMAN. It may be included in the record.

(The table above referred to is as follows:)

TABLE XIII.—State and local public funds for care of crippled children ¹

State	Total	State funds for		Local funds supplementing State funds	Public expenditure per 100,000 population ²	Agency administering
		Clinics, treatment, and rehabilitation	Maintenance of State hospital service			
Alabama.....	\$5,000	\$5,000			\$189	State board of education.
Arkansas.....	9,250		\$9,250		499	Trustees of Children's Home and Hospital.
California.....	36,478	10,000		\$26,478	643	State department of health.
Connecticut.....	84,000		³ 84,000		5,227	Board of trustees of Newington Home for Crippled Children.
Florida.....	50,000	50,000			3,303	Commission for crippled children.
Illinois.....		(⁴)	⁵ 89,558			Department of health.
Indiana.....			(⁶)	(⁶)		State University Hospital.
Iowa.....			(⁶)			Do.
Kansas.....		5,000	(⁶)			Crippled children's commission.
Kentucky.....	110,000	110,000			4,207	State board of health; crippled children's commission.
Maryland.....		(⁴)	⁸ 26,000	⁸ 48,889		Board of State aid and charities; department of health.
Massachusetts.....	180,824	⁵ 5,000	175,824		4,255	Department of public welfare.
Michigan.....		51,000	⁹ 500,000			Crippled children's commission; State University Hospital.
Minnesota.....			¹⁰ 201,750			State department of institutions.
Mississippi.....	17,500	¹¹ 17,500			871	State board of education.
Missouri.....	50,000		50,000		1,378	State University Hospital.
Montana.....	13,200	13,200			2,455	Orthopedic commission.
Nebraska.....	145,114		145,114		10,531	University Hospital.
New Hampshire.....	3,000	3,000			645	Department of public welfare.
New Jersey.....	115,850	15,000		100,850	2,867	Department of health; crippled children's commission.
New York.....	1,135,970	321,405	493,160	321,405	9,024	Department of education; department of health.
North Carolina.....	108,800	8,000	100,800		3,432	Department of health; State Orthopedic Hospital.
North Dakota ¹²						State board of control.
Ohio.....	295,836	17,772		¹³ 278,064	5,433	Department of public welfare.
Oklahoma.....	179,188		179,188		7,438	State University Hospital.
Oregon.....			(⁶)	(⁶)		Do.
Pennsylvania.....	123,210	25,000	98,210			Department of public welfare; department of health.
South Carolina.....	10,112	10,112			582	State department of health.
South Dakota.....	2,503	2,500			361	State board of health.
Tennessee.....	¹⁴ 10,000	¹⁴ 10,000				Department of institutions.
Texas.....	45,300	20,000	25,300		675	State Orthopedic Hospital (University Hospital) department of education.
Vermont.....	8,000	8,000			2,224	Department of public health.
Virginia.....	25,000	25,000			1,032	State board of health.
West Virginia.....	85,000	\$5,000			4,916	Department of public welfare.
Wisconsin.....			(⁶)	(⁶)		State Orthopedic Hospital; board of control; department of education.

¹ Figures given are appropriations except in Massachusetts and New York, and local funds in California, which are expenditures. Figures for the year 1933 used for 15 States and for 1931, 32 or 34 in others. (Exclusive of vocational rehabilitation funds.)

² Rate calculated only when public expenditures were known to be fairly complete.

³ State aid given to private hospital.

⁴ Amount not known.

⁵ This figure to be verified.

⁶ Care provided in State University Hospital, cost paid entirely or partly by counties.

⁷ Care provided in State University Hospital, cost paid by State.

⁸ State aid and local contributions to two orthopedic hospitals.

⁹ Estimate based on total appropriation for both ill and crippled children.

¹⁰ In addition some children receiving care in State University Hospital paid for jointly by State and county.

¹¹ Includes medical care of crippled adults.

¹² No funds available in 1934.

¹³ Exclusive of Cuyahoga County.

¹⁴ Approximate expenditures.