

pendent and neglected but otherwise normal children are committed from rural counties to State institutions for the feebleminded and to reformatories because of lack of local facilities, services and money. I am sure that what is true of the enlightened State of Illinois must be true of the more backward counties of the more backward States.

A few remarks about the old-age and unemployment-insurance provisions. After all, these are directly or indirectly related to child welfare. I am naturally in favor of social security measures but I am inclined to support the provisions in the bill only with some important reservations. I believe that they require considerable liberalization. I am disappointed in the many limitations and inadequacies of the provisions in the bill. I consider the benefits provided inadequate for decent standards of living. I believe that the contributory features and particularly the omission of contributions by State and Federal Governments are unwise if not unjust. It is to be regretted furthermore that the effectiveness of these measures depends entirely upon State legislative action and administration. I am equally disappointed in the omission from the bill of provisions for Federal grants-in-aid to assist people who do not fall in any of the categories specified and who will not get on public works. Probably hundreds of thousands of such people will find themselves disinherited through no fault of their own. To abandon them to the empty coffers of local governments is unjust. Local responsibility may sound nice in theory but you cannot make it work in practice—not in these times. I consider it a mistake to place the administration of old-age pensions in the temporary Emergency Relief Administration. I think that it belongs in the Labor Department. Finally, I am disappointed over the omission to provide for a permanent Federal welfare department or administration, which would unify and coordinate all of the Federal welfare activities.

The bill can and should be improved along the lines suggested by Mr. Green of the American Federation of Labor and by Senator Black. And the two omissions I referred to should be inserted.

JACOB KEPECS,  
*President, Child Welfare League of America  
and Superintendent Jewish Home Finding Society, Chicago.*

The next witness is Dr. Alfred Walker, of Birmingham, Ala.

#### STATEMENT OF DR. ALFRED WALKER, CHAIRMAN OF THE BOARD OF HEALTH OF THE JEFFERSON COUNTY MEDICAL SOCIETY

Mr. HILL. Dr. Walker, will you give your name and address and the capacity in which you appear?

Dr. WALKER. Mr. Chairman, I would like to correct the statement that is in your calendar, that I am here from the Alabama State Board of Health. My name is Dr. Alfred A. Walker. I am chairman of the board of health of the Jefferson County Medical Society.

Mr. Chairman, I appear before you as a physician who has spent practically all of his life in the care of children, not only in private practice but in many public and charitable clinics, and who has always been keenly interested in child welfare and has appreciated the enormous needs of our children, especially those from rural areas.

I come from the State of Alabama, where through its health department and other agencies dedicated to maternal and child welfare it has always been keenly conscious of its obligations. The State has set up the necessary legal machinery to carry out the purposes of that portion of the bill under consideration today. The only thing lacking at the present time is the means to carry out those programs.

From my contacts and observations, the same conditions exist in most of the other Southern States. It must be realized that we come from a part of the country with approximately one-third of its popula-

tion Negroes and of necessity we are in the lower segment economically of the United States.

If we are to do our duty to the children in the South, it seems absolutely necessary that financial aid must come from the Federal Government.

As an example, in 1928, Alabama spent approximately \$64,000 of its general health appropriation for child welfare and maternal welfare. After the depression, the available funds of the State health department were so reduced, being cut approximately 65 percent in the depths of the depression, that last year a little over \$2,500 was spent.

I feel, and the doctors of the State of Alabama whom I represent, and of the South, I might say, also feel that the passage of this bill will result in a renewal of effort, and will be of enormous benefit to us in our need.

If this is the appropriate time, Mr. Chairman, I should like very much to present a statement from Dr. James R. McCord, professor of obstetrics of Emory University, Atlanta, Ga.

Dr. McCord has traveled throughout the South, especially in Alabama and Georgia, conducting educational campaigns on maternal welfare. He is a man who appreciates the difficulties that exist in our rural areas and can speak with authority from the South.

If I may have that permission, I should like to present this statement for the record.

Mr. HILL. Without objection, it may be made a part of the record at this point.

Dr. WALKER. I thank you very much, sir.

Mr. HILL. We thank you for your appearance, Doctor, and the information you have given the committee.

(The letter referred to is as follows:)

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

HON. ROBERT L. DOUGHTON,  
Chairman of the House Ways and Means 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.

Mr. HILL. The next witness on our schedule is Dr. S. J. Crumbine.

Dr. FREEMAN. Mr. Chairman, Miss Lenroot has asked me, in the absence of Dr. Crumbine, to speak in his place.

Mr. HILL. We shall be very glad to hear you, Dr. Freeman.