

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 29, 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 Senate 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 existing 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.