remain unchanged. They have, indeed, been strengthened by further thought upon the matter, and I am more than ever convinced that an unemployment insurance system must be established in all industries and in all States, and that the basic standards as to benefit payments, waiting period, etc., must be everywhere the same. The present bill does not even assure that all States will adopt an unemployment insurance system; and it equally fails to assure any real measure of uniformity regarding standards.

These essential objectives can only be accomplished by substituting the subsidy plan for the tax-remission plan. The tax-remission plan will result neither in universal adoption of an insurance system nor in uniformity of standards. The subsidy plan will permit, the law itself to set the standards, and will assure universal adoption. Moreover, the subsidy plan is far less complicated from the standpoint of administration and is, I believe, more easily defensible on grounds of constitutionality.

As regards the financing of the unemployment insurance system, I would strongly favor the raising of the necessary funds by increased taxes in the higher income brackets. A pay-roll tax will, in most cases, simply be added to prices, and the workers will thus ultimately pay the bill in the form of higher cost of living.

As regards the old-age protection features of the present bill, two very important changes should be made. First, the amount of the old-age pension should be raised from $30 to not less than $50 a month. With our present cost of living, which is constantly increasing, and our American standards of living, an income of $30 per month represents no more than a pauper's pittance. It is just a little bit better than the poorhouse. A monthly income of $50 is certainly the least which a wealthy country like ours should even think of offering its unfortunate aged citizens.

The second change should be to reduce the qualifying age for the receipt of an old-age pension to 60 years. Old age, in the physiological sense, may not begin until 65 or even 70. But economic old age, in this era of mechanical conveyors, begins at a much earlier period. Everyone knows that 45 years is now the deadline in hiring new employees almost everywhere, and, even then, the man of 45 has little chance. This is one of the most deplorable features of our modern industrial life, but the situation exists, and a law which seeks to protect the older workers must deal with realities.

STATEMENT OF LAWRENCE L. GOURLEY, WASHINGTON, D. C., REPRESENTING THE AMERICAN OSTEOPATHIC ASSOCIATION

My name is Lawrence L. Gourley. My address is the Mills Building, Washington, D. C. I appear on behalf of the American Osteopathic Association, at the request of its committee on public relations, for which I am counsel. I am not a physician.

There are approximately 9,000 osteopathic physicians and surgeons licensed and practicing in the United States, about 50 percent of whom are active members of this association. There are also 6 accredited colleges, and something over 193 hospitals and clinics. The American Osteopathic Association, 430 North Michigan Avenue, Chicago, Ill., is representative of the osteopathic profession and of allied institutions.

The association was established to promote the interest of the science of osteopathy and of the osteopathic profession by stimulating research, elevating the standards of osteopathic education, and advancing osteopathic knowledge. Members of the association are required to be graduates of recognized colleges of osteopathy and licensed practitioners. It is organized along democratic lines as a federation of divisional societies established within the States. The house of delegates, comprised of representatives elected by the various federated societies, meets annually as the constituted legislative body of the association. Among the publications of the association are a code of ethics, a yearbook, a journal, a forum, and a magazine.

The attitude of the American Osteopathic Association toward the legislation now before this committee may be characterized as an admixture of commendation and apprehension. Any rational plan which has for its objective an increase in the availability of medical services to needy families and the improvement and further extension of measures of preventive medicine would have the unqualified and active support and the cooperation of the osteopathic profession and its institutions. This bill embodies a plan directed to those objectives, but the

plan is not altogether rational. By rational, I mean, consistent with sound reasoning and conducive policy.

I propose to discuss certain provisions of the bill for the purpose of inducing, if I can, an advance understanding and construction along those lines. I think we will have no trouble in agreeing that any plan, however commendable in its ultimate objective, which injects or permits directly or indirectly any discriminatory features, is thereby and to that extent defeative from the beginning. On the surface, this bill appears to be free of such objections. Experience has, however, taught the osteopathic profession that discriminatory features often make their first appearance in administrative policies which are adopted under color of the most innocuous provisions of an act. I realize that Congress cannot foresee every possible construction of its language. Its language must, for the most part, be of broad and general application. The working out of the detail of operation of the statute is logically lodged in the administrative arm of the Government, but it is submitted that all administrative regulations should be directed toward fulfilling the intentions of Congress as expressed in the basic act. The hearings and the reports of congressional committees are indexes to that intention. If you will bear with me, I will discuss the pertinent provisions of this legislation, beginning first with title VIII.

Under title VIII, page 61, section S02, the Bureau of the Public Health Service is allocated the sum of $8,000,000 for distribution among the States in an effort to further develop State health services. The development of State health services is specifically defined in this section to include the training of personnel for State and local health work. How much, or whether the State receives any of the money for the purpose of training its health-service personnel, depends on the need for it as determined by the Secretary of the Treasury, who is authorized by section 803 of the bill to make such rules and regulations as are necessary to accomplish the purposes of these provisions in the act. Included also in the definition of the development of State health services, as determined by section 802, is the assistance of counties and/or other political subdivisions of the States in maintaining adequate public-health programs. The basis of need is also the gage for determining the allotment for these purposes. Under this set-up., it is obviously important to foresee as nearly as possible what may be the considerations which will enter into the determination of this basis of need. Epidemics will, of course, be considerations, but these, we hope, will be fewer and farther between, and also of a temporary character. Outside the realm of emergency considerations, what are to be the permanent rules? If we turn to page 335 of the unrevised hearings before the Ways and Means Committee, on H. R. 4120, a bi'l identical with this, we are afforded an advance conception of some of these rules. In the statement therein, furnished by the Surgeon General of the Public Health Service, Dr. Hugh S. Cumming, appears a recommendation of the corn-. mittee on qualifications of local health officers.

Further identification of the committee referred to is not made in the statement, but one of the recommendations is that in communities having a population of less than 50,000, "the health officer shall have a degree of doctor of medicine from a reputable medical school and be eligible to take the examination for a license to practice in the State where he is to serve. It is not, however, recommended that the health officer shall actually be licensed, except of course where licensure is required by statute as is the case in certain States." Look now at the preceding page of these hearings, page 334. In the same statement and under the heading of " Regulations governing the participation of the Public Health Service in the establishment, development, or maintenance of local health service in rural areas, in the fiscal year 1935 ", item 6 under this heading reads, "Contributions will be made by the Public Health Service toward the establishment or maintenance of county or district health service only under the following conditions: (a) The county or district unit shall be under the direction of a whole-time medical health officer, whose training shall meet the requirements recommended by the joint committee on qualifications of county health officers and adopted by the conference of State and Territorial health officers." Now, read these two recommendations together and you have a prospective regulation under this act which would deny funds for the training of any health officer personnel other than those with the M. D. degree, and no funds will be given in aid of any county or district health service, unless the health officer in that particular county or district has an M. D. degree. Now, there are somewhat over 100 public-health officers in this country who are osteopathic physicians and surgeons.

Such a regulation would deny any public-health aid under this bill to those communities, unless they should deprive their present health officers of their positions and turn them over to M. D.'s. The imposition of such a condition as

precedent to financial aid would be nothing short of dangling money before communities for a surrender of their elective or appointive prerogative in choosing their own public officers, nor is the proposition softened with the consideration that they don't have to surrender these prerogatives under this act-that they can keep their prerogatives and not receive the benefits provided hereunder. If the prevention of disease is important at all, it is just as much so in one community as another, and the principle is un-American which would impose a choice between the right of elective franchise and the extension of public-health benefits. These communities have preferred osteopathic physicians and surgeons as their public-health officers. They have recognized the qualifications of these practitioners for that office. Osteopathic physicians and surgeons are licensed and practicing in every State and Territory of the Union. Their professional training is not inferior to that of any other school of medicine. Their colleges include public-health courses. Their colleges grant the degree doctor of osteopathy. In 1929, in the act to regulate the practice of the healing art in the District of Columbia (45 U. S. Stats. 1326), Congress expressly provided-I am now reading from the law-"The degrees doctor of medicine and doctor of osteopathy shall be accorded the same rights and privileges under governmental regulations." Furthermore, in 1930, in the act providing for the coordination of the public-health activities of the Government (Public Law 106, 71st Cong.), Congress specifically provided—I am now reading from section 11 of the act-"That any regulations which may be prescribed as to the qualifications as to 'the appointment of medical officers or employees shall give no preference to any school of medicine."

Now, in the face of these two expressed commitments of Congress, we are confronted with the prospect of a regulation which refuses any recognition of the degree doctor of osteopathy and has the effect of depriving every osteopathip physician and surgeon in the country from participation in public-health work, even in his own community. Such a regulation would be outright discrimination, irrational and subversive of the cooperative ideal so important in all social legislation. With the intent of Congress so plainly manifested in prior legislation, as I have suggested, it may not be of imperative necessity that the Secretary of the Treasury be again specifically admonished against discriminatory preferences between practitioners of different schools of healing practice. Such 'discrimination is so far out of line with this prior expressed intention of Congress, with reason, and with fairness, that this record warning ought to be sufficient. Furthermore, it ought not to be necessary for the osteopathic physicians and surgeons of this country to have to inject into every piece of legislation affecting the healing arts in this country a protection against discrimination or foui play. It should be understood, and it is undoubtedly the will of Congress,' that legislation of medical importance applies four-square to practitioners of the healing art.

Next, I call your attention to title VII of the bill. This 'title. is concerned with the furnishing of Federal funds in aid to the States in furtherance of maternal and child care. Section 701, under this title, provides Federal allotment for the extension of maternal and child welfare, and maternity nursing services. Section 702, *same* title, provides Federal cooperation with State agencies concerned with rendering medical care and other services for crippled children:

Section 703 of that title, extends Federal cooperation with State agencies 'who are engaged *in* public-health services, especially relating to the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent. Each of these three sections, which comprise the entire title, imposes upon the States as a condition precedent to an allotment of Federal funds, that each State legislate such a plan for the same general purposes as will meet the approval of the Children's Bureau of the United States Department of Labor. This provision, as it occurs in the respective sections, will be found in section 701 on page 53, in section 702 on page 55, and in section 703 on page 58. One of these conditions precedent, as outlined in this bill, is that it shall be incumbent on the State to specifically provide for itself and the purposes of this act, a plan of cooperation with medical, nursing, and welfare groups and organizations. Each State is thereby confronted with the proposition of erecting such a cooperative plan, whether it wills to do so or not. In addition, its plan must be so evolved as to meet the preconceived notions of the Children's Bureau, else the plans will avail nothing so far as the purposes of this act are concerned. Under those circumstances, it is only sensible to conclude that the States are going to look to the Children's Bureau for guidance. They are going to ask the Children's Bureau, "What kind of a plan of cooperation, and how far in order to meet your

approval?" These are questions of intimate concern to the medical and charitable institutions throughout the country. Any discrimination amongst these groups would be very unfortunate. As a matter of fact, so plain is the duty to avoid discrimination that it would ordinarily seem to be begging the question to suggest it. I am, however, compelled to do just that very thing-that is, suggest not only the possibility, but the probability of discrimination. I am moved to do so from experience with prior legislation of a similar character, and I am prepared to illustrate this suggestion by a recitation of that experience.

One of the fields of the Federal Emergency Relief Administration is the furnishing of medical service to those on the relief rolls. The cooperation of the medical professions is of vital importance in that connection. As a guide for the purpose of organizing and implementing this medical relief service, the Federal Emergency Relief Administration issued Rules and Regulations No. 7. Paragraph no. 1 of these regulations set forth the policy of the administration to be recognition of the traditional family and family physician relationship in the authorization of medical care. Section 3 of the regulations provided, I am now reading from the regulations on page 7, paragraph "(b) Licensed practitioners of medicine and related professions: When a program of medical care in the home for indigent persons has been officially adopted, participation shall be open to all physicians licensed to practice medicine in the State, subject to local statutory limitations and the general policy outlined in regulation 1, above." These two sections followed a general introduction in this language: "The conservation and maintenance of the public health is a primary function of our Government. In this emergency, the ingenuity of Federal, State, and local relief officials is being taxed to conserve available public funds and, at the same time, to give adequate relief to those in need. To assist State and local relief administrations in the achievement of these aims, with regard to medical care, two steps have been taken: First, to define the general scope of authorized medical care, where the expenditure of Federal Emergency Relief funds is involved; and, second, to establish general regulations governing the provision of such medical care to recipients of unemployment relief."

In order to allay any possible misconstruction of the regulation confining participation to physicians "licensed to practice medicine" in the States, Dr. Chester D. Swope, Farragut Medical Building, Washington, D. C., chairman of the public relations committee of the American Osteopathic Association, immediately on September 18, 1933, addressed a communication to Dr. H. Jackson Davis, consultant in medical care for the Federal Emergency Relief Administration. The language employed in that letter is its own best exponent. It reads as follows:

Dr. H. JACKSON DAVIS,
Federal Emergency Relief Administration,
Albany, N. Y.

DEAR DR. DAVIS: We are informed by the headquarters of the Federal Emergency Relief Administration that you are in charge of the medical relief department of the organization. In that connection, we wish to bring to your attention certain phraseology appearing in paragraph (b), section 3, of the Regulations Governing Medical Care Provided in the Home to Recipients of Unemployment Relief", Rules and Regulations No. 7.

Paragraph (b), entitled "Licensed practitioners of medicine and related professions", reads in part as follows: "When a program of medical care in the home for indigent persons has been officially adopted, participation shall be open to all physicians licensed to practice medicine in the State." Elsewhere in the regulations the right of osteopathic physicians to participate is patent. The phrase "licensed to practice medicine", as used in (b) above mentioned, would undoubtedly be construed by court of law to include osteopathic physicians. Neither we nor you desire the necessity of resort to legal interpretation. On the other hand, we are bound to inform you that the choice of wording in this particular phrase is more than likely to cause misunderstanding in the State administration of the relief. This is no time for misunderstandings and we are quite confident that you will see fit to clarify the phraseology at the earliest possible moment. Will you, therefore, please inform this committee that participation is open to osteopathic physicians under the law and regulations of the Federal Emergency Relief Administration in like manner as in the case of reputable physicians of other schools of medicine.

Assuring you of our desire to cooperate to the utmost in the laudable undertakings of your administration, we beg to commend this matter to your earliest consideration.

Very truly yours,

C. D. SWOPE, D. O., Chairman.

On September 28, 1933, the consultant in medical care replied to this letter in the following terms:

Dr. CHESTER D. SWOPE,
Chairman Committee on Public Relations,
American Osteopathic Association, Washington, D. C.

DEAR MR. SWOPE: I note with interest the question which you raised in your recent letter in regard to the phraseology of paragrah (b) of Regulation No. 3, in the recently issued Federal Emergency Relief Administration Rules and Regulations No. 7.

Before discussing the point which you raise, I wish to point out the basic concept underlying these rules. The administration recognized the futility of promulgating any one set of hard and fast rules, complete to the last detail of policy and procedure, which would constitute a practical guide for providing adequate medical care in each city, county, and State in the Union. The administration was cognizant of the tremendous variation between the different States of the Union with regard to both the needs and facilities for medical, dental, and nursing care.

For the above reasons, the rules and regulations finally adopted by the Federal Emergency Relief Administration were *designed to outline in broad terms the policies, procedures, and lines of authority in which each State could work out a program- for the provision of adequate medical care "in the home to recipients of unemployment relief "-which would be adapted to the peculiar needs, local statutory restrictions, and economic status in that par ticular State.

With this broad concept in mind, the phraseology in the first sentence of paragraph (b) of section 3, of the F. E. R. A. Rules and Regulations, No. 7, was deliberately adopted to permit adjustment to the variations in statutory limitations on the practice of medicine in the different States.

The citation referred to reads as follows:

" (b) *Licensed practitioners of medicine and related* professions.-When a program of medical care in the home for indigent persons has been officially adopted, participation shall be open to all physicians licensed to practice medicine in the State, *subject to local statutory limitations* (italics mine) and the general policy outlined in regulation 1, above."

I note in your citation of the above sentence, that you omitted the phrase which I have italicized, yet it is this very phrase which covers the only restriction on the participation of osteopathic physicians in any State program for medical relief, in which State, osteopaths are licensed practitioners of medicine.

For example, under the law in New York State, osteopaths are practitioners of medicine, subject only to the restrictions imposed by section 1262 of the education law, which reads in part:

"License to practice osteopathy shall not permit the holder thereof to administer drugs or perform surgical operations with the use of instruments."

Specific reference to "local statutory limitations" was made in the F. E. R. A. rules to emphasize the fact that participation in the officially adopted State program for medical care to indigent persons in their homes was open to "all physicians licensed to practice medicine in the State", where such practice was limited or unlimited.

The phraseology chosen may be interpreted as a deliberate recognition by the administration that it would not be improper for local relief officials, in their discretion, to authorize duly licensed osteopaths to perform professional medical services, subject to the restrictions of law.

Very truly yours,

H. JACKSON DAVIS, M. D.,
Consultant in Medical Care.

The obvious intention of Dr. Davis' interpretation was that within the scope. of their legal authorized practice, osteopathic physicians and surgeons were entitled to participation in this relief work in all the States. As questions arose. before State relief administrators, this interpretation by Dr. Davis was brought to the attention of the administrators and relied upon in good faith as authorizing such participation.

About a year after the Dr. Davis letter, the Federal Emergency Relief Administration superseded its consultant in medical care by a medical director,. a Dr. C. E. Waller, Assistant Surgeon General of the Public Health Service. Within a short time thereafter, there came to the attention of the public-relations committee, a copy of a telegram addressed to the Montana State Relief Administration, over the signature of Dr. Waller, which read in part as follows: "If

(osteopaths are licensed to practice medicine in Montana, they are eligible to participate in medical-relief program in that State; if not, they must be considered ineligible." The Montana relief administration immediately called for an opinion of the Montana attorney general, and inasmuch as osteopaths are licensed to practice osteopathy in Montana, the opinion was that they are not licensed to practice medicine. That status of affairs, following, as it happened, upon the heels of a cooperative conference with Dr. Waller, and in direct contravention of the principle expressed in the Dr. Davis letter, evoked the following protest, which, it will be noted, was dispatched on November 14, and which to date has not received a reply.

Dr. C. E. WALLER,
Medical Director Federal Emergency Relief Administration,
Washington, D. C.

DEAR DR. WALLER: You will remember that I called on you a week or so ago with regard to certain difficulties that had been encountered in the States in the construction of Rules and Regulations No. 7 as they apply to participation by osteopathic physicians in medical relief. I told you at that time that on occasions where such misunderstanding arose the Dr. H. Jackson Davis letter on the problem had been sufficient to set the matter right. The object of my call was to increase the efficiency and the cooperation of the osteopathic profession with your organization here and in the States.

Dr. Davis' letter plainly holds the term "licensed to practice medicine" as used in paragraph (b), page 7 of Regulations No. 7, to mean healing art and goes on to say that the phrase "subject to local statutory limitations" is the only limitation on the extent of osteopathic participation. Now, the only sane conclusion from that interpretation is that Rules and Regulations No. 7 include osteopathic participation in every State. The exclusive connotation of the phrase "subject to local statutory limitations" is to avoid the construction that these regulations actually increase private-practice rights beyond the source of all practice rights, namely, the licensing laws of the various States. We have gone on the assumption, and various State administrators have gone on the assumption, as both we and they had a right to do under the Dr. H. Jackson Davis letter, that osteopaths in every State were not only entitled to participate but under a duty to cooperate in performing this relief service. We have understood from the start that if in certain States osteopathic physicians were by State law inhibited against the use of surgery, then in those States osteopathic physicians could not resort to surgery in the Federal relief work. Within such limitations, however! we have assumed that their cooperation with you was not only desired but invited.

During my interview with you, I understood you to remark that you would not want to cram osteopathy down the throat of an unwilling State administrator. This is not a question of sensitiveness or likes and dislikes; it is a question of medical relief and any method which has a tendency to blight a profession recognized and licensed in every State of the Union is obviously " hay wire" and ill-conceived.

I am just now in receipt of a copy of a telegram purporting to come from you. It was directed in answer to official inquiry on osteopathic participation in Montana. In that telegram it is said "if osteopaths are licensed to practice medicine in Montana they are eligible to participate in medical relief program in that State; if not they must be considered ineligible."

Previous to that telegram, the osteopathic physicians of Montana had prepared a participating agreement for the profession with the State relief officials in an effort to lend their best cooperation. Notwithstanding their obvious right to participate, you were apparently asked for an opinion and your opinion stated them to be ineligible unless "licensed to practice medicine." Certain of the State relief officials found some State court decisions holding that osteopaths in Montana are not authorized to practice medicine.

Now, this Montana example, in which you apparently participated, represents the very thing that I talked to you about. You well know that the term "medicine" has several meanings. In its general sense it means "healing art." In its restricted sense, so far as certain types of practice acts are concerned, it means a certain type of healing as distinguished from other types. The Dr. H. Jackson Davis letter, above mentioned, held that it meant healing art, as obviously the regulations were intended to be in general terms. Furthermore, the policy for medical care as enunciated in Regulations No. 7, F. E. R. A., stresses on page 2 of those regulations "the traditional! family and family-physician relationship."

Your interpretation, coupled with the manner of its handling in Montana, has the effect only of preserving or tending to preserve traditional family-physician relationship so long as the physician is an M. D. At least that would be true, except in cases such as Texas and Colorado, where every healing art practitioner is "licensed to practice medicine." In the States such as those mentioned, where all healing art practitioners are especially licensed to practice medicine, it is patently absurd to say that osteopaths in those States are entitled to participate, whereas in other States, even though their rights of practice may be absolutely equal, they are denied that right.

I wish further to call your attention to the fact that in the early days of osteopathy, osteopaths were frequently prosecuted for "practicing medicine." That fight has been resolved in the States for many years. Interpretations like yours to Montana will have a tendency to breed and revive again that old contention. Osteopaths in every State ,are licensed to practice their profession. It is true that their practice rights are limited in certain of the States, but in the broad sense of the term, all of them are practitioners of medicine when we consider the term "medicine" as including the healing art. Osteopathy is a school of medicine just as allopathy and homeopathy are schools of medicine. Your construction of Regulations No. 7 has worked a discrimination against the osteopathic practitioners in Montana. If you cannot agree with the Dr. H. Jackson Davis letter, or if in your opinion you are properly construing that letter, then we suggest that there is nothing holy about the wording of the regulations themselves, and we request that under those conditions you amend them to read "healing art", or in some other manner to do equity. If Dr. Davis' letter does not mean what we think it does, or is susceptible to varied interpretations, then we think it better to amend the regulations, rather than to construe constructions **ad** infinitum.

I have every desire to see this matter handled with dispatch, as I am sure you also desire it. There seems no reason at all why the osteopathic profession should be harassed by ambiguity. Their rights of participation are absolutely as are those of other schools of medicine; and State administrators should be given to understand that fact in no uncertain terms. I feel that this matter can be determined the most efficaciously in conference.

Very truly yours,

L. L. GOURLEY,
Counsel Public Relations Committee.

The osteopathic profession has not sat back listlessly, refusing to cooperate or take part in national health programs. The profession in the States worked out plans of cooperation with the relief administrations. Some of these plans were accepted in the States, but the present attitude of the Federal Emergency Relief Administration can have the effect of destroying whatever cooperation has been brought about. The *osteopathic profession offered its assistance to the Committee on Economic Security. The consultation of the profession on these national and local health problems was not only unsolicited by that committee, but the profession has been consistently refused even the courtesy of official or unofficial inclusion in its deliberations. Under such conditions, and in view of the experience related, it can hardly be construed as borrowing trouble when we suggest the possibility of ultimate discrimination under the terms of this act, which are the handiwork of that committee.

In introducing our correspondence with Drs. Davis and Waller, it should be understood that we are in no sense engaging in personalities. It tells a vivid story of discrimination, and it tells it officially. Not only the propriety, but the actual necessity for introduction of this correspondence is further indicated by the fact that the administration of the provisions of titles I and II of this act is provided to be under the Federal Emergency Relief Administrator, in whose baliwick originated the discriminatory practice forming the subject of the correspondence.

Title I of this Economic Security Act provides Federal aid to States for old-age assistance programs. The State, in order to qualify for its allotment for these purposes, is required to submit a plan for old-age **assistance,** including provision for reasonable subsistence compatible with decency and health. The Administrator will determine whether the State plan makes such reasonable provision. If is not too much to expect that in the evolution of these plans, it will be necessary to make the provision of such subsistence the most economical, and that will entail the provision of special medical care. The present attitude of the Federal Relief Adminjstrator, as reflected in that of his medical director, would involve a

condition upon the States that osteopathic physicians and surgeons be denied participation in such a medical service. The same conclusion applies to title II. Title II of the act provides Federal assistance to States for aid to dependent children, and requires submission of State plans to the Administrator for approval, which State plans must contain provision for reasonable subsistence compatible with decency and health. As in title I, the provisions of title II may be construed to require that State plans so contemplated must include the provision of medical care. Now, if the Federal Emergency Relief Administrator is consistent, he will, as Administrator of the provisions of this title, impose limitations on the States which will deny to osteopathic physicians and surgeons participation in any medical services rendered in contemplation of provisions of this title.

Not only would such regulations deny Federal recognition; they would have the effect of establishing osteopathic exclusion by State law. That is not only a milestone in Federal regulation of the healing arts in the States, it is the exercise of an unfounded power to destroy them. This cannot be the intention of Congress and the American Osteopathic Association appeals to this committee for an expression to that effect.

The CHAIRMAN. At the request of Senator Gore, I desire to submit for the record a report by the special committee of the American Bar Association opposing the ratification of the proposed child-labor amendment to the Constitution of the United States; also remarks by William D. Guthrie, chairman of the special committee of the American Bar Association, before the judiciary committees of the senate and assembly of the New York State Legislature.

REPORT OF THE SPECIAL COMMITTEE OF THE AMERICAN BAR ASSOCIATION APPOINTED TO OPPOSE RATIFICATION OF THE PROPOSED CHILD LABOR AMENDMENT TO THE CONSTITUTION OF THE UNITED STATES

Foreword by Scott M. Loftin, president of association.

Special committee of the American Bar Association : William D. Guthrie, chairman, 36 West Forty-fourth Street, New York City; Arthur L. Gilliom, Fletcher Trust Building, Indianapolis, Ind. ; Garrett W. McEnerney, Hobart Building, San Francisco, Calif. ; Harry P. Lawther, Tower Petroleum Building, Dallas, Tex. ; William Logan Martin, 600 North Eighteenth Street, Birmingham, Ala.

[Reprint of report published in Journal of American Ear, Association for January 1935]

THE FEDERAL CHILD LABOR AMENDMENT BY THE SPECIAL' COMMITTEE OF THE AMERICAN BAR ASSOCIATION

FOREWORD

This statement by the special committee of the association appointed to oppose the so-called " child labor amendment ", is worthy of the careful consideration of every member.

In the first place, it makes the position of the American Bar Association plain. The association is opposing the proposed amendment, but it is in no sense opposed to effectively protecting and regulating employment of children. On the contrary, the American Bar Association has continuously for several years been urging the adoption of a uniform chilcl-labor act containing such regulations as may reasonably be dealt with by uniform provisions. This act was drafted by the commissioners on uniform State laws, which is a part of the American Bar Association. But the association holds that this matter is peculiarly the business of the States; that the majority of them have already dealt efficiently with the problem ; that the others, with a few exceptions, have made advances in the right direction ; and that a State's solution of its problem which will take into consideration local conditions will unquestionably be more satisfactory and workable than a general uniform plan imposed by a central bureau.

Under the uniform act referred to, the administration and enforcement of the law for the protection of children are vested in the States, where they properly belong both from a constitutional and practical standpoint, and "not in any centralized Federal bureaucracy functioning in and from Washington."