

STATEMENT OF MISS JOSEPHINE ROCHE, ASSISTANT SECRETARY  
OF THE TREASURY

MISS ROCHE. Mr. Chairman and members of the committee; I wish to make only a brief statement personally regarding the public health provisions of title VIII, and its importance as a major factor in the development of a security program. Dr. Sydenstricker of the United States Public Health Service, under whose direction the staff of the Committee on Economic Security prepared the public health section of the Committee's report and the recommendations contained in title VIII is here to testify, and will be able to give you more comprehensively and effectively than I can, the part of this title in the general program. The Surgeon General of the United States Public Health Service, Dr. H. S. Cumming, is also here to discuss this title and to answer such questions as you may desire to ask him regarding the Public Health Service.

The title is short and very simple. It involves no new procedure or plan. It provides merely for progress along lines thoroughly tested and proved of great value in conserving human life and health.

THE CHAIRMAN. It lays down no standards or rules?

MISS ROCHE. No new features; no.

THE CHAIRMAN. Whenever they ascertain here that they need some assistance from the Federal Government, they make the allocation?

MISS ROCHE. The allocation is made on the basis of need.

THE CHAIRMAN. It differs in that respect from the other provisions of the bill?

MISS ROCHE. Yes.

SENATOR COSTIGAN. Miss Roche, I notice an appropriation here of \$10,000,000 beginning with the year 1936. Does that cover all of the activities of the Public Health Service or is this in addition to the necessary appropriation for present activities?

MISS ROCHE. This is in addition, Senator, to the present appropriation, and it is the intent and understanding, I believe, of the bill to have it continued as additional to the regular appropriations.

As I was saying, the bill provides really for further progress along lines that have been thoroughly tested and approved and have proven to be of great value in conserving human life and human health. \$10,000,000 is appropriated for the year 1936, and the same amount is authorized to be appropriated annually thereafter, to be allocated to the United States Public Health Service to be expended as outlined in the bill.

\$8,000,000 of this amount is to be allotted by the United States Public Health Service to the several States and the District of Columbia, and Hawaii, Puerto Rico, and Alaska, in amounts determined on the basis of their respective needs, for the purpose of developing State health services, including the training of personnel for State and local health work, and of assisting counties, health districts, and/or other political subdivisions of the States in maintaining adequate public-health programs—programs which make practical application, for the benefit of all citizens! of approved public-health methods for the control of disease and improvement of community sanitation. Payment of any allotment or installment thereof is to be made only after the Secretary of the Treasury has made a finding of fact that there is need to make such money available in each State.

I should like to file as part of the record, as "Appendix A", a statement prepared by Dr. Waller, Assistant Surgeon General of the United States Public Health Service, in charge of the Bureau's States Relations Division, which gives in detail the need for the work provided for by section 802 of title VIII, the type of services which it would mean in States and local communities, and the administrative and cooperative procedure under which the work would be carried on.

The CHAIRMAN. We will be very glad to have you file it.

MISS ROCHE. Thank you. With this statement there are filed a few samples from hundreds of letters we have received from State health officials urging the need of this title.

The balance of the \$10,000,000, or \$2,000,000, title VIII provides shall be annually available to the United States Public Health Service for much-needed investigation into health and sanitation problems which affect all or most of our States, and for employing such Public Health commissioned officers and such experts and personnel from the civil service lists as are necessary to carry out the purposes of title VIII.

A supplemental statement by Dr. Thompson, Assistant Surgeon in Charge of Scientific Research of the United States Public Health Service, is hereby submitted, with the request it be made part of the record as "Appendix B." The statement reviews the needs for further investigation into such problems as stream purification, sewage and industrial waste disposal; the nature and prevention of water borne epidemics and diseases, the methods of malaria control; the investigation of health hazards, in industry, and practical methods for their control; the investigation of such diseases as rural epidemic typhus fever in a number of the Southern States, encephalitis or the so-called "sleeping sickness", infantile paralysis, and Rocky Mountain spotted fever which is now a problem in almost every State.

With your permission, I should like to file that brief statement also.

Senator COUZENS. Have you drafted anywhere any definition of the word "need"?

MISS ROCHE. No; not in this title, sir.

Senator COUZENS. It seems to me that there might be different interpretations of that word, and I was wondering whether there had been any definition drawn as to the word "need". I know that need exists where there is plenty of money sometimes, and there is need existing where there is no money.

MISS ROCHE. I would assume that where there is money, the idea would be the State of local community should be in every possible way urged to cooperate financially. I have no doubt that the members of the committee who prepared the report and the substance of the bill will be able to give you detailed information which I do not have, as a result of their discussions! on this administrative problem. I am somewhat handicapped by coming into this picture very late, sir.

Senator COSTIGAN. Miss Roche, I notice a reference to the employment of clerks, assistants, and others from eligible lists of the Civil Service Commission. Is the Public Health Service largely related to the civil service as to employment?

MISS ROCHE. Most of the Public Health Service officers on important] administrative assignments are commissioned officers, appointed by the President and confirmed by the Senate after selection by a special examining board. All other personnel except commissioned officers, is from the civil-service lists.

Senator COSTIGAN. Is it true that most of the employees of the Public Health Service at present are under the civil service?

Miss ROCHE. Those that are not commissioned officers.

Senator BARKLEY. Which means that some of the positions, dentists and others who are not commissioned officers, have to take civil-service examinations?

Miss ROCHE. They are from the Civil Service lists. I think I am correct, if not, the Surgeon General can correct me. Are there any exceptions to that [addressing General Cumming]?

The CHAIRMAN. The Surgeon General will be on the stand and we can ask him.

Miss ROCHE. I think that practically all except commissioned officers, have to take civil-service examinations and they are taken from the Civil Service lists.

Senator COSTIGAN. Personally I am gratified to see this inclusion of the provision for civil service. It seems to me there has been a disposition to get away from it in some recent legislation, and I desire to develop the fact that the present service is largely under the civil service.

Miss ROCHE. Except for the commissioned officers, it is practically entirely civil service. There are probably a few exceptions where persons are employed locally on part-time duty.

Senator BARKLEY. Do you think that a civil-service examination can always develop who may be the one or two or the best of any number for a position?

Miss ROCHE. I think the civil-service regulations tend toward infinitely superior quality of service in the long run.

Senator BARKLEY. As a rule, as far as the employees are concerned, but I am wondering whether in the employment of doctors and lawyers, whether a civil-service examination really reveals the one best qualified.

Miss ROCHE. I think the Surgeon General could give you more adequate information on that. I am only a lay person, but that is my general impression.

The \$10,000,000 provided for in the title is but a very small part of the amount needed for public-health work to reach even a necessary minimum of efficiency. Not less than \$1 per capita has been found a necessary annual expenditure in communities with even moderately satisfactory health services. This would mean \$126,000,000 a year as a minimum estimate, for the country as a whole. States and local communities, however, are altogether spending but \$83,000,000 a year approximately. The Federal Government is spending on all human health services only about \$5,000,000 annually (4 cents per capita). This \$10,000,000 appropriation, therefore, still would leave a considerable responsibility on State and local governments for developing and maintaining adequate health services. It would, however, be an enormous help and stimulus in that work; particularly in making available the greatly needed trained Public Health personnel without which the program cannot satisfactorily be put into effect or make progress.

Senator GERRY. I do not understand you entirely on the statement that you have just made there. You say what amount as to the estimate by experts who have worked on the committee this summer was that about a dollar per capita is the minimum amount that will insure

even a moderately satisfactory health service, and many communities have spent more than that amount in what they feel are definitely satisfactory and economical results. The State and local governments today, in the country as a whole, are spending approximately \$83,000,000, and the Federal Government in all of its health services, human health services, about \$5,000,000, so that this additional \$10,000,000 appropriation makes \$98,000,000.

Miss ROCHE. It would still leave a large margin which we have got to work toward eventually.

Senator GERRY. How much is that margin? Have you the figures there?

Miss ROCHE. It would be \$126,000,000, the dollar per capita minimum amount, less \$98,000,000—the \$83,000,000 plus \$10,000,000 plus \$5,000,000—which would be a margin of \$28,000,000.

Senator GERRY. And are you recommending that the States raise that?

Miss ROCHE. There is no recommendation, sir, in the bill. I am simply pointing out that this \$10,000,000 in view of the conditions which I am going to refer to in a few minutes, is not excessive, but a very moderate step toward the conservation of the human resources of the country.

Senator GERRY. There are lots of the States that are doing a great deal more than others and that are pretty effectively running their health services, aren't there?

Miss ROCHE. There are some very effective health services in the country, and Dr. Sydenstricker and the other experts on the committee will no doubt go into a description of the work that is being done in those States.

Senator GERRY. What I **was** getting at is this, in other words, certain backward States would be helped by this extra appropriation, and the States that are doing the work would not be? It is aimed at the backward States.

Miss ROCHE. The basis of need, sir.

Senator GERRY. The basis of appropriation.

Miss ROCHE. Of population and of need. The fact that a State is absolutely handicapped by poverty would not mean that they could not get any assistance.

Senator GERRY. That would mean that they would have to get it from the Federal Government, would it not?

Miss ROCHE. Yes, through this appropriation. There is a definite latitude there in the provision, of course.

I think as we approach the problem we are all facing, from the public health angle, we are justified in having a special sense of the needlessness of much of our human waste because facts in this field show how much can be achieved in conserving human health and life when even moderate and intelligent provision is made for public health work. In those few communities where modern public health work has been consistently carried on with adequate funds and personnel, where health knowledge and health facilities have been available to the people, the burden of preventable illness and premature death has been lifted over a third. As a consequence of the achievements of research, the discoveries of medical science and their application to the prevention and treatment of diseases, there has been in recent years a decline in our general death rate—through 1933.

But we know, too, that of the 1,342,073 deaths that occurred in that year, at least 250,000 were from preventable causes. These deaths alone represented a money loss in human life value conservatively estimated at \$735,716,000. One hundred and twenty thousand babies under 1 year of age died in 1933. Half of these deaths could have been prevented, leading health authorities state. There were 74,000 deaths from tuberculosis in 1933.

This death rate, also, could have been cut by 50 percent, had known methods of prevention been available and used. Furthermore, although data for 1934 are not yet complete, for the first half of 1934 the gross mortality rate in cities of 100,000 population and over is reported to be appreciably higher than in the same period of 1933. Death rates and the depression have a definite relation when mortality figures are broken down. Recent surveys by the United States Public Health Service and the Milbank Memorial Fund, in 10 industrial localities, show that during the period 1929-32 the death rate in families with no employed members or part-time earners increased 20 percent, while in those families which had full-time wage earners it declined.

Equally important with death rates, perhaps more so, is the amount of preventable disabling illness that does not show in the mortality figures. In the study just referred to, it was found that families which had suffered the most decline in income from 1929-32 had a disabling sickness rate 50 percent higher than those whose economic status was not materially reduced. In 1933 more than 43,000 cases of typhoid fever alone caused an estimated loss of \$8,600,000 for medical care. Nearly 60,000 cases of diphtheria caused a loss of \$2,961,000. These two diseases are now regarded as almost entirely preventable if known methods of prevention could be universally applied.

A recent survey by the Public Health Service showed by actual blood test of only 200,000 people in 11 Southern States a total of 14,000 known cases of malaria. This survey was made during the winter when malaria is least active, and included only school children. It is estimated that in the whole population in the malarious section of the South there are, every year, at the height of the malaria season, probably 6,750,000 cases of malaria.

The first full-time county health unit in the United States was established as long ago as 1911. And yet, although 23 years have elapsed since its establishment, there are less than 600 counties with full-time health service in the United States today. Approximately 2,000 rural counties, containing more than 75 percent of our total rural population, are without any health service worthy of the name.

Many counties are too poor to provide adequate health service without aid from some outside source. Further, the actual prevention of sickness and deaths through public health service activities needs often to be conclusively demonstrated to local governing authorities before the soundness and economy of appropriations for health work is realized.

The situation in many of our smaller cities, and in some of the larger ones, is almost as bad as that existing in a large part of our rural area.

When the adequacy of the local health departments which exist is studied it is found that only a relatively small proportion, 21

percent (75 counties and 102 cities), have thus far developed a personnel and service which can be rated as even a satisfactory minimum for the population and the existing problems. The experience in cities in 1934 shows that health budgets have been reduced on the average about 20 percent from the experience of 1931, reductions varying from 1 or 2 percent to as high as 50 percent. Where this reduction has amounted to 30 percent or more practically complete breakdown of the public health protective facilities has resulted.

Nor is the need of Federal aid confined to rural and urban health organizations. Not more than half of the State health departments are adequately staffed or satisfactorily equipped to render the service which they alone can give regardless of the extent to which local facilities may be developed. Specific reference is made to divisions of vital statistics, laboratories and sanitary engineering service for the supervision of local water supplies, sewage disposal, and other environmental sanitation activities. At least a third of the States are not now able to promote the establishment of full-time local health departments or to give proper supervision to local health work, because of the lack of properly trained scientific personnel, capable of performing such duty on the State health department staff.

I think it is an interesting point, Mr. Chairman! to bear in mind that the staff of the Committee on Economic Security reported in its finding that families having an annual income under \$2,500 have an annual wage loss of \$900,000,000 due to illness, and that their costs of medical care are annually \$1,500,000,000—a total money loss of \$2,400,000,000.

Obviously these facts reveal not only conditions of needless human suffering and wretchedness, but definite economic waste. They call for the immediate extension of public health work and policies of proven worth, long recognized as humanly and financially sound and constructive. Title VIII provides for such a program of Nation-wide public health work, financially and technically aided by the Federal Government, but supported and administered by the State and local health departments. It is one of the most important steps toward our goal of conserving our human resources.

I think that completes my general references to title VIII. I have here, as I stated in the beginning, a few minor changes in the title which we have taken up with those who drafted the bill. They have the approval of the persons who drafted title VIII. They include the following :

Title VIII, section 802, line 21, after the word "States", insert "and the District of Columbia, Alaska, Hawaii, and Puerto Rico."

Section 802, line 25, after the word "counties" insert "health districts."

Section 803 (a), line 17, after the word "to" insert "pay the salaries and allowances of such additional regular commissioned officers, to".

Senator COUZENS. You have not enough commissioned officers now?

Miss ROCHE. It is quite possible under the development of this title that there would be more needed to carry out adequately any research and any assistance to the States.

The CHAIRMAN. Thank you very much Miss Roche.

Miss ROCHE. There are two minor changes also which I might leave for inclusion in the record.

(The same are as follows:)

Section 803 (a), line 22, after the word "expenses" insert "including printing and binding".

Section 803 (a), line 24. Strike out the period at the end of the line and insert in lieu thereof a colon followed by the words-

"Provided, That personnel of the Public Health Service paid from other appropriations may be detailed for carrying out the purposes of this title and when so detailed their salaries and allowances may be reimbursed out of the amounts made available in this section to the appropriation or appropriations from which paid."

Senator LONERGAN. Can you tell us how much of the rural area of the country is without doctors?

Miss ROCHE. I think if I might I would prefer to refer that to Dr. Sydenstricker or Dr. Falk, his assistant, who have studied that matter and who have it in much more satisfactory form than I have.

The CHAIRMAN. We will have them on next.

Miss ROCHE. If that meets with your approval?

Senator BARKLEY. How many counties did you say in the whole country are equipped with this rural-health organization?

Miss ROCHE. Only 75 counties and 102 cities, or 21 percent, have thus far developed a personnel and service which can be rated even as a satisfactory minimum;

Senator BARKLEY. What was the reference you made to some 600?

Miss ROCHE. There are less than 600 counties who have full-time health service, out of a total number of counties of about 3,000. I think the exact number is 528.

Senator BARKLEY. Seventy-one of those I will say are in Kentucky.

Miss ROCHE. You have a good set-up in Kentucky.

The CHAIRMAN. Thank you very much.

#### TITLE VIII. APPROPRIATIONS FOR PUBLIC HEALTH

SEC. 801. There is hereby appropriated, from funds in the Treasury not otherwise appropriated, the sum of \$10,000,000 for the fiscal year ending June 30, 1936, and there is hereby authorized to be appropriated for each fiscal year thereafter the sum of \$10,000,000 to be allocated to the Bureau of the Public Health Service to be expended as hereinafter provided.

#### LOCAL PUBLIC HEALTH SERVICES

SEC. 802. From the amounts appropriated under this title, the Bureau of the Public Health Service shall annually allot \$5,000,000 to the several States, the District of Columbia, Alaska, Hawaii and Puerto Rico, in amounts determined on the basis of the need of each State for such assistance, for the purpose of developing State health services including the training of personnel for State and local health work and for the purpose of assisting counties, health districts, and/or other political subdivision of the States in maintaining adequate public health programs. Payment of any allotment, or installment thereof, shall be made only after the Secretary of the Treasury has made a finding of fact that there is need to make such money available in such State, and has notified the Treasurer of the United States to pay such allotment or installment, and the amount thereof. Any money appropriated for the purposes of this section but not expended during the fiscal year shall be available for payment of allotments of the States in the next fiscal year.

#### BUREAU OF THE PUBLIC HEALTH SERVICE

SEC. 803. (a) From the amounts appropriated under this title, \$2,000,000 shall annually be available to the Bureau of the Public Health Service, for the further investigation of disease and problems of sanitation, and related matters. Out of the amounts made available in this section the Bureau of the Public Health Service is authorized to pay the salaries and allowances of such additional regular commissioned officers, to employ such experts, assistants, clerks, and

other persons in the District of Columbia and elsewhere, to be taken from the eligible lists of the Civil Service Commission, and to purchase such supplies, material, equipment, office fixtures, and apparatus, and to incur such travel and other expenses, including printing and binding, as it may deem necessary for carrying out the purposes of this title: *Provided*, That personnel of the Public Health Service paid from other appropriations may be detailed for carrying out the purposes of this title and when so detailed their salaries and allowances may be reimbursed out of the amounts made available in this section to the appropriation or appropriations from which paid.

(b) The Secretary of the Treasury shall make all rules and regulations necessary to carry out the purposes of this title.

#### ACTION OF THE COMPTROLLER GENERAL

SEC. 804. The Comptroller General is authorized and directed to allow credit in the accounts of the Treasurer of the United States for payment of allotments in the amounts notified him by the Secretary of the Treasury.

The following supplemental statements, etc., were submitted by Secretary Roche:

#### THE NEED FOR FEDERAL AID TO STATES, COUNTIES, AND CITIES

It should not be assumed that the Federal Government, in allotting \$8,000,000 a year to aid the States in the development and maintenance of adequate State and local health service, would be taking over in large part the maintenance of health service for the country as a whole. The financial burden of maintaining such service would still rest largely upon State and local government. In local communities where even reasonably adequate health service is now being maintained, the cost of such service is not less than \$1 per capita per year. Many of the leading authorities on public health in the United States today believe that \$2 per capita would come nearer to meeting the actual need for adequate health service. It will be readily seen, therefore, that the total cost of providing even reasonably adequate health service for every individual in the country will be, when such service is provided, not less than \$120,000,000 a year. While such a sum may seem surprisingly large in the aggregate, it is because we have not been accustomed to considering the cost of health protection for the Nation as a whole and have not given the functions of State and local health organizations the place of importance in governmental activity which they deserved. Reducing the total amount required to per capita cost per year, we find that the amount considered necessary for each individual is small in comparison with other per capita expenditures which must be made for food, shelter, clothing, medical care, education, and the like. Obviously, a contribution of \$8,000,000 a year from the Federal Government toward the cost of health service for the country as a whole will be but a small part of the total. It is likewise obvious that the responsibility for financing health work still will rest largely upon State and local authorities.

In spite of the amazing progress made within recent years in the development of better methods for the prevention of sickness and death, the ravages of diseases that could be controlled have continued to go on among our people in many sections of the country, for the reason that we have lagged behind lamentably in getting to a large proportion of our population, especially in the rural areas, the benefits of discoveries in disease prevention given to us by our research workers.

The first full-time county health unit in the United States was established as long ago as 1911. The soundness of the whole-time county or district health unit plan has been repeatedly demonstrated in many of the States. And yet, although 23 years have elapsed since the first full-time county health unit was established in this country, there are only 550 counties with full-time health service in the United States today. Approximately 2,000 rural counties, containing more than 75 percent of our total rural population, are without any health service worthy of the name. There are two important causes for the existence of this situation.

1. Many counties are too poor to provide adequate health service without aid from some outside source.

2. It is difficult to convince local governing authorities of the need for appropriations for health work until the actual prevention of sickness and deaths through public health activities can be conclusively demonstrated to them.

Little need be said with respect to the need for outside assistance to certain counties too poor to meet the entire cost of public-health service. In many of our States there are counties in which the taxable wealth or other source of revenue is so small that adequate local appropriations cannot be made for a health department without making the allotment for health out of all reasonable proportion to expenditures for other necessary functions of government. One of the purposes of the proposed \$8,000,000 appropriation is to aid State health departments in giving assistance to the counties in this group, to the end that the people in these communities may enjoy the benefits of health protection to which they are certainly from a humane standpoint-entitled as citizens of this country.

With regard to the need for outside aid for demonstration purposes, it is well known to all national and State agencies who have endeavored to promote the expansion of full-time health service in the past that it is almost impossible to induce local boards of county commissioners to make the initial appropriation for the establishment of a new full-time county health unit unless financial aid can be offered from an outside source. The reason is not hard to understand; health work, to a large extent, does not deal with material things. It has for its objective the prevention of things that might happen in the future. The wisdom of expending public funds for school buildings and roads and for maintenance of our schools is apparent to anyone, because we see and use the buildings and roads and **know** that our children use the schools. Except to statisticians, who are trained to use death rates and other "measuring sticks" for demonstrating the effectiveness of health work, the anticipated results of such work are often not tangible. It is difficult therefore to persuade local appropriating bodies to provide funds to support an activity the result of which cannot be readily **demonstrated** in advance of the expenditure.

The situation in many of our smaller cities, and in some of the larger ones, is almost as bad as that existing in a large part of our rural area. There are numerous urban communities throughout the country in which such health activities as are being carried on today are under the direction of part-time physicians engaged *in private practice*, or lay health officers, neither with training in modern public health administrative practice. In some of these communities such health protection as had been afforded has been largely incidental to improvements instituted for economic and esthetic reasons, or to ready access of the population to good medical **care**, rather than a credit to activity of the health department. In many of our cities the chief health department activity still consists largely in the inspection of private premises for nuisances having little bearing on public health and an attempt to control communicable diseases through quarantine procedure—admitted by leading health workers, in this day of scientific control methods, to be of little avail in reducing the incidence of communicable diseases. More specifically it may be pointed out that many of the milk supplies for urban communities are still far from being as they should be, and that the unsightly, open-back, insanitary privy still exists in the outlying sections of most of our small cities, with the result that typhoid fever is rapidly becoming more prevalent in towns and small cities than in the rural areas.

Nor is the need for Federal aid confined to rural and urban health organizations. Not more than half of the State health departments are adequately staffed or satisfactorily equipped to render the service which they alone can give regardless of the extent to which local facilities may be developed. Specific reference is made to divisions of vital statistics, laboratories, and sanitary engineering service for the supervision of local water supplies, sewage disposal, and other environmental sanitation activities. At least a third of the States are not now able to promote the establishment of full-time local health departments or to give proper supervision to local health work because of the lack of properly trained **scientific** personnel, capable of performing such duty, on the State health department staff.

Before any worth while progress *can* be made in the extension of full-time local health service, there must be created in each State a reserve of trained health officers, public health nurses, sanitary engineers, and inspectors to fill the positions which will be established in the new units.

#### PREVENTABLE ILLNESS AND MORTALITY IN THE UNITED STATES

While it is true that the general death rate and the rates for tuberculosis and infant mortality for the country as a whole declined to the lowest figures on record in 1933, we should not be misled by this fact into the belief that further safeguards of the Nation's health are unnecessary. These death rates do not tell

the whole truth. As Dr. Edgar Sydenstricker,<sup>1</sup> one of the leading public health statisticians in the United States, recently said:

"The plain fact must be faced that notwithstanding great advances in medicine and public health protection, the American people are not so healthy as they have a right to be. Millions of them are suffering from diseases and thousands annually die from causes that are preventable through the use of existing scientific knowledge and the application of common social sense."

Ample evidence exists to support this sweeping statement.

Approximately 120,000 infants under 1 year of age died in 1933. Although our infant death rate has been reduced by half during the past 25 years, many of the leading sanitarians in this country believe that mortality in the infant age group can again be reduced by 50 percent. It is also confidently believed by some of the leading authorities on tuberculosis that the 74,000 deaths which occurred from this disease in 1933 could again be cut in half; and there is good reason to assume that, with proper health protection for prospective mothers, at least two-thirds of the 13,000 mothers who die each year in childbirth could be saved.

Examination of the following table, compiled from mortality figures of the United States Bureau of the Census, shows that, in spite of the low general death rate, a total of 246,272 deaths occurred in the United States, in 1933, from causes that may be classed as preventable.

*Number of deaths in the United States, preventable diseases, 1933*

Typhoid fever.....	4, 389
Paratyphoid fever.....	84
Typhus fever.....	81
Undulant fever.....	72
Smallpox.....	39
Measles.....	2,813
Scarlet fever.....	2, 546
Whooping cough.....	1,463
Diphtheria.....	4,936
Influenza.....	33, 193
Dysentery.....	2, 814
Erysipelas.....	2,017
Acute poliomyelitis, acute poliomyelitis.....	797
Epidemic encephalitis.....	1, 357
Epidemic cerebrospinal meningitis.....	1, 482
Anthrax.....	11
Rabies.....	65
Tetanus.....	1, 253
Tuberculosis of the respiratory system.....	67, 417
Other forms of tuberculosis.....	7,419
Leprosy.....	27
Syphilis.....	11, 039
Gonococcus infection and other venereal diseases.....	998
Purulent infection, septicemia (nonpuerperal).....	931
Malaria.....	4, 678
Other diseases due to protozoal parasites.....	61
Ancylostomiasis.....	20
Scurvy.....	28
Beriberi.....	1
Pellagra.....	3, 955
Rickets.....	339
Pneumonia, all forms.....	86, 947
Total.....	246,272

Typhoid fever and diphtheria, both now regarded as diseases easily prevented when known control measures can be applied, each took toll of more than 4,000 lives. Measles and whooping cough, often regarded by the uninformed as simple and relatively harmless diseases of childhood, killed respectively 2,800 and 4,400 in 1933.

<sup>1</sup> Health in the New Deal, Edgar Sydenstricker, the Annals of the American Academy of Political and Social Science, November 1934.

So far as the public was concerned, these appalling unnecessary losses of life went unnoticed, because of the lack of spectacular circumstances attending their occurrence; yet, had similar losses occurred in a series of single disasters, such as an earthquake or the sinking of an ocean liner, the Nation would have been shocked and our newspapers would have carried front-page headlines for days.

Nor do deaths alone tell the whole story. It is estimated that for each death from typhoid fever there are 10 cases; for each death from diphtheria, 12 cases. Although accurate figures are not available with respect to cases of preventable diseases for the country as a whole (for the reason that reporting of cases is not complete where satisfactory health organizations do not exist), it is believed that a conservative estimate will place the number of cases of typhoid fever at 43,000 and of diphtheria at 58,800, in the United States in 1933.

A recent survey by the Public Health Service showed by actual blood test of only 200,000 people in 11 Southern States a total of 14,000 known cases of malaria. This survey was made during the winter when malaria is least active, and included only school children. It is estimated that in the whole population in the malarious section of the South, there are, every year, at the height of the malaria season, probably 6,750,000 cases of malaria.

Coming to the venereal diseases, we find that 750,000 cases of syphilis seek treatment annually in the United States. Unfortunately, however, largely on account of ignorance of the nature of the disease or of the high cost of treatment and the lack of facilities for treatment at a cost that can be borne by the patient, more than half of these cases do not obtain treatment during the first 2 years of their infection. This 2-year period is the interval of greatest communicability and is of vast importance in the control of syphilis. Adequate treatment during this time will not only prevent the spread of this disease but also make possible the cure of the individual. For this reason it is of the utmost importance that adequate treatment facilities be made available for all indigent and borderline economic cases in both rural and urban districts of the United States.

The same factors in connection with the control of gonorrhoea exist as in the case of syphilis control. About 679,000 new cases of gonorrhoea annually seek treatment in this country.

This number does not give a true picture of the actual number of gonorrhoeal infections usually because many more patients with gonorrhoea than with syphilis do not seek treatment. While the late and crippling manifestations of the gonorrhoeal process are not as marked as in the case of syphilis, the vast prevalence of gonorrhoea makes the disease one of primary importance.

#### ECONOMIC LOSS FROM PREVENTABLE ILLNESS

As has been pointed out, nearly 250,000 of the 1,342,073 deaths that occurred in 1933 were from preventable causes. These deaths alone represented a money loss in human life value conservatively estimated at \$738,716,000. This does not take into account the enormous amount of preventable disabling illness that did not show in the mortality figures. More than 43,000 cases of typhoid fever alone caused an estimated loss of \$8,600,000 for medical care. Nearly 60,000 cases of diphtheria caused a loss of \$2,961,000. These two diseases are now regarded as almost entirely preventable if known methods of prevention could be universally applied.

The figures presented above do not take into account the enormous annual loss in man power and wages and the cost of drugs for self-medication caused by preventable disabling illness.

There recently was brought to the attention of the Medical Director of the Federal Emergency Relief Administration an instance in which \$784 was paid by a local relief administrator for medical and nursing care for two severe cases of typhoid fever in two relief beneficiaries who could not be placed in a hospital. Considering the severity of the cases, the amount paid for this service was not considered unreasonable. And yet the expense to the Government for this medical care might have been avoided through immunization of these two individuals at a cost of not to exceed \$2 each, including overhead, if health service had been available to them.

#### NEED FOR PERMANENT APPROPRIATION FOR FEDERAL AID

One of the chief obstacles to extension of county health work in the United States has been the uncertainty of Federal aid in the past. The comparatively small amounts available to the Public Health Service, up to this time, in its regular appropriations for rural health work have served only to assist with demon-

strations in a limited number of counties. Even when larger amounts have been made available to meet emergencies such as existed following the Mississippi flood and the drought of 1930, little permanent good resulted because many of the health organizations created through the use of these funds collapsed when the emergency appropriations were exhausted. The State health officers hesitate to attempt the extension of services dependent upon Federal aid when they cannot be assured that such aid will not be withdrawn at any time. To go forward with expansion of full-time health service on a broad scale, there must be some assurance, such as this measure will give, of continuity of program. Only when this assurance is given will it be possible for the State health authorities to plan a sound program for further development and to obtain funds from their own legislatures for the extension of local health work.

### RESULTS OF HEALTH WORK IN THE PAST

There can be no doubt that the knowledge of scientific preventive methods in our possession today, if universally applied, would enable us to go far toward eliminating much of the unnecessary economic loss now chargeable to preventable diseases in this country. That intensive application of known scientific measures for communicable-disease control can completely eradicate certain diseases has been demonstrated repeatedly. The complete banishment of yellow fever from the United States, Cuba, and Panama afforded an excellent example. Bubonic plague was completely stamped out in San Francisco some years ago through the intensive application of rat control. Many other examples could be cited.

Even in face of the lack of adequate health service in much of our rural area and in many of our cities, remarkable progress has been made in the reduction of deaths from communicable diseases in the United States during the past half century. Fifty years ago infectious diseases prevailed to such an extent and were accompanied by such a high case fatality rate that fifteen-sixteenths of all deaths were chargeable to this group. Today, as a result of only a partial application of known scientific methods, deaths from communicable diseases have dropped to less than 50 percent of the total.

As has already been pointed out, the infant mortality rate in this country has been cut in half during the past 25 years, and leading authorities on public health confidently believe that it could be reduced by another 50 percent. The intensive treatment of syphilis cases in England has brought about a remarkable reduction in the prevalence of this disease in recent years in that country.

Numerous instances could be cited where intensive health work carried on by county health organizations has reduced sickness and mortality rates. A few examples will serve to illustrate what can be done when adequate health service is provided:

In Williamson County, Tenn., the health department conclusively demonstrated between 1927 and 1932 that maternal deaths could be greatly reduced in number when prenatal cases came under supervision of the department. With only 10.8 percent of mothers under supervision in 1927, the maternal mortality rate (deaths per 1,000 births) was 7.4, whereas in 1932, with 74.1 percent of mothers under supervision, the rate was 2.2 per 1,000 births.

In Sunflower County, Miss., through the operation of prenatal clinics for expectant mothers by the health department, the white maternal death rate was reduced from 7.4 to 0, and the colored from 16.9 to 8.4 between 1928 and 1931.

In the spring of 1911 an officer of the Public Health Service was detailed, at the request of the local government authorities and the State health department, to make a study of typhoid fever in the city of North Yakima, and the county of Yakima, in the State of Washington. The chamber of commerce of the city and county promised in advance to give active support to the measure which would be recommended for the control of the disease. The studies were made in cooperation with representatives of the State health department and the local part-time health agencies. The high rate of prevalence of typhoid fever with an annual death rate of about 200 per 100,000 population (over five times that for the United States as a whole) in Yakima City and County during the several previous years was obviously due to local insanitary conditions, the operation of which was augmented by climatic, irrigation, and soil factors.

A campaign of county-wide sanitation was inaugurated and carried out along lines in some respects comparable to those of a political campaign. The citizens generally became enthusiastically interested and in remarkable proportion applied at their homes the sanitary measures recommended. The home improvements, along with the mass sanitary measures carried out in North Yakima and in the towns and villages in the course of a few weeks, effected, in Yakima County as

a whole, a radical change. As the sanitary improvements proceeded, the typhoid fever incidence in the county, instead of rapidly increasing as usual in the early summer, markedly diminished. With a view to having the sanitary program continued, an effort was made, through organization of the aroused public sentiment for sanitation, to bring about the establishment of a permanent health-service unit for the county and city. By formal action of the county commissioners and the city council a full-time county health department for Yakima County was established and began operating as such on July 1, 1911. At the head of the unit was a physician trained in sanitary science, engaged under contract to serve in his official capacity on a whole-time basis. His assistants consisted of health nurses, sanitary inspectors, a bacteriologist, and an office clerk, each of whom also was engaged to serve on a whole-time basis. The whole-time health unit in Yakima County has continued in operation without interruption since its original establishment.

The Yakima County health department force continued the program of sanitation begun in the early summer of 1911 and performed other activities making for a well-rounded comprehensive program of county-city health work. In North Yakima, with a population of 14,082 in 1910 and of about 18,700 in 1914, the number of deaths from typhoid fever reported in the period of 7 years, including the year of the campaign (1911), was as follows:

In 1908, 25; in 1909, 20; in 1910, 30; in 1911, 6; in 1912, 4; in 1913, 3; in 1914, 2. Of the deaths in 1911, 1912, 1913, and 1914, 2, 4, 3, and 2, respectively, were of persons who had contracted the disease elsewhere and who were brought to the city for treatment. Thus, in the period of 3 years following the sanitary campaign and the establishment of the county health department, not a death from typhoid fever of local origin was reported in that city. In the county, outside North Yakima, deaths from typhoid fever were reported as follows: In 1910, 25; in 1911, 11; in 1912, 3; in 1913, none. Besides the notable reduction in typhoid fever, there was considerable reduction in the death rates from other preventable diseases. In the country as a whole the annual number of deaths from all causes averaged for the 3 years 1912-14 over 100 less than the number in 1910.

**SEC. 803 (a)**, which makes \$2,000,000 annually available to the Public Health Service has three main factors involved:

(1) The employment of personnel necessary to maintain supervision and guidance over the expenditure of funds annually allotted to the States in section 802, and in such manner to render assistance to them in the continuous and steady development of State and local health services.

(2) The employment of professional, technical, and other personnel necessary to conduct the investigational work of the Public Health Service.

(3) The extension and broadening of the investigative work of the Service in relation to investigations of diseases, sanitation, and matters related thereto.

In connection with the administration of the funds provided for aid to States and research activities to be carried on by the Public Health Service, it will be necessary to have additional medical and sanitary engineer officers. The number of officers already in the Public Health Service who have the required training in public-health work and research methods will be entirely inadequate to meet the immediate demand for personnel of this type. The Public Health Service, therefore, must plan to secure from outside sources the highly specialized, thoroughly trained medical and engineer officers of ability that will be needed. It will be impossible to attract this type of personnel to the Service unless they can be offered either larger salaries than they are now receiving or other inducements. The advantages of a career in the Public Health Service in a commissioned status will, it is believed, attract at much lower entrance salaries, many individuals who otherwise would not be interested. This would enable the Public Health Service at once to secure the desired personnel at much less cost to the Government, probably as much as one-third less. Officers commissioned in the Service now would not for several years receive salaries equaling those now being paid to individuals of comparable ability in many State and local health departments. The technical and clerical personnel added to the Service under the authority of this section would be from the civil service eligible lists.

The major portion of the investigative work arises from three general sources:

(1) From problems which are interstate in character and which are brought to the Service by State health officials, through the cooperative work of the Service with the States.

(2) From problems which arise within the Service as a result of the responsibilities placed upon it by law, as for example, the development of biologic standards in connection with the control of biologics.

(3) From problems which the trends of public health indicate will be of national or international importance in both the fields of environmental sanitation and the control of disease.

It is evident therefore that to a large extent this investigative work of the Public Health Service is noncompetitive with the research work of universities or States.

It should be clearly understood that the additional funds which are appropriated under this section do not mean so much the development of new fields of investigational work in the Public Health Service as they do to allow a more immediate and broader study in the fields of work which the Service is at present carrying on and where problems of the greatest national importance have had to be refused or delayed because of the lack of necessary funds.

It would seem a corollary that the full benefits of the funds allotted to the several States for the promotion of public health cannot be achieved if the public-health problems with which these States and local subdivisions have to deal are not studied coincidentally and the information given to the health authorities of the States.

The public-health problems which are in need of immediate investigation fall in every field of the public-health work of the Service, but they may be illustrated by presenting a few of the more important.

The Public Health Service has been engaged in the study of stream pollution and sewage disposal for the past 20 years. Practically the whole urban population of the great middle western and southern parts of the United States are dependent upon the rivers of this country for their drinking water supply, and in addition they have used these rivers for the disposal of their sewage. This increasing pollution and, in addition, the dumping of the industrial wastes into these streams have made it imperative for the Service to investigate the biological facts in connection with stream purification and the necessary control of the situation through adequate sewage and waste disposal. It may be safely said that the fundamental biological principles of sewage disposal are still unknown. The Federal Government, States, and cities are contemplating the expenditure of billions of dollars for sewage-disposal plants, the principles of operation of which have not yet been determined.

In this same connection, during the drought several years ago the States of West Virginia, Ohio, Kentucky, Indiana, and Illinois were afflicted by a serious epidemic of diarrhea and dysentery which a cursory investigation made by the Public Health Service showed was probably of a toxic and not a bacteriological origin due to heavy pollution in streams abnormally low in water.

In addition the city of Louisville and others were unable to obtain filtered water free of objectionable tastes and odors. It is a serious thing when the water supply of a great city becomes objectionable to its people.

Another problem of importance and one which demands immediate attention is that of mottled enamel, a disfiguring condition of the teeth caused probably by excessive amounts of fluorine in the water supply. This disease which causes a stain of the teeth from a light yellow to a dark brown and which lasts for life develops in children born in areas of the country where the amount of fluorine in the drinking water is excessive. The Public Health Service has in the past several years made a fairly complete investigation in the States and has found 275 areas in 23 States where the condition exists. One of the most extensive areas is in the Panhandle district of Texas in which a large percent of the children are developing this condition. The population of this newly settled area has increased over 100 percent in the last 10 years so that the condition is becoming increasingly evident in the children who are beginning to develop their second teeth. The problem is not only one of public-health importance but of the greatest economic importance for it may form a serious barrier to the further settlement of this rich area. A study of the permissible amounts of fluorine in drinking water and of a method to remove excessive amounts is most urgently needed.

Malaria is still one of the most serious problems of our Southern States and with the development of great hydroelectric programs by the Federal Government and States further knowledge of control methods is imperative. Here again, the disease is not only of public-health importance but also of economic importance for each year malaria puts the wage earner out of the position as the supporter of his family and makes both him and his family dependent upon charity for their maintenance.

The extent to which malaria can and will be controlled depends almost entirely on the studies which the Service is making of different control measures under the different conditions found in the southern States. The secret of the success

of any control measure depends not only on its positive results but more so on the cost of the measure. If the cost is beyond the ability of the State or local government to meet, then malaria will continue to exist indefinitely.

It is toward the development of practical and economic control measures that the Public Health Service is working as rapidly as possible with its present limited funds.

There is probably no field of investigation where there is need for greater development than in industrial hygiene. Not only is every State affected but the great majority of the 45,000,000 persons in this country engaged in gainful occupations are directly or indirectly affected, as are their families.

The health hazards of industries are almost as diversified as are the number of different industries. Here again, the cost of investigations leading to the prevention of incapacitating industrial disease is extremely small compared to the economic values accruing to both industry and the industrial worker. With its limited funds the Public Health Service has contributed considerable aid in this special field. Acting as an impartial fact-finding body its investigations are accepted by the general public and by both labor and industry.

Its studies of the health hazards of the dusty trades, as far as time and funds have permitted, especially in the field of silicosis, a disease which affects workers in many industries wherever silica is used in the industrial process, serve as one of the principal guides for the control of the disease in this country.

Recently the study of anthraco-silicosis made in Pennsylvania at the request of the Governor of the State, the hard-coal industry, and the United Mine Workers forms the first complete outline of facts in relation to the development of this disease and the necessary methods for its prevention.

Similar studies of other dusty trades have been urgently requested of the Service but have been deferred because of limited personnel and funds.

As far as it has been possible, the Public Health Service has attempted to meet the demands of State health authorities in the investigation of diseases which are interstate in character or which have appeared in epidemic form. The ultimate control of all epidemic diseases, even the more common ones such as measles, diphtheria, and scarlet fever, can only come from continued epidemiological investigations of such diseases and by laboratory studies of the nature of the causative agent and the development of vaccines or serums for their prevention and cure.

In the past several years the Service has been called to help in study of the methods for the control of typhus fever, a disease which is endemic in most of our seaports, but has also become epidemic in rural areas in the South, especially Georgia, Alabama, and Texas, and which has been increasing at a rate of almost 100 percent a year.

In 1933 the epidemic of encephalitis at St. Louis resulted in an excellent cooperative investigation under the general direction of the Service with the State, city, and the universities of the city of St. Louis. Besides the pertinent facts gained in the epidemiological survey of benefit to the entire world, the virus of this disease was for the first time successfully transferred to animals, offering thereby an opportunity for the continued study of the disease in nonepidemic times.

Psittacosis or parrots' disease, which caused a number of epidemics and deaths throughout the United States, has almost completely disappeared through studies and control methods put into force by the State of California and the Service.

The prevention of Rocky Mountain spotted fever through the use of a vaccine discovered and perfected by an officer of the Service and produced only in the Montana laboratory of the Service appears at the present time our only means of combating this disease and its high fatality rate in the West.

Epidemics of infantile paralysis which occur in some State or city almost annually have required Service cooperation since the preliminary investigation of 1910. From field and laboratory studies in regard to this disease has come a substantial knowledge upon which hope of control and prevention can be based.

The cooperation of the Service in these matters from a national standpoint has made it possible to avoid unnecessary restrictions in commerce and in the travel of people which otherwise would have occurred.

The expectancy of life in the United States has considerably increased in the past 20 years. From our own studies, those of the Metropolitan Life Insurance Co., and the Milbank Memorial Fund, it can be definitely stated that this is due to the saving of lives in the younger age groups and not to any increased expectancy from an adult viewpoint. As Miss Wiehl of the Milbank Memorial Fund says, "Mortality among infants, children, and young adults has declined strik-

ingly, but among older adults death rates have actually increased during the past half century."

Such diseases as heart disease, which, according to Dr. Dublin, claim more victims than tuberculosis and cancer combined, diabetes, and cancer, are actually on the increase.

The Public Health Service has been able to contribute only a little to our knowledge of the causes and prevention of these diseases, due to the more immediate importance of other public-health problems. Their importance, however, is recognized and if the adult of today is to look forward to any increase in his expectancy of life it will be through an attack on these conditions.

Venereal diseases form one of our major social problems in causing disability during the most active years of life as well as contributing substantially to the death rate in the older age periods.

The Public Health Service has attacked these problems, first, in aiding States in the development of venereal-disease clinics for the treatment of those already infected, a measure which has been extensively tried out in England with an actual reduction in infected cases in the last few years; second, in cooperative studies with States and universities in studying the success of different forms of treatment in the cure of syphilis; third, the study of methods of making recently infected cases noninfectious in order to prevent the spread of the disease.

The continuance and expansion of such investigations form the **only** practical methods of bringing these diseases under control.

Again it has been physically impossible from the standpoint of personnel and expense to meet within a reasonable time the requests of State governments for studies of their State departments of health for the purpose of reorganization along effective lines and for assistance in developing logical and efficient ordinances in milk sanitation and control. The Federal Government's participation and leadership in this field depends entirely on its investigations of public-health procedures and their effect in the reduction of disease. The investigation of such procedures requires the most careful and tedious study but their value to the States is that they form the basis of successful accomplishment in public-health administration.

The few brief examples of the type of public-health investigations which are carried on by the Public Health Service do not in any way cover the whole field of public health, nor do they give any evidence of the number of similar problems of equal importance which are now before the Service. They do serve, however, to explain the interstate and national aspects of the investigational work of the Public Health Service which will be accomplished with the increased funds provided under this section.

There is appended herewith a brief history of the Division of Scientific Research of the Public Health Service, together with a statement of its major accomplishments since its inception in 1887.

#### HISTORY OF DEVELOPMENT

By successive laws enacted by Congress during the period 1799 to 1879, the public-health activities of the Service at the beginning of the year 1880 were concerned with the conduct of maritime quarantine, the taking of measures in the case of epidemics, the making of quarantine regulations for the prevention of the introduction of cholera, the collecting of sanitary data and publishing of the Public Health Reports, and cooperation with State and local authorities in the prevention of the introduction of infectious and contagious diseases.

#### ESTABLISHMENT OF THE HYGIENIC LABORATORY-NOW CALLED THE "NATIONAL INSTITUTE OF HEALTH"

Independent studies of yellow fever and other diseases were made necessary on account of their occurrence in epidemic form, and it became apparent that provision should be made for conducting studies relating to the public health. In 1887, therefore, the hygienic laboratory was established at the Marine Hospital, New York, for investigations of contagious and infectious diseases and matters pertaining to public health. Its first director was Passed Assistant Surgeon J. J. Kinyoun.

With the establishment of this laboratory the work of the Service in the field of scientific research had its definite origin. Scientific studies and investigations of yellow fever, cholera, malaria, tuberculosis, pneumonia, and the potency of various gaseous disinfectants were immediately undertaken, and the officer in charge of the laboratory was detailed to make observations and studies in foreign

laboratories in order that he might conduct the work of the hygienic laboratory in accordance with the best thought at the time.

A second, though temporary, laboratory was established in 1889 at the quarantine station at Key West on Dry Tortugas Keys for the specific purpose of making studies of yellow fever.

In 1891 the removal of the Bureau headquarters to the Butler Building, across from the south end of the capitol, made possible the transfer of the hygienic laboratory from the Marine Hospital in New York to the upper story of the new building. The change was deemed advisable in order that the laboratory might be more available for service in connection with other institutions and that better supervision in the work might be conducted.

*Leprosy commission formed.*- A commission for studying leprosy in the United States was appointed in 1899.

*Plague laboratory opened.*-The following year witnessed the establishment of the Federal plague laboratory at San Francisco. The latter was made necessary by the appearance of plague on the Pacific coast in 1900, and the successful results accomplished in fighting the disease must be attributed in part, at least, to the work **done** at that laboratory.

Upon the second appearance of plague in San Francisco in 1907, the same agency was again utilized to determine the extent of the infection, and following the discovery that ground squirrels were infected with plague, a branch plague laboratory was established in the region of their habitat in order to extend the scientific investigations into this fertile but hitherto unrecognized field.

#### HYGIENIC LABORATORY BUILDING PROVIDED

In 1901 the work of the hygienic laboratory had increased to such proportions that a proper building was necessary, and by an act of Congress approved March 3, 1901, an appropriation of \$35,000 was made for an additional building for investigations of contagious and infectious diseases and matters pertaining to the public health. Approximately 5 acres of land which were a part of the old naval hospital grounds were transferred to the Treasury Department as a site for the new building.

Passed Assistant Surgeon M. J. Rosenau, who was the director of the hygienic laboratory, recommended that the main work of the laboratory be divided into four large divisions: (1) Chemistry division, (2) biological division, (3) pharmaceutical division, and (4) pathological division, with a chief for each division. These recommendations were put into effect by an act of Congress July 1, 1902, provision then being made for a director of the hygienic laboratory and for placing certain persons in charge of the divisions of chemistry, zoology, and pharmacology.

#### DIVISION OF SCIENTIFIC RESEARCH ORGANIZED

The organization of a Bureau division of scientific research was effected September 1901. By an act of Congress approved July 1, 1902, this and other divisions of the Bureau received definite status in law and authorization was given for the appointment of assistant surgeons general in charge of them.

The affairs of the hygienic laboratory, so far as they required Bureau action, were included in this division. By an act approved July 1, 1902, Congress reorganized the Marine Hospital Service into the Bureau of Public Health Service, and the following sections of this act have a direct bearing on the developments of the division:

"SEC. 5. That there shall be an Advisory Board for the Hygienic Laboratory provided by the act of Congress approved March 3, 1901, for consultation with the Surgeon General of the Public Health and Marine Hospital Service relating to the investigations to be inaugurated and the methods of conducting the same in said laboratory. The Board shall consist of three competent experts to be detailed from the Army, the Navy, and Bureau of Animal Industry \* \* \* which experts with the Director of the said laboratory shall be ex officio members of the Board and serve without additional compensation. Five other members of said Board shall be appointed by the Surgeon General of the Public Health and Marine Hospital Service with the approval of the Secretary of the Treasury who shall be skilled in laboratory work in its relation to the public health, and not in regular employment of the Government \* \* \*.

"SEC. 6. That there shall be appointed by the Surgeon General with the approval of the Secretary of the Treasury, whenever in the opinion of the Surgeon General commissioned medical officers of the Public Health and Marine Hospital Service are not available for this duty by detail, competent persons to take charge

of the divisions, respectively, of chemistry, zoology, and pharmacology of the Hygienic Laboratory \* \* \*."

#### CONTROL OF BIOLOGIC PRODUCTS AUTHORIZED

In addition to the above, another act of Congress was approved July 1, 1902, entitled "An act to regulate the sale of viruses, serums, toxins and analogous products in the District of Columbia, to regulate interstate traffic in said articles, and for other purposes." This act and the regulations drawn up in accordance with it, required that establishments manufacturing biologic products be inspected by a medical officer of the Service and upon his report, when acted upon by the sanitary board of the Service, is based the decision whether establishments shall be granted licenses for the manufacture of these products.

*Research division of the connecting link.*—The Division of Scientific Research of the Public Health Service thus became in 1902 the connecting link between the administrative office and the several scientific laboratories.

*Leprosy investigations established.*—The work of the division was continued along similar lines with some enlargement of the laboratories until 1905 when, as a result of the studies of leprosy conducted by the Commission of 1399, provision was made by Congress March 3, 1905, for an investigation station in Hawaii which should be devoted to studies of leprosy and the care of lepers in the island.

#### CHARACTER AND GROWTH OF SCIENTIFIC WORK

By the end of the fiscal year 1906 the activities of the Service had resulted in a gradual but steady increase in the work of the Scientific Research Division.

The necessity for scientific investigations which involved far more than purely laboratory work frequently arose and it became one of the duties of the Division of Scientific Research to designate its officers who could conduct such work to the best advantage, even though they were not at the time on duty at the laboratory, and to supplement such investigations by the technical skill of men in one or other of the laboratory divisions.

In the work of the division up to the year 1912 there was a steady growth which included participation in the work of the Puerto Rico Anemia Commission, investigations of Rocky Mountain spotted fever, the operation of the Yellow Fever Institute, studies of the phenomena of anaphylaxis, special studies of milk in relation to public health, and the standard unit for tetanus antitoxin which has been devised came into general use. In 1908 studies of pellagra were undertaken and antirabic treatments were made available for shipment to State boards of health. In 1909 studies of Mexican typhus fever were undertaken and its transmission by body lice proven. Studies of health problems in rural districts were begun. In 1910 sanitary surveys of the pollution of navigable waters were begun and in 1912 investigations of trachoma among the Indians and eastern mountaineers were made and systematic preventive measures among the latter were advised.

#### FIELD INVESTIGATIONS AUTHORIZED

It had long been recognized that there was need of additional authority to undertake systematic field investigations of scientific and practical public health problems, and by an act of Congress approved August 14, 1912, the name of the service was changed from the Public Health and Marine Hospital Service to the Public Health Service, and its powers were broadened as follows:

"The Public Health Service may study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution either directly or indirectly of the navigable streams and lakes of the United States, and it may from time to time issue information in the form of publications for the use of the public."

The enactment of this law marked the beginning of a new epoch in the development of public-health work by the Government.

*Organization of field work.*—The organization of the work of the Division of Scientific Research may be conveniently divided into two general fields, laboratory stations and field offices, although the work of the two are so interrelated that no arbitrary boundary can be set.

#### LABORATORY STUDIES

Four laboratory stations are operated by the Division: The National Institute of Health (formerly the hygienic laboratory), Washington, D. C.; the stream pollution laboratory, Cincinnati, Ohio; the Rocky Mountain spotted fever lab-

oratory, Hamilton, Mont.; the cancer investigations laboratory, Harvard Medical School, Boston, Mass.

*The National Institute of Health.*-The developments of the National Institute of Health (formerly the hygienic laboratory) have already been referred to. By the act of October 30, 1918, Congress authorized the second building at a limited cost of \$250,000, and again on May 26, 1930, under the so-called "Ransdell bill," Congress changed the name of the hygienic laboratory to that of the National Institute of Health, and authorized the construction and equipment of additional buildings in the amount of \$750,000. This act also authorized the Secretary of the Treasury to accept on behalf of the United States gifts made for the study, investigation, and research into the fundamental problems of diseases of man and matters pertaining thereto and for the acquisition of grounds or for erection, equipment, and maintenance of buildings, and the Surgeon General with the approval of the Secretary of the Treasury was authorized to establish and maintain fellowships in the National Institute of Health from funds donated for this purpose. It also granted authority for scientists who were selected and appointed as fellows to prosecute their investigations in other localities and institutions than the National Institute of Health and in this and other countries during their term as fellows, and provided that facilities of the Institute could be made available to bona fide health authorities of States, counties, or municipalities for purposes of instruction and investigation.

A previous act in the same year, namely, April 9, 1930, authorized the Surgeon General of the Public Health Service to detail personnel of the Public Health Service to educational and research institutions for special studies of scientific problems relating to public health and extended the facilities of the Public Health Service to health officials and scientists engaged in special studies. In addition, the Secretary of the Treasury was authorized to establish additional divisions in the National Institute of Health as he might deem necessary to provide agencies for the solution of public health problems, and facilities therein for the coordination of research by public health officials and other scientists and for demonstrations of sanitary methods and appliances.

In 1934 the Secretary of the Treasury allotted \$100,000 for an experimental station for the breeding and rearing of pure strains of animals used by the National Institute of Health in connection with the control of biologics. Ninety acres of ground have been offered by a private citizen of Bethesda, Md., as a gift to the Secretary of the Treasury for the National Institute of Health for this purpose.

*Stream pollution laboratory.*- In 1913 under the direction of Surg. W. H. Frost, the old Marine Hospital at Cincinnati, Ohio, was put into condition and began operations as a laboratory for studies in stream pollution and sewage disposal.

*Rocky Mountain spotted fever laboratory.*-The studies of Rocky Mountain spotted fever which began early in the present century were finally concentrated at the field laboratory of the State of Montana at Hamilton. Under an act of Congress, February 27, 1931, the Secretary of the Treasury was authorized to purchase this laboratory and to erect a second laboratory at a limited cost of \$75,000 each. Since that time funds have been secured from the Public Works Administration in the amount of approximately \$180,000 for the erection of animal buildings and quarters.

*Cancer investigations laboratory.*-This laboratory was established in 1922, occupying space in the section of preventive medicine and hygiene at Harvard Medical School, Boston, Mass. Through the courtesy of that institution this laboratory has been developed and maintained since that time.

#### FIELD INVESTIGATIONS

The field investigation offices of the Public Health Service are developed and maintained in accordance with the necessity arising in their particular fields of work. These offices are not permanent institutions but their work may be enlarged or terminated or additional offices may be established as the demand of research work of the Public Health Service indicates. At the present time these field offices consist of heart disease investigations (in cooperation with the National Institute of Health and the University of Pennsylvania) ; leprosy investigations; malaria investigations; nutritional disease investigations; plague investigations; Rocky Mountain spotted fever investigations; child hygiene investigations; milk investigations; Public Health methods investigations; statistical investigations; industrial hygiene and sanitation investigations; amebic dysentery investigations; encephalitis investigations, and poliomyelitis investigations.

ACHIEVEMENTS OF THE DIVISION OF SCIENTIFIC RESEARCH IN THE FIELDS OF  
MEDICAL AND PUBLIC HEALTH SCIENCES

It is not believed desirable to set down the many contributions of the Division of Scientific Research of the Public Health Service in the fields of medical and public-health sciences. There are, therefore, tabulated below only the outstanding achievements of the laboratories and field offices of the division.

LABORATORIES

National Institute of Health:

- Control of biological products for human use. Six official standards devised and promulgated as follows: Diphtheria antitoxin, scarlet fever streptococcus antitoxin, tetanus antitoxin, botulinus antitoxin, perfringens antitoxin, and gas gangrene antitoxin (*Vibrio septique*). In addition, preparation and distribution to commercial laboratories of technic for 12 official tests. Thirty-nine domestic and 10 foreign establishments holding licenses as of December 1934.
- Prevalence and geographic distribution of hookworm disease in the United States. 1903. Stiles.
- Rocky Mountain spotted fever. Identification of the carrier tick; Anderson, 1903. Zoological investigation into the cause, transmission, and source; Stiles, 1905. Preparation of a prophylactic vaccine; Spencer, 1924. Identification of the disease in the eastern part of the United States; Badger, Dyer, and Rumreich, 1931 (Rocky Mountain spotted fever laboratory and National Institute of Health).
- Anaphylaxis (simultaneously with R. Otto, Vienna) ; Rosenau and Anderson, 1906.
- Origin and prevalence of typhoid fever in the District of Columbia. Facts developed in these investigations contributed largely to the 10 years' campaign for general sanitation waged by the service and State health departments; Rosenau, Lumsden, Kastle, Goldberger, Stimson, Stiles, 1907-10.
- Milk and its relation to the public health; various workers, 1908.
- Observations on administration of thyroid substance developed a biological method for standardization of thyroid hormone; Hunt and Seidell, 1909.
- Fundamental investigations of oxidases; Kastle, 1909.
- Chemical tests for blood; Kastle, 1909.
- Studies of synthetic cholin derivatives opening up a wide field of physiological research; Hunt and Taveau, 1909-10.
- Tularemia; plaguelike organism identified; McCoy and Chapin, 1909. Etiology; Francis, 1919-21. Geographic distribution and visibility of organism; Francis; subsequent to original studies.
- Facts and problem of rabies; Stimson, 1910.
- Infections period of measles; Anderson and Goldberger, 1911.
- Typhus; relation of Brill's disease to typhus; Anderson and Goldberger, 1912. Experimental transmission of endemic typhus by rat flea; Dyer, Ceder, Rumreich, and Badger, 1931.
- Method of standardizing disinfectants; Anderson and McClintic, 1912.
- Pellagra; Goldberger, Wheeler, Waring, and Willets, 1915.
- Studies on reconstructed milk; Phelps, Stevenson and Shoub, 1919.
- Trinitrotoluene poisoning; Voegtlin, Hooper, Elvove, Livingston, and Johnson, 1920.
- Studies of oxidation reduction phenomena with special reference to its biological significance; Clark, Elvove, Gibbs, Cohen, and Sullivan, 1920-27.
- Development of a specific test for cysteine and its utilization in biological investigations; Sullivan, 1921-24.
- Amebiasis; 20,000 specimens from returned soldiers examined with negligible findings; Stiles, 1921. Chicago epidemic and uncovering of carrier problem; McCoy, 1934 (studies still under way).
- Studies on alum process for clarification of water leading to practical improvements; Miller, 1922-25.
- Identification of pellagra with blacktongue of dogs; Wheeler, Goldberger, and Blackstock, 1922. Experimental blacktongue; Goldberger and Wheeler, 1928.
- Pollution of underground water; Stiles and Crohurst, 1923.
- Botulism; studies of causative organisms; Bengtson, 1924.
- Relation of contagious abortion of cattle to undulant fever of man; Evans, 1923.

## National Institute of Health-Continued

- A new vitamin, B<sub>2</sub>, found in brewers' yeast; Smith and Hendrick, 1926.
- Tetraethyl lead in gasoline; Leake et al., 1926.
- Encephalitis; etiology of epidemic encephalitis; Evans and Freeman, 1926.
- Postvaccinal; Armstrong, 1929. Isolation of a new virus; Armstrong and Wooley, 1934.
- Tetanus following vaccination, avoidance of shields; Armstrong, 1927.
- Fundamental studies of the sugars including development of improved methods of preparing various sugars for use in bacteriology; Hudson, Jackson, Hann, Hockett, Merrill, and Montgomery, 1925 (and still under way).
- Infective agent of psittacosis; Armstrong, McCoy, and Branham, 1930.
- Use of convalescent blood for treatment proposed; Stimson, 1930.
- Identification of adulterant causing "ginger Jake" paralysis; Smith, and Elvove, 1930.
- Prevention of fatal bichloride poisoning by use of formaldehyde sulphonylate; Rosenthal, 1933-34.

## Stream Pollution Investigations:

- Studies on the treatment and disposal of industrial wastes.
  - Treatment and disposal of strawboard wastes.
  - Purification of tannery wastes.
  - Purification of tomato canning wastes.
- Studies of the pollution and natural purification of streams.
  - Plankton and related organisms.
  - Factors in the phenomena of oxidation and reaeration.
  - The oxygen demand of polluted waters.
- Studies of the efficiency of water purification processes.
- Studies of the pollution and natural purification of the Ohio River, Illinois River, and Mississippi River.
- Laboratory and experimental studies of water purification.
  - Hydrogen ion concentrations in relation to the formation of floc in alum solutions.
  - The ortho-tolidine reagent for free chlorine in water.
  - Effects of modifications in coagulation-sedimentation on the bacterial efficiency of preliminary water treatment in connection with rapid-sand filtration.
  - Prechlorination in relation to the efficiency of water filtration processes.
  - Influence of the plankton on the biochemical oxidation of organic matter.
  - Rate of disappearance of oxygen in sludge.
  - Dissolved oxygen in the presence of organic matter, hypochlorites and sulphite wastes.
  - Nitrification in sewage mixtures.
- Treatment and disposal of sewage.
  - Studies of the excess oxygen method for the determination of biochemical oxygen demand of sewage and industrial wastes.
  - Studies of the biological processes in activated sludge.

## Cancer Laboratory:

- Studies of the biological action of X-rays and electro-magnetic radiation.
- Cytological studies in relation to the growth of normal and malignant tissue.
- Studies of the carcinogenic substances in the genesis of tumors.
- Studies of the resistance and susceptibility of malignant growths.
- Studies of the effect of certain bacterial products on malignant growths.

## FIELD INVESTIGATIONS

## Milk Investigations:

- Development of the Public Health Service Milk Sanitation Code (now adopted by over 600 municipalities).
- Studies of the processes for pasteurization of milk supplies which lead to the development of design and operation specifications for pasteurization machinery.

## Studies of Public Health Methods:

- Determination of the effectiveness and economy of public health practices.

## Statistical Investigations:

- Studies of the principal causes of illness and the elements of population most seriously effected.
- Studies of the common cold and related respiratory diseases in inter-epidemic periods,

## Child Hygiene Investigations:

Studies in relation to the growth and development of children.

## Industrial hygiene investigations:

Development of survey methods for the determination of industrial hazards.  
Studies of the health of workers in dusty trades.

## Studies of specific industrial poisons:

Carbon monoxide.

Lead.

Radium (painting watch and clock dials).

Benzol.

Methyl and ethyl bromide.

Methyl and ethyl chloride.

Ethyl benzene.

Ethylene oxide.

## Ventilation studies.:

Efficiency of ventilating devices as found in actual practice.

Studies of industrial dermatitis.

Studies of abnormal temperature and humidity.

Studies of illumination.

Effects of certain sizes of windows, and ceiling heights on the distribution of natural illumination.

## Malaria investigations:

Determination that *A. quadrimaculatus* is the principal vector of malaria in the United States.

Studies of malaria control through (1) drugs, (2) screening, (3) drainage, (4) larvicides, and (5) biological methods.

Studies of laboratory propagation of mosquitoes and malaria therapy of syphilis of the central nervous system.

Studies of convection of mosquitoes in airplanes to the United States from other countries.

## Heart disease:

Production of rheumatic heart disease in animals by means of scurvy diet and injection of streptococcus toxin.

## Nutrition:

Studies of fluorides in relation to mottled enamel in children.

Study and determination of the pellagra-preventive foods.

## Leprosy investigations:

Epidemiological considerations in the study of leprosy.

Determination of the probable mode of infection in rat leprosy.

Studies of the relationship of rat and human leprosy to the diet.

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**USE OF THE PROPOSED FUND FOR AID TO STATES**

It is proposed that the \$8,000,000 to be appropriated annually for aid to States would be used in the following manner:

1. To strengthen service divisions of State health departments.
2. To assist in providing adequate facilities in State health departments especially for the promotion and supervision of full-time city, county, and district health organizations.
3. To give, through the State health departments, direct aid towards the development and maintenance of adequate city, county, and district health organizations.
4. To assist in developing trained personnel for positions to be established in the extension of city, county, and district health organizations.
5. To provide, through the State health departments, aid in the purchase of biological products and other drugs needed for individual immunization and other preventive activities among the poor.

While it is considered unlikely that all of that part of the \$8,000,000 allocated to aid of State and local health organizations which would be used for the development and maintenance of full-time county or district health units could be utilized satisfactorily in the organization of such units during the first year, it is proposed that the funds available for this purpose could be used to great advantage temporarily to aid the most needy of the 2,000 counties now without any health service whatever in providing at least a public health nursing service until adequate full-time health service under full-time specially trained medical health officers can be established.

With respect to the basis for distribution of the \$8,000,000 fund among the several States, the bill provides that the allotments should be made according to the demonstrated need in each State. In determining such need, it is proposed that consideration be given to size of population, but with due regard to other factors involved.

It is proposed that funds would be allotted to the States on the basis of budgets showing contributions from State and local sources for each project for each year, and that the maintenance of certain generally accepted standards of personnel qualifications and service would be required.

The attached statement shows the organization and functions of a county or district health unit.

In spite of the curtailment of appropriations for health work in recent years there is at present a shortage of individuals trained for health work. The public-health field has not heretofore attracted a surplus of trained workers, for the reason that the slow development made opportunity for employment too uncertain.

Should the Federal, State, and local governments join in a movement for rapidly extending full-time local health service throughout the country, the first step must be the training of a large number of workers. It would be useless and wasteful to attempt further expansion without first creating a reservoir of trained workers. It is believed that the Federal Government should do its part toward the training of this personnel, and since the types of young physicians and nurses usually selected for health work are not usually able to provide support for themselves during the training period, it is considered proper that they should, while training, receive a small stipend sufficient to meet their living expenses. The Rockefeller Foundation, which has for some years contributed annually to the training of selected groups of young physicians for health work, has made a practice of allowing a living stipend to trainees.

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#### THE ORGANIZATION AND FUNCTIONS OF A COUNTY HEALTH UNIT

State Health Department:

Division of county health work (general supervision and technical advisory service).

County Health Department:

County board of health (determination of policies and promulgation of regulations).

County health officer (direction of executive staff):

Public-health nurses.

Sanitary inspectors.

Milk and food inspector.

Laboratory technician.

Clerk.

#### ACTIVITIES

1. Educational:
  - a. Health lectures.
  - b. Bulletins distributed.
  - c. Newspaper articles.
  - d. Letters.
  - e. Health exhibits.
2. Sanitary inspection:
  - a. Private premises.
  - b. Schools, stores, camps, etc.
3. Special inspections:
  - a. Dairies.
  - b. Other food handling places.
4. Examinations:
  - a. Life-extension advice.
  - b. Diagnostic clinics for mothers and infants.
  - c. Food handlers.
  - d. Diagnostic chest clinics for tuberculosis.
5. Communicable disease control:
  - a. Visits to cases.
  - b. Advice to mothers on preventive measures.
  - c. Isolation of cases and quarantine of contacts.
6. Immunizations:
  - a. Antityphoid vaccinations.
  - b. Smallpox vaccinations.
  - c. Diphtheria prevention (toxin-antitoxin and toxoid).
  - d. Schick tests.
7. Child hygiene:
  - a. Prenatal:
    1. Cases visited and advised.
    2. Office conferences.
    3. Group conferences.
    4. Midwives instructed.

## ACTIVITIES--continued

7. Child hygiene-Continued.
  - b. Infant and preschool:
    1. Babies and children examined.
    2. Advisory office consultation, mothers.
    3. Group conferences, mothers.
    4. Home visits.
  - c. School:
    1. Children examined.
    2. Home visits.
    3. Defects corrected.
    4. Health instruction to teachers.
    5. Nutritional classes.
8. Malaria control (in areas where applicable) :
  - a. Elimination of breeding places of mosquitoes.
  - b. Advice on screening.
9. Excreta disposal:
  - a. Extension of sewer systems recommended.
  - b. Construction of sanitary outside toilets.
10. Water supplies:
  - a. Advice to rural residents on protection of water supplies.
  - b. Protection of roadside supplies.
11. Laboratory examinations:
  - a. Examinations for physicians, communicable diseases.
  - b. Examinations for release of cases and contacts.
  - c. Milk and water samples.
12. Records:
  - a. Vital statistics.
  - b. Records of activities.
13. Cooperation with other local official and voluntary organizations.

SEATTLE, December 13, 1934.

Hon. HENRY MORGENTHAU, Jr.,  
Secretary of the Treasury, Washington, D. C.

**MY DEAR MR. MORGENTHAU:** For 7 years it was my privilege to occupy the position of commissioner of health to the city of Seattle. During that period Seattle established some national records and, as a result, the other cities, towns, and counties of this State followed Seattle's health program. Many of our counties are sparsely settled and had to receive assistance at that time from the United States Public Health Service, also from private agencies. During our present economic stress, this source of revenue has been discontinued and as a result, the health work in several counties completely abandoned.

May I urge that the Treasury Department expand the program of the Public Health Service. An expansion of the Federal Public Health program, particularly along the lines of child welfare, will awaken the various States, counties, cities, and towns of this Nation to a fuller realization of the value these children of today have to national welfare tomorrow.

We are emerging from this national economic stress and when that day arrives, I trust this country will not be handicapped by men and women deficient in physical or emotional health.

Sincerely,

E. T. HANLEY, M. D.

Hon. FRANKLIN D. ROOSEVELT,  
The President of the United States,  
Washington, D. C.

Hon. HENRY MORGENTHAU,  
Secretary of the Treasury, Washington, D. C.

Local health service most neglected need in Texas. Demand from counties for assistance to establish this service many times exceeds funds at our disposal for cooperative aid. Only 9 counties out of 254 now receiving benefits of county health units. Texas near bottom of list in this service. State not now receiving and never has received outside help commensurate with other Southern States due to weak support given this program by State itself. Am including in next biennial budget 50 thousand per year for county health units. This if secured will only partially meet need. Strongly urge provisions for at least like amount from Federal sources.

JOHN W BROWN, State Health Officer.

VANDERBILT UNIVERSITY,  
Nashville, Tenn., December 14, 1934.

Mr. HENRY MORGENTHAU,  
Secretary of the United States Treasury,  
Washington, D. C.

MY DEAR SIR: I am very much interested in the contributions which may be made by the Federal Government through the United States Public Health Service and Children's Bureau concerning the promotion of public health in the United States. There is today a greater need for the extension of this valuable work than during any preceding period in the history of this country. The population groups in cities face many difficulties with reference to the prevention and control of disease and the maintenance of normal health, and in reality this problem is even more serious in rural areas. The great expansion of this country is such that there are large areas which are yet unprovided for in health protection. In my judgment this can only be accomplished through a cooperative arrangement between the Federal Government and State and local health departments. It is not wise for the Federal Government to disregard its responsibility in the protection of public health! because this is a problem which not only concerns a particular State but also it is of tremendous importance from the standpoint of the relation of populations of the respective States. Disease has no boundaries and it is therefore necessary that the United States Public Health Service and State governments cooperate in working out a larger scheme of public health and institute procedures for its maintenance. There is no escape from this point of view as I understand the problem, and I hope that plans will be developed which will result in the establishment of a larger scheme of public health and its efficient administration. I am thoroughly in sympathy with the effort which is being put forth in this respect.

Yours sincerely,

W. S. LEATHERS, *Dean.*

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CITY OF FARGO, December 10, 1934.

Mr. HENRY MORGENTHAU,  
Secretary of the Treasury, Washington, D. C.

MY DEAR MR. MORGENTHAU: Having noted the small allotment from Federal funds to the Public Health Service, I would urge that, if possible, this amount be increased so that the Public Health Service may be in a position to extend an increased amount of aid and leadership in the support of State and local health work.

The budgets of both of these departments, particularly in the Northwest, have been materially cut in the last few years, and the expenditure of funds in these fields and under the supervision of the Public Health Service can be made to bring good returns.

Very truly yours,

B. K. KILBOURNE, M. D.,  
*City Health Officer.*

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CHILD STUDY ASSOCIATION OF AMERICA,  
New York, N. Y., December 5, 1934.

Mr. HENRY MORGENTHAU, JR.,  
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: In the Child Study Association we are concerned not only with the special welfare of children but all of the family relationships. Much of the insecurity that affects their lives is due to ill health, which is dreaded almost as much as unemployment. I am, therefore, very much interested in the administration's program for social security, especially as it relates to health insurance.

Unemployment insurance, of course, is fundamental and it does not require very much imagination on the part of the public to realize the need for it. The difficulties that arise from the ill health of the breadwinner in a family, or the mother of a household, have much more subtle and devastating aspects. I am therefore, adding my voice to those of all persons interested in the welfare of the public, on behalf of health insurance as an integral part of the Government's social program.

In view of what has been made possible by the remarkable advances in the medical arts and sciences within our own lifetime, we cannot be content with

-the kind of medical help that the masses of people are able to purchase, even though that be superior to what was available a generation ago. Since so much better care is actually possible and feasible under suitable organization, the importance of an early effort to establish a comprehensive system of health insurance cannot be too strongly urged.

Very sincerely yours,

SIDONIE M. GRUENBERG, Director.

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HENRY STREET SETTLEMENT, VISITING NURSE SERVICE,  
New York, January 6, 1935.

Hon. HENRY MORGENTHAU, Jr.,  
Secretary of the Treasury, Washington, D. C.

**DEAR MR. SECRETARY:** Because of the nurses of the Henry Street Visiting Nurse Service visit approximately 2,000 families daily in New York City our nursing committee has been made keenly aware of the health conditions in the homes of the low income groups and in the homes of the unemployed. We are greatly disturbed by the difficulties in maintaining health standards in these homes because of the increased needs of the families and the restricted budgets of health agencies.

We therefore earnestly urge the immediate consideration of public health protection as an essential part of the whole economic security program.

Very truly yours,

MARY H. SWOPE, Corresponding Secretary.

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DECEMBER 7, 1934.

President FRANKLIN D. ROOSEVELT,  
The White House, Washington, D. C.

**DEAR MR. PRESIDENT:** From years of experience in public health in New York State, I am in favor of a program that will round out the work of county health departments under State leadership and guidance.

Leaving the entire responsibility to local interests, influenced by the "depression", has not worked out. There should be some direction from the Federal Government, and it should include some degree of Federal financial support. We are not making use of our present scientific knowledge in the protection and control of disease, and the reason is that we have not as good local administrative machinery as is necessary.

I am writing you this letter to assist to whatever extent it may be in informing you of public opinion.

Yours respectfully,

W. H. Ross.

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THE BERGEN COUNTY MEDICAL SOCIETY,  
December 11, 1934.

The Honorable HENRY MORGENTHAU, Jr.,  
Secretary of the Treasury, Washington, D. C.

**HONORABLE SIR:** The State of New Jersey's Public Health organization leaves the health activities principally in the hands of the nearly 500 municipalities. The larger towns and cities give what might be termed good health service, but the more numerous smaller municipalities' activities are far from ideal, generally speaking. Due to these facts a movement is starting for larger health units, namely county. This unit I well know is considered by the United States Public Health Service as the ideal for efficiency. I also know of a great many counties in the country having been aided by the Federal Government financially and in personnel in setting up these units.

This movement is just being started and will be some time before it actually develops. The legislature has as yet to pass appropriate laws in this State for a county department of health. So as to be prepared in advance, may I ask what Federal aid could be obtained and what procedure would have to be followed to obtain them?

Thanking you for your information, I am,

Very truly yours,

F. EDWARD WHITEHEAD,  
Executive Secretary.

**PIKE COUNTY HEALTH DEPARTMENT,  
MISSISSIPPI STATE BOARD OF HEALTH,  
McComb, Miss., December 13, 1934.**

Mr. **HENRY MORGENTHAU**,

*Secretary of the Treasury and Member Committee on Economic Security,  
Washington, D. C.*

**DEAR MR. MORGENTHAU:** I wish to take this opportunity to impress upon you and the Committee on Economic Security the need for more adequate consideration of Federal legislation concerning State and local health work. The public-health program has not in the past been adequate except in the very few counties where philanthropic organizations have seen fit to lend their financial cooperation. In our State only 25 of the 82 counties have any type of full-time public-health service, and many of the 25 who have full-time service have such to a very inadequate extent. The reason this service is not extended to all counties as it should be, is because of inadequate consideration by our Federal Government to this most important service. May I respectfully insist that you lend your whole-hearted support to obtaining for this service adequate financial consideration by our Federal Government.

I wish to submit for your consideration a few of the health improvements that have been accomplished in Pike County, Miss., as a result of what may be considered fairly adequate health service for a county. This county receives financial assistance from a philanthropic organization to over 50 percent of the total operating expense of the health department. There are 5 nurses, 1 sanitary inspector, 1 veterinarian in charge of milk control, 2 secretaries, 1 dental hygienist, and 1 medical director in the personnel of this department. Every county in the United States should have a similar personnel.

This department was organized on July 1, 1931. The following facts are respectfully submitted:

**SANITATION**

All 64 schools in the county with adequate sanitary toilet facilities; over 1,600 sanitary toilets in homes; improvements made in all public water supplies making them safe; and over 25 miles of ditches opened in the control of mosquito breeding.

From a survey made in this State in 1932 by the Rockefeller Foundation it was found that approximately 30 percent of the population of Mississippi was infested with hookworm. This department has been fighting this disease constantly since 1931, and to date we have reduced this to approximately 4 percent of the population infested in the county.

**FOOD AND MILK CONTROL**

All food-handling establishments made to comply with State sanitary regulations. Construction of an abattoir, where formerly none existed meeting United States Public Health Service requirements. Installment of a \$3,000 grade "A" pasteurizing plant where none formerly existed in the county. Three of the four municipalities of the county have adopted the United States Public Health Service milk ordinance. United States Public Health Service rating revealed that above 90 percent complied with this milk ordinance in McComb. Grade "A" raw milk placed in all schools in the county and served with hot lunches in 1933 and 1934. All cows supplying milk for human consumption in the county have been tuberculin tested each year since 1932. All persons handling food in the county are given annual physical examination for contagious diseases.

**MEDICAL AND NURSING SERVICE**

Typhoid deaths reduced to nil in 1932; typhoid cases reduced from previous 5-year average of 19 to 5 in 1934; diphtheria deaths reduced to nil in 1934; diphtheria cases reduced from a previous 5-year average of 36 to 11 in 1934; scarlet fever cases reduced from a previous 5-year average of 22 to 17 in 1934.

As result of an intensive case-finding program, tuberculosis cases found, and properly cared for, increased from a previous 5-year average of 10 to 108 known cases in 1934. Deaths from tuberculosis have not increased in proportion showing that the disease has not increased but that the case-finding program is successful. The number of deaths remained from 18 to 21 during the existence of the health department in the county.

Maternal death rate for those under supervision of the health department in 1933 was nil, and for those not under supervision it was 11.4. More than 50 percent of the total antepartum **cases** were rendered service by the health department.

Total maternal death rate was reduced from a previous 5-year average of 9.9 to 5.3 in 1934. Infant death rate has been reduced from a previous 5-year average of 66.4 to 59.3 in 1933. Diarrhea and enteritis under 2 years death rate has been reduced from a previous 5-year average of 20.1 to 9.1 in 1934.

I will appreciate your careful consideration of the material herein submitted. It is my sincere belief that such results can be obtained in any county in the United States if our Federal Government will make it financially possible for adequate health departments to be organized.

Again thanking you, and with kindest regards, I am  
Respectfully yours,

**PAUL HANEY, Jr., M. D.,**  
*Director Pike County Health Department and  
Fellow and Life Member American Public Health Association.*

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**MICHIGAN DEPARTMENT OF HEALTH,**  
*Lansing, Mich., January 17, 1935.*

**HENRY MORGENTHAU, Jr.,**  
*Secretary of the Treasury, Washington, D. C.*

**DEAR MR. MORGENTHAU:** Members of the public-health profession have noted with considerable satisfaction the recent Federal appropriation for rural health problems. The \*interest of the Federal Government in this type of project sponsors the hope that future public-health appropriations will be commensurate, with those for other governmental projects.

The most cursory examination of the history of public-health organizations from the United States Public Health Service to the smallest health unit will show splendid investment returns. It is only necessary to consider the low mortality and morbidity rates of communicable diseases and the improved status of water and sewage conditions to realize this fact.

Those interested in public health have always found it difficult to put across sound campaigns because of a decided lack of governmental interest. Health departments have functioned on sadly inadequate budgets while other governmental organizations commanding greater public interest have been more generously treated. It has been axiomatic that it takes an epidemic to stir the interest of the Government or the people in the business of health.

The budget reductions brought about by the depression have not only served to reduce public-health activities to the minimum, but in many instances have wrecked all semblances of sound public-health organization. In this organization it has been necessary to reduce personnel, salaries, and supplies incidental to regular procedures to a point where it has become almost impossible to supply the medical profession with adequate diagnostic service. Research effort is at a standstill. The high caliber of laboratory work has been maintained principally because of the fine loyalty of the staff. This loyalty cannot be expected to carry the organization forever. The present budget level will deprive the medical profession of valuable laboratory services which have become indispensable and in the end the public will suffer.

No one need argue the value of the United States Public Health Service or the National Institute of Health yet many projects in which both services have long been interested cannot be developed because of lack of funds. This is true for all types of health organizations.

This is not in keeping with the aid of the "new deal". Constant research must support sound laboratory service if disease rates are to be further reduced. The need for constant research is indicated by the high mortality still existent in diseases such as pneumonia, tuberculosis, and whooping cough.

Every member of the public-health profession considers the recent Federal appropriation to be a sign of governmental interest to be followed later with appropriations for other worth while public health projects. It goes without saying that success in social welfare must be predicated upon sound public health..

Very truly yours,

**G. D. CUMMINGS,**  
*Ph. D., Assistant Director, Bureau of Laboratories.*

## CLAIBORNE PARISH HEALTH UNIT,

*Homer, La., December 17, 1934.*Hon. **HENRY MORGENTHAU, Jr.**,*Secretary of the Treasury, Washington, D. C.*

**DEAR SIR:** Owing to the reduction and practical abandonment of all Federal aid in rural and local health departments under the present administration, we feel it our duty to make a direct appeal to you for help.

Our work in preventative medicine has been greatly retarded, and our infants and childrens' bureaus have been practically abolished. If some measures of support and relief are not given in the very near future the results will be disastrous.

It is with great difficulty that rural units are able to carry on at all due to the curtailment of local funds, and the abolishment of all Federal support. The amount originally allotted us was never sufficient to put on a good health program.

The health associations in the rural sections feel that they can pay you good dividends on all money allotted to this type of work. Health is paramount, and nothing is of any account if we lose it. To a certain extent public health is purchasable and is largely controlled by the public and financial support it receives.

Respectfully,

Dr. H. R. **MARLATT,***Director Claiborne Parish Health Unit.*


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**WINSTON SALEM, N. C., December 7, 1934.**
Hon. **HENRY MORGENTHAU, Jr.**,

Most States are greatly handicapped financially in carrying on their health program. North Carolina unfortunately is one of the number. The United States Government could not appropriate money more usefully than in protecting the health and lives of its citizens. Will you please use your influence to see that this important work is not crippled on account of lack of funds.

S. D. **CRAIG,***Vice President State Board of Health, North Carolina.***LETCHER COUNTY HEALTH DEPARTMENT,***Whitesburg, Ky., December 9, 1934.*Hon. **HENRY MORGENTHAU,***Secretary of the Treasury, Washington, D. C.*

**DEAR SECRETARY MORGENTHAU:** I understand that President Roosevelt has set up a Council on Economic Security, and that Miss Francis Perkins, Secretary of Labor, is chairman of this council. I feel confident that one of the purposes of the Council on Economic Security will be the preservation of our national health to the fullest possible extent. It seems to me that the welfare of the Nation's health can be best supervised by the continuation of the many full-time county health units. As the United States Public Health Service is one of the bureaus within the Treasury Department, I know that you, Mr. Secretary, are an ardent friend to rural public-health work.

As a public-health official myself now for some 5½ years here in this county (Letcher) I feel that the varied work done by a county health unit is indispensable to the welfare of any community. It is very difficult to understand why as yet, that some sections still attempt to make out without such an invaluable service at such a very small cost per individual. I can point with a great deal of pride that here in my county the vast majority of the population are intensely interested in our public-health program, that only a few of the "die-bards" offer destructive criticism.

Before the installation (1927) of this county health unit, the preventable communicable diseases were exceedingly prevalent; smallpox was still the much-dreaded disease of the past century; typhoid claimed as its victims scores yearly in this county; diphtheria death rate was enormous; there was not a single sanitary privy in Letcher County. Now, thanks, to the efforts of health workers (aided by the local physicians), smallpox is practically an unknown entity here; almost without exception every school child in the county (more than 10,000) is successfully vaccinated against this once much-dreaded malady. Within present calendar

year 1,025 smallpox vaccinations have been done by this staff (only 2 until just recently), and to continue with a few more statistics exactly 5,260 individuals have been the recipients of the typhoid vaccine since January 1, 1934. Also, furthermore, 1,254 children have been made safe from childhoods' most dangerous malady by the simple diphtheria toxoid inoculation within the past 11 months.

I can add, Mr. Secretary, that all but four schools in the county to date have the protection of well-constructed sanitary privies, and there are scores of others throughout the county, besides; at the present moment, the inspector is working daily with the relief men building toilets for two coal companies. Moreover, this health unit did 4,710 tuberculin tests last year with home visits made on the positive reactors. An intestinal parasite survey was conducted in which 2,153 stool specimens were collected for analyses; 789 children showing infestation were personally treated for the expulsion of the parasites.

Besides we have a very good prenatal clinic here in which we are doing "our bit" to help reduce the maternal death rate, in which the records shamefully state that more than 16,000 mothers are sacrificed annually in the ordeal of child-bearing. In conjunction with the maternity clinic we held the past year 36 child-health conferences which 754 children attended.

The figures quoted above are only the major phases carried on by any well-functioning health units. We feel that much is being accomplished; we know that the field is hardly scratched yet, and that without the cooperation and assistance of your Bureau in Washington the work must go on a decline. The local county government is sorely pressed for funds; the fiscal court like so many these trying days "look for help" toward Washington. Unless Federal aid is maintained, and perhaps increased, then a number of county-health units must necessarily be abandoned due to failure of local appropriations.

Knowing that you, Mr. Secretary, must be a public-health enthusiast, we look to you for assistance in our cause.

Very respectfully,

R. D. COLLINS, M. D.,  
*Director, Letcher County Health Department.*

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THE STATE UNIVERSITY OF IOWA,  
*Iowa City, December 31, 1934.*

Hon. HENRY MORGENTHAU,  
*Secretary of the Treasury, Washington, D. C.*

**DEAR MR. MORGENTHAU:** I am writing to urge that measures be undertaken to bring order out of present chaos and to make possible an orderly and rapid development in our organization to safeguard the health of the American people.

The chaos in health organization lies (nationally) in the distribution of responsibilities of a public-health nature among so many governmental departments. This, I feel, will never be remedied until we have a Federal department of health. I would like to see the United States Public Health Service elevated to the status of a full department, in which will be concentrated all Federal public health activities.

The chaos exists most acutely in local health organization. Nothing could be more deplorable than this. It is obvious, I believe, that if a community is to have a sustained and consistent application of modern knowledge relative to the prevention of disease, it must depend upon its local health organization. If this be true, then the local health official is the most important officer in the entire administrative set-up, insofar as the community is concerned. In other words, this is the health official who is most important to the American people.

I urge that appropriations be placed at the disposal of the United States Public Health Service sufficient to enable the development on a wholesale basis of adequately organized local departments of health, staffed by competent personnel. Subsidies will be required to accomplish this, but I know of no Federal expenditures which, in the long run, will prove of more lasting benefit than these.

Yours respectfully,

M. E. BARNES, M. D.,  
*Professor and Head, and Director of State Hygienic Laboratories.*

## STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH,

*Springfield, December 5, 1934.*

HON. HENRY MORGENTHAU,  
*Secretary of the Treasury, Washington, D. C.*

DEAR MR. MORGENTHAU: It has been brought to the attention of the Department of Public Health of the State of Illinois that the public-health program of the Nation is to be greatly curtailed, and that there is danger that adequate consideration and legislation along that line will not be available.

I wish to urge that there be legislation for Federal aid and leadership in the development and support of local health work in the various States. Many of the State health departments and county health units have not sufficient funds, or are they able to collect funds to carry on essential health work that the public should have during this period of inadequate incomes when the average man is unable to purchase the necessary medical aid. There is grave danger due to lack of rural sanitation, especially in our smaller centers, of epidemics of typhoid fever and an increase of tuberculosis due to poor sanitation and lack of the requisite hygienic measures.

We most earnestly urge consideration of the health conditions of this State, and the various States of the Ohio Valley.

Respectfully yours,

FRANK J. JIRKS, M. D.,  
*Director of Public Health.*

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MIAMI, FLA., *January 10, 1935.*

MR. HENRY M. MORGENTHAU, JR.,  
*Secretary of the Treasury, Washington, D. C.*

DEAR SIR: As president of the Florida Public Health Association, a representative organization affiliated with the American Public Health Association and having among its members the leading workers for the promotion of public health in Florida in State, county, and municipal fields, I wish to express appreciation for the splendid work being done by your Department through the United States Public Health Service. The task of effectively supplementing the work of municipal and State agencies has been a formidable one and your Department is to be congratulated that it has been able to achieve the results you have obtained with the limited funds allotted for that purpose.

It is with the profound conviction that an increased appropriation should be allotted for the widening of your activities in so vital a matter as the promotion of public health that I am addressing you. I feel confident that the public will react with genuine satisfaction to any act of the Congress which will favorably affect the Nation's health.

That a greatly increased appropriation is needed is evident from the following considerations:

1. In a survey made by your Department and by the Milbank Memorial Fund it was shown that the highest sickness rate occurred in families which had suffered the most severe decline in income. "Disabling sickness" was 50 percent higher than in their more fortunate neighbors.

2. While few have been killed outright by the depression, the lowered resistance, due to lack of proper nutrition, has prepared a veritable hotbed for the increase of certain types of disease. There was never a more urgent demand to press the fight against preventable disease, since economic conditions may cause the ground already won through the indefatigable efforts and leadership of the United States Public Health Service to be lost for a generation.

3. There is great need for the extension of community protection and county health programs. Only one-fifth of the rural population of the United States has the benefit of organized health machinery.

4. The curtailment of appropriations to city, county, and State health units is lamentable and it is to be hoped that increased health budgets may soon begin to reappear. However, as a national emergency exists, the Federal Government, which has done so much for education, agriculture, and roads, should make adequate provisions for the health of its citizens.

5. When it is considered that Federal appropriations must be distributed throughout 48 States, an appropriation not less than \$5,000,000 a year should be readily granted by the Congress.

The Florida Public Health Association will work untiringly to the end that adequate provision be made to promote public health throughout the State and the Nation. You may count upon our hearty cooperation in all matters that look to this end.

Yours truly,

**GEORGE N. MACDONELL, M. D.,**  
*President Florida Public Health Association, Inc.*

**DECEMBER 14, 1934.**

To the **PRESIDENT,**

*Washington, D. C.*

**SIR:** We in Delaware understand that in order to balance our State budget health appropriations are to be cut, and that our State care for the tuberculous will suffer badly. Our State sanatorium has a waiting list of over 50 all this year, and our death rate from tuberculosis stands at 73 per hundred thousand, while that of the Nation is around 59 per hundred thousand.

Unless we can get funds to provide for these 50 cases, of which everyone is a focus of infection, we cannot fight tuberculosis with any hope of controlling the disease. We have already more than cut it in half, but the failure to get State funds is crippling the work.

If there is any comprehensive health program to be presented to the Nation, distributing funds to local health departments under State leadership, and guidance, we ask most earnestly that this critical situation in Delaware be considered, and provision be made to segregate these dangerous cases.

Our society is a private one, not handling any public funds, and therefore would receive nothing from such funds. Our support comes entirely from the 'Christmas Sea', started in this State in 1907. We therefore have no ax to grind, but are appealing in behalf of the health needs of the State of Delaware.

Respectfully yours,

**DELAWARE ANTI-TUBERCULOSIS SOCIETY.**  
**EMILY P. BISSELL, President.**

**BRUSH PUBLIC SCHOOLS,**  
*Brush, Colo., January 9, 1935.*

President **FRANKLIN D. ROOSEVELT**

*White House, Washington, D. C.*

**MY DEAR MR. ROOSEVELT:** As a superintendent of schools in a first-class school district in northeastern Colorado and as representing a group of us very especially interested in public-health services, particularly as concerns our approximately 1,000 school children, we write to urge that all consideration possible be given through your office to the proposals that have been made in support of Federal aid to local public-health services.

The general financial conditions of the last few years have taken their toll, of necessity, in a good many places, and among our services to suffer most have been those which we consider in many instances to be by far the most important, and of these certainly no one is more important than that of public-health service for our young people in school.

It is gratifying to know that public opinion has grown tremendously in its understanding and appreciation of the necessity for good health, particularly in our public schools, since while taking care of existing conditions among older people we must lay the ground work for a better educated and healthier new generation of young people.

Locally, we are most concerned at the present time with an investigation of visual difficulty in our schools, and with the detection and prevention of tuberculosis.

Practically all that we do along this line comes through volunteer contribution, and quite naturally the burden continues to fall more heavily among those of us who realize so definitely the need of this type of service.

Until such time as public support through taxation may be available, we urgently recommend Federal aid to local public-health services and trust that it will be found by our Government that expenditures in this direction are among the most justifiable of all, excepting only immediate cases of disease or distress among our people.

## ECONOMIC SECURITY ACT

May we thank you most sincerely for your consideration of our expression of confidence in the Federal-aid project above mentioned.

Very truly yours,

**ALBERT E. CORFMAN,**  
*Superintendent of Schools.*

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LOS ANGELES, CALIF., *December 5, 1934.*

Mr. **HENRY MORGENTHAU,**  
*Secretary of the Treasury, Washington, D. C.*

Assistance from Public Health Service to date greatly appreciated. Public-Health appropriations, which have been inadequate for even direct protective purposes, have been cut so drastically that our only hope seems to lie in Federal aid in development and support of local health work. State and local health organizations need both moral and financial assistance. Urge public-health program receive sufficient support to make this possible.

**J. D. DUNSHEE, M. D.,**  
*State Director of Public Health.*

(Also sent to Franklin D. Roosevelt, Dec. 5, 1934.)

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PHOENIX, ARIZ., *December 8, 1934.*

Hon. **HENRY MORGENTHAU:**

Due to the effect of the depression rural sanitation in this State is very necessary in order to promote the health of the people of the State. You are earnestly petitioned to secure consideration for renewal of appropriation of United States Public Health Service in order to continue this aid. Anything you may do in regard to this matter will be deeply appreciated by the people of the State of Arizona.

The **ARIZONA STATE BOARD OF HEALTH,**  
**GEO. C. TRUMAN, M. D.,** *State Superintendent.*

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**ARKANSAS STATE BOARD OF HEALTH,**  
*Little Rock, December 27, 1934.*

Hon. **HENRY MORGENTHAU, Jr.,**  
*Secretary of the Treasury, Washington, D. C.*

**MY DEAR SECRETARY:** We desire that the United States Public Health Service be given a more prominent recognition in the national recovery program. This could be done by the extension of adequately staffed, full-time, health departments providing local public health service for people. If this action were taken, the national waste from preventable disease could be materially reduced.

In presenting this question to the President's Committee on Economic Security, we desire that you bear in mind the following suggestions:

That the revenues of the counties of the several States of the Union have been greatly reduced through the inability of the taxpayers to pay annual taxes.

That in the past the counties of the several States have been required to match any Federal funds allotted to said counties for public health work; and, that in the future this will be, in the majority of cases, impossible due to the reason given above.

That on December 7, 1924, the people of Arkansas put into effect a constitutional amendment prohibiting the county judges of the State from making any allowances in excess of the revenues for the current fiscal year. In addition to this amendment, the Legislature of the State of Arkansas has passed certain acts placing all claims against the respective counties of the State into classes giving priority to certain classes. All contract claims-and this includes all claims by public health officers for services rendered-fall within the last class of claims in preference. This condition of the law together with the condition of the revenues of the counties of this State should be taken into consideration in making any demands upon the counties for matching Federal funds.

We sincerely hope that these suggestions may be of benefit to your Department and the Health Service will be given sufficient aid to carry on these services to the local units of government.

Respectfully yours,

**M. B. OWNES,** *Director.*

**TUSCALOOSA COUNTY HEALTH DEPARTMENT,**  
*Tuscaloosa, Ala., December 14, 1934.*

Hon. HENRY MORGENTHAU, JR.,  
*Secretary of the Treasury, Washington, D. C.*

DEAR SIR: Would like to call your attention to the drastic curtailment of funds for doing public health work.

Our local department has had an average cut of 61 percent during the past 3 years.

This has necessitated the laying off of personnel and the reduction in salaries of the remaining number.

The Public Health Service under your direction is now giving assistance to States and local health departments in a limited way. We hope that you can secure more funds to take care of more local departments.

Our department was cut at a time when, in our opinion, we were needed most and did have more calls for service.

Thanking you in advance for your help in this direction.

Sincerely yours,

A. A. KIRK, M. D., *Health Officer.*

**SEATTLE COUNCIL OF PARENT-TEACHER ASSOCIATIONS,**  
*Seattle, Wash., January 14, 1935.*

MISS JOSEPHINE ROCHE,  
*Assistant Secretary of the Treasury,*  
*Washington, D. C.*

DEAR MISS ROCHE: For many years the United States Public Health Service has carried on a valuable work in the stimulation and promotion of local public health activities through leadership and limited financial aid in the development and maintenance of full time local health departments.

Through efforts of the Public Health Service, many States have been enabled to provide a large percentage of their respective populations with efficient local health departments which would, otherwise, not have been organized. These local health departments have been of inestimable value in elevating the standard of the health of the communities, the States and the Nation as a whole.

Within past years the leadership of the Public Health Service has lagged, due to the lack of necessary appropriations. This coupled with the meagerness of State and local resources, has resulted in a woeful let-down in public health work in many sections of the Nation.

As the Seattle Council of Parent-Teacher Associations, representing a membership of more than 10,000, we sincerely urge that the United States Public Health Service by adequate appropriations and authority be given the opportunity of continuing this much needed and invaluable service. The leadership of the Federal Government, through the United States Public Health Service, is imperative if the various States are to expand and develop their State and local public health activities.

Respectfully,

ETHEL WILLIAMS,  
*Corresponding Secretary.*

**MORGANTOWN, W. Va., December 5, 1934.**

Hon. FRANKLIN D. ROOSEVELT,  
*President United States, Washington, D. C.:*

West Virginia urgently needs continued Federal aid in support of State and local health services to maintain present public health standards. Impossible for counties this State to finance local health service to extent needed to protect the public health. Special legislation providing for Federal aid on more or less permanent basis is essential if marked increase in communicable disease death rates is prevented. We urge that such legislation be recommended to the next Congress.

R. C. FARRIER, M. D.,  
*County Health Officer.*