

Dr. **POTTER**. The other points I wish to make, I make not as the representative of the committee on transient and homeless but as an individual who has been for 15 years tied up with State administration of health and welfare activities, and in the field of child welfare, child health, and general public welfare. I notice in the bill, section 201, which places the responsibility for the administration of assistance to dependent children in the hands of the emergency relief administration.

I believe that the tried experience of the Federal Children's Bureau in that field makes them the logical agency for the administration of that through existing permanent agencies of Government which have been set up over a long period of years and which are accustomed to working with the Federal Children's Bureau.

Then, too, in regard to sections '701, '702, and '703, as a State official, I am whole-heartedly in favor of those activities. I functioned as a State official under the general supervision of the Federal Children's Bureau, and I realize that they do understand the psychology of the States and they do understand how to work, and it is already existing and not an emergent type of administration that would have to function in this present-day emergency.

In regard to the crippled children's work in particular, I would like to say that that seems to us in our State, and I am sure in other States, one of the real advances for the Federal Government to make, and I would like to call attention to the fact that \$3,000,000 for the purposes stated is a relatively small sum, but it will, however, do a tremendous piece of work, and that we should hope to see increased if it is felt that additional educational work is needed for the crippled.

Thank you, and I certainly apologize for my throat.

Senator **WAGNER**. May I ask you just one question? Somebody suggested that the definition of a 'crippled child is not definite enough in the act.

Dr. **POTTER**. I think that phrase that was used in the studies that were made about 1930 of the Hoover group spoke of the physically handicapped child, and I think that that in general covers the implications in that act. When you say "crippled", that usually means to a person some orthopedic defect that needs to be handled; but there are many other physical handicaps that might conceivably be carried in this bill.

The **CHAIRMAN**. Thank you very much.

Mr. H. B. Anderson.

STATEMENT OF H. B. ANDERSON, SECRETARY CITIZENS MEDICAL REFERENCE BUREAU, INC., NEW YORK

The **CHAIRMAN**. Mr. Anderson, you represent the Citizens Medical Reference Bureau ?

Mr. **ANDERSON**. I represent the Citizens Medical Reference Bureau, Inc., 1860 Broadway, New York.

For the past 20 years I have been engaged in the work of opposing compulsory medicine. I have written this book of facts against compulsory vaccination and the various bulletins and news letters gotten out by the Citizens Medical Reference Bureau.

This bureau was organized in 1919. It is an organization of citizens throughout the country and is dependent upon voluntary contributions for support. We advocate no form of treatment in private practice and we oppose no form of treatment in private practice. What we oppose is compulsory medication and the use of public funds for medical propaganda and on the strength of this propaganda seeking to make medical treatment compulsory. The idea back of the name of the bureau is with the thought that whenever measures are proposed to require medical treatment, of some kind, like compulsory vaccination, an attempt is made to make it appear that such forms of treatment are harmless and a sure preventive. It is well known that there is overwhelming information in medical literature showing that these forms of treatment are not harmless and a sure protection. We do not say they are not any good, merely point out they are controversial and not as perfect as they might want to claim. We subscribe to a considerable quantity of medical literature, and from this, along with health-board reports, we cite important facts which are a matter of record, showing that these forms of treatment are not entirely harmless and that they are not an absolute preventive,

We request that titles 7 and 8 be stricken from the proposed bill. In this connection I offer a telegram by Mr. Harold F. Pitcairn, Philadelphia, Pa., to Senator Wagner, which summarizes our position :

The Citizen's Medical Reference Bureau has brought my attention to the fact that the proposed Economic Security Act includes a revival of the maternity and infancy act. This was strongly opposed 15 years ago, tried out, and abandoned. I urge that these be omitted as they are not insurance measures and have many objectionable features which do not appear on the surface.

Title 7 is in the nature of a revival of the Maternity and Infancy Act which in years past has created so much discussion. It will be remembered that when the question of extending the Maternity and Infancy Act 2 years was before Congress, in 1927, the Senate was willing to extend the act 2 years, but wanted it definitely understood that at the end of that 2 years the act was to terminate, and they added that section 2 on that, bill, definitely terminating the act in 1929, on June 30. Then when the bill came up in the House Congressman Garrett of Tennessee raised the question, "Does the gentleman from New York construe the language of the Senate amendment to be a virtual repealer act?" Congressman Parker replied, "In answer to the gentleman, I will say I do, judging from the discussion which took place in the Senate regarding this amendment, and I am going to move to concur in the Senate amendment."

Three years later another bill was introduced to revive the Maternity and Infancy Act, known as Senate bill 572. The opposition in the Committee on Commerce, I believe, of the Senate was so strong that two reports were submitted by that committee. Part 1 favored the passage of the Maternity and Infancy Act; part 2 was signed by nine Senators and opposed the passage of that act.

I just call your attention to the testimony of Dr. J. H. Florence, of Houston, Tex., former State health officer, submitted in a letter presented by Dr. Holman Taylor, secretary of the State Medical Association of Texas, and contained in part 2, Report 428, Senate

Calendar No. 448, Seventy-second Congress, first session, on page 3, which is as follows:

From testimony of Dr. J. H. Florence, of Houston, former State health officer, submitted in a letter presented by Dr. Holman Taylor, secretary of the State Medical Association of Texas, and published in part 2, Report 428, Senate Calendar No. 448 (72d Cong., 1st sess., p. 3) :

" With reference to the operation of the Sheppard-Towner Act, let me say that when I was the State health officer, I administered the money provided by this law. I tried to carry out conscientiously the provisions of the act, but as time went on I found the regular health budget for the department was invariably cut by the appropriation committee of the legislature, because it was felt that we were getting outside funds for health work, when, in fact, the amount received from the Federal Government was of little material aid in the State health department. Also the publications issued to us for distribution were not always scientific or practical for the pregnant woman and infant maternity welfare. I felt after a few months in office that the money furnished us was of little value. At first, I was favorable to the Sheppard-Towner bill, but my observation was that there was an attempt by the Federal authorities in charge of the distribution of the money to dominate the State health department. The State health officer was on the ground. The authorities in Washington were not, hence knew nothing of our real needs. In a theoretical way, they demanded that we disburse these funds according to their ideas, which were oftentimes vague, problematical, and loaded with sentimental nonsense. Above all of this, I found that our people resented the encroachment of Federal activities in our State, which seemed to smack of centralization and control of local government activities from Washington."

Now, the main difference between the maternity and the infancy act as passed about 10 years ago and the present act is that the former act provided an appropriation of about a million and a quarter a year to the States, whereas this appropriates \$4,000,000.

Title 8 of the bill appropriates \$8,000,000 annually to the United States Public Health Service for distribution to the States 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 and/or other political subdivisions of the States in maintaining adequate public-health programs on certification of the Secretary of the Treasury.

It has been represented that the State of New York is in need of the funds provided in this bill for its State health work. I do not know whether Dr. Parran, State commissioner of health, has appeared before this committee or not, but I know he did appear before the House committee and gave it as his opinion that the State of New York needed the funds provided under this bill in sections 7 and 8.

In answer to that, let me point out that the proposed budget submitted by Governor Lehman calls for an expenditure of \$294,000,000. Of this amount between 3 and 4 million dollars is allotted to the State department of health and for the aid of county health work. And in the city of New York the board of estimate and apportionment allots approximately \$6,000,000 a year to the department of health out of a total budget of about \$500,000,000. I submit, gentlemen, that in the total budget combining the State of New York, the city of New York, and other cities, like Syracuse and Buffalo, and so on, with a matter of over a billion dollars of money that they intend to spend each year, it seems a little far-fetched to suppose that they could not take a matter of, maybe, \$300,000 a year out of that billion dollars and add it to public-health work. I have never known any

of the officials of New York to be antagonistic to the health departments.

The point I want to bring out is that the department of health has not shown that it needed that money sufficiently, or else it could very easily be provided out of that enormous sum of money that is raised each year. Then along that same line I question very much right now, when New York State is facing a deficit of \$74,000,000 and has to raise more money from taxation, that officially it would want to be placed in the position of asking that you tax the people of the State of New York \$2 for every \$1 that they have got any hope of getting back. Under this bill the Public Health Service, in title 8, would not have to give any of that \$8,000,000 a year to New York State. They may just decide New York State is a wealthy State and does not need any of it.

As I said, there is something much deeper back of this bill than simply the question of who is going to pay this \$300,000 a year, or some odd sum of money that the State would get under this bill.

You get a very good idea of what is going on along public-health lines if we take the annual report of the United States Public Health Service, and then you combine with that the report of the New York State Health Commission, published in 1932 by the New York State Department of Health, and then add to that the work which the Rockefeller Foundation is doing in the various States, and then what the Commonwealth fund is doing in the various States, and along with that the Millbank fund, and these various funds.

Now, I am not here to criticize any of the work that is being done along health lines anywhere in the United States. The point I bring out is that if this bill is passed it fits in with a program to reorganize the health work on a county basis, then have the State give money to the county and thereby more or less control the health activities of the county, and then have the Federal Government give money to the States, thereby more or less controlling the activities in the different States. Under present conditions, with the Public Health Service going ahead in its usual way, the Rockefeller Foundation holding demonstrations and carrying on work in different States, these other foundations doing their work, there is a system of check and balance. If one carries on a kind of work along one line and another county finds another way of carrying on work that they think is superior, one can act as a check and balance against the other, and I do not think the time is ripe, certainly not now, to sort of federalize all this county health work.

Take in the State of New York. I have in mind some of the most heated discussions that I know of, that have taken place over this question of compelling localities to reorganize on a county basis. There is a fundamental reason for opposition to that system of federalization, and that is that to some people a great deal of laboratory work seems a very fine thing. Then there are other groups of people who feel that the goal of all sound public-health work should be with the idea of people having good housing facilities, sanitation, and all of those other things that make it possible for people to be healthy and happy without the use of a great many artificial means like habit-forming drugs and vaccines, serums, and things of that kind, and there is a great deal to be said for that side of the question.

I have in mind, for instance, an experiment that was carried on over in India. They had excellent facilities to work with and any amount of money to work with. They took one group of animals and they placed those animals under ideal conditions ; then they took another group of animals and they saw that that other group of animals would be discontented and that they would be given combinations of food that they knew to be harmful? and then a year later they compared the two groups, after the animals had all been killed, and autopsies performed. Out of the group of animals that had been placed in ideal conditions, a group of a thousand animals, they could only find one case of a cyst in one animal, whereas in the other group of 1,000 they found every kind of a disease that you could possibly think of.

There is this difference of opinion, and there are a great many that want to rush ahead and just carry out everything according to one particular plan, but it is a much better system, when we deal with controversial subjects, as in this instance, to allow a little variation in the different counties, and so on, and allow things to go on the way they are.

SUPPLEMENTARY STATEMENT BY H. B. ANDERSON, SECRETARY CITIZENS MEDICAL REFERENCE BUREAU, INC.

The distribution of \$8,000,000 annually by the Public Health Service would mean that much more money being used to tell the public how necessary it is to be vaccinated or inoculated against one disease after another, and the objectionable feature about all this propaganda is that health boards generally do not stop with merely recommending certain forms of treatment but they go farther and either provide for the distribution of prizes to children if they submit to inoculation or ask that certain forms of treatment be made a requirement.

I offer a few citations giving instances where health officials have gone out of their way to favor compulsory medical treatment and a few citations where prizes have been offered to children for submitting thereto.

AN EPIDEMIC OF COMPULSORY MEASURES

There is today an epidemic going the rounds of various boards of health to make different forms of medical treatment a requirement.

Last July the school board at Austin, Tex., had under consideration a measure designed to make immunization against diphtheria a requirement for school attendance.

Citizens of Austin rose up and protested and the proposed requirement was unanimously voted down.

In Norfolk, Va., and a number of other places similar proposals have been made, and citizens have had to rise up and defend their liberties.

Recently the Michigan Association of School Physicians passed a resolution urging the enactment of legislation to require teachers, students, and school health workers to submit to the tuberculin test.

In a number of instances parents have served terms in prison rather than have their children vaccinated.

Mr. Albert W. Peacock, of Milford, N. H., refused to have his son, Roy, vaccinated. The boy was therefore refused admission to the public schools and Mr. Peacock was prosecuted for not having his son educated. He served a term of 6 months in prison when he was pardoned by the Governor. This was in 1929.

Last June press dispatches told the story of William and John Marsh, of Carlisle, Pa. Mildred Marsh, a daughter of William Marsh, was vaccinated and shortly after became blind in one eye. Two weeks later Romaine, then 4, who shared the same bed with Mildred, became blind in both eyes. William and John Marsh attributed the blindness to vaccination, and when later John refused to have his children vaccinated he was prosecuted and served a term of imprisonment from November 23, 1933, to June of the following year, when

“ These placards served to let the neighborhood know what was going on and attracted a great deal of interest from passers-by, who had never seen such a lively sign on the dignified school buildings.

“ A device called the “ sailors’ roll of honor ” was developed to interest the children and bring about a friendly rivalry between schools. Utilizing the idea of the classroom’s progress toward complete diphtheria protection as a voyage of the good ship *Health*, charts were issued providing space for the name of each child in a classroom. A blue star was awarded for each toxin-antitoxin treatment the child received, while children over 10, who were not asked to be immunized, received a gold star equal in value to three of the blue stars for each preschool child they brought in.

“ The boys and girls who brought in the greatest number of children to be immunized became heroes among their classmates, and great enthusiasm for diphtheria protection was produced. A sum of money was donated for award to the winner among parochial schools, to be expended with the advice of a committee representing the department of health and the school authorities. At their suggestion the money was used for basketball equipment. Another competition was carried on among the public schools.”

It is an amazing situation for various health boards to be reminding the medical profession, on the one hand, how enormously they are increasing their practice through their health-board campaigns at public expense and then for health boards to go out of their way to demand laws and regulations to make various forms of treatment compulsory. And yet that is the situation we face today.

I offer a few citations wherein health officials have pointed out to physicians what they were doing to increase medical practice:

From article entitled “ Children’s Hour ”, by Shirley W. Wynne, M. D., D. P. H., while commissioner of health, New York City, in *Medical Economics*, July 1930, page 9:

“ The private practitioner can cry out in vain against the free clinics and other free medical services unless he decides to meet the conditions foursquare. He must realize that to retain his just share of private patients, and especially to encourage the practice of preventive medicine, he must make concessions. The department of health stands ready and always has been ready to pave the way, through health education, to make this possible, to place the physician in direct contact with the persons seeking medical service---persons who can afford to pay a moderate fee-to act really as the advertising agent for the private practitioner ; but this cannot be accomplished unless the doctors agree to cooperate.”

From article by L. O. Geib, M. D., and Henry F. Vaughan, D. P. H., entitled “ The Physician as Health Worker ”, in the *Journal of the American Medical Association*, August 8, 1931, page 3, referring to a campaign to secure protection against diphtheria for young children, more especially the preschool child :

“ During the recent campaign in Detroit more than \$100,000 was paid the cooperating physicians. The average expenditure was \$142 per physician. It is estimated that, including the cost of the nursing personnel and the educational work, nearly \$250,000 was expended in the campaign, which is less than the cost of medical care of reported diphtheria cases for a single year. However, it is not fair to charge the entire expenditure to diphtheria prevention. The expense may more fairly be charged against a program to rehabilitate the public with the family physician, to recreate an attitude whereby the layman will look to the physician as a family counselor not only in matters of curative but likewise of preventive medicine.

“ We feel that the campaign to reduce the incidence of diphtheria is but an entering wedge into a program which will involve a periodic health examination, prenatal service for the expectant mother, and hygienic instruction for infants and children, as well as campaigns to control tuberculosis, cancer, and other preventable diseases. The interest of the medical profession has been activated. The doctor is not interested merely for monetary reasons but is sincerely endeavoring to cooperate with the health department in the reduction of unnecessary sickness.”

Declaration by Dr. Mather Pfeiffenberger, of Alton, Ill., formerly president of the Illinois State Medical Society, in an address before a joint meeting of the Second Annual Health Officers Conference and the Sangamon County Medical Society, Springfield, December 3, 1926, as reported in *Illinois Health News*, January 1927 :

“ Prevention practiced to its utmost will create more work for the physician and not diminish it, for the full-time health officer will be educating his community constantly. There will be more vaccination, more immunizing, more consulting and use of the physician. His services will be increased manyfold.

“ I am informed that epidemic and endemic infections cause only 12 percent of all deaths and that this percentage is declining very rapidly. Less than 15 percent of all children would ever get diphtheria, even under epidemic conditions, while 100 percent are prospects for toxin-antitoxin. The percentage who would ever get smallpox under present conditions is even less; but 100 percent are prospects for vaccination. Scarlet fever will soon come in for its 100 percent also, as it may for measles, judging from the reports on that disease. Typhoid fever is disappearing, due to sanitation, but vaccination should be used when the individual travels into unknown territory and countries.”

In closing, I offer a communication by the United States Public Health Service to the Citizens Medical Reference Bureau calling attention to 194 cases of what were “ probably post-vaccinal tetanus” and 85 cases of “probable or proven cases of post-vaccination encephalitis ” during the period 1922-31.

And I also call your attention to a few extracts from items in medical journals where complaint is being made that the medical profession has suffered from too much philanthropy.

[Copy of letter from Treasury Department]

BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, December 7, 1932.

Mr. H. B. ANDERSON,
Secretary Citizens Medical Reference Bureau, Inc.,
New York, N. Y.

DEAR SIR : Receipt is acknowledged of your letter of November 26, requesting a tabulation of cases of post-vaccination encephalitis by States.

During the years 1922-31 inclusive,, probable or proven cases of post-vaccination encephalitis have come to our attention as follows :

Alabama-----	3	Missouri-----	6
California-----	2	Nebraska-----	1
Connecticut-----	7	New Jersey-----	2
District of Columbia-----	9	New York-----	4
Georgia-----	4	North Carolina-----	1
Idaho-----	2	Ohio-----	3
Illinois-----	5	Pennsylvania-----	3
Iowa-----	3	Rhode Island-----	3
Louisiana-----	6	Texas-----	5
Maryland-----	3	Vermont-----	1
Massachusetts-----	5	Virginia-----	3
Michigan-----	2	Wisconsin-----	2

Cases of what were probably post-vaccinal tetanus have come to our attention during 1922-31, inclusive, as follows :

Arkansas-----	2	Minnesota-----	4
California-----	4	Missouri-----	2
District of Columbia-----	2	North Carolina-----	2
Connecticut-----	2	New Jersey-----	22
Illinois-----	10	New York-----	11
Indiana-----	5	Ohio-----	15
Iowa-----	2	Oklahoma-----	2
Kentucky-----	3	Pennsylvania-----	56
Louisiana-----	3	Texas-----	13
Maine-----	1	Virginia-----	2
Maryland-----	10	Wisconsin-----	3
Massachusetts-----	15	Hawaii-----	2
Michigan-----	3		

The evidence is quite clear that with modern methods of vaccination, tetanus is no longer to be feared as a complication of vaccination.

Very truly yours,

TALIAFERRO CLARK,
Acting Surgeon General.

COMPLAINS THAT MEDICINE IS RECEIVING TOO MUCH MONEY

A number of articles have appeared in medical journals from time to time complaining that medicine is already the recipient of too much money.

Dr. Morris Fishbein, editor of the Journal of the American Medical Association, in an address published in the Journal of the Michigan State Medical Society, August 1927, says :

“ Not only physicians but also sociologists, psychologists, and economists have on frequent occasions in recent years devoted pages of anathema to the curse of philanthropy. The medical professions in various communities have already protested against attempts by health demonstrations and similar movements to destroy initiative and individual relationships in medical practice.”

Dr. William Allen Pusey, former president of the American Medical Association, in an article in the December 17, 1927, number of the journal of that association, says :

“ For a hundred years or more education has been the favorite of philanthropy and, fortunately, still is. But now medicine is overshadowing even education. I shall not say, in the words that President Butler, of Columbia, applied to medical education, that medicine has become the spoiled child of philanthropy, but at least it is very apt to get the first helping at the table.”

In another article, published in the American Mercury, June 1927, Dr. Pusey says :

“ Of course, it is desirable that medicine should have plenty of money, but it may be questioned if it needs two or three times as much as any other form of education. The point I am making is this : Like other people, we have learned to spend money freely when we find we have it. There might be no objection to this if it did not lead us into difficulties, but it has been doing so. With something of an inferiority complex about our scientific standing, we have become very highbrow.”

The **CHAIRMAN**. Thank you very much. The committee will adjourn until tomorrow morning at 10 o'clock.

(Whereupon, at the hour of 3 : 35 p. m., the committee adjourned until 10 a. m. of the following day, Friday, Feb. 8, 1935.)