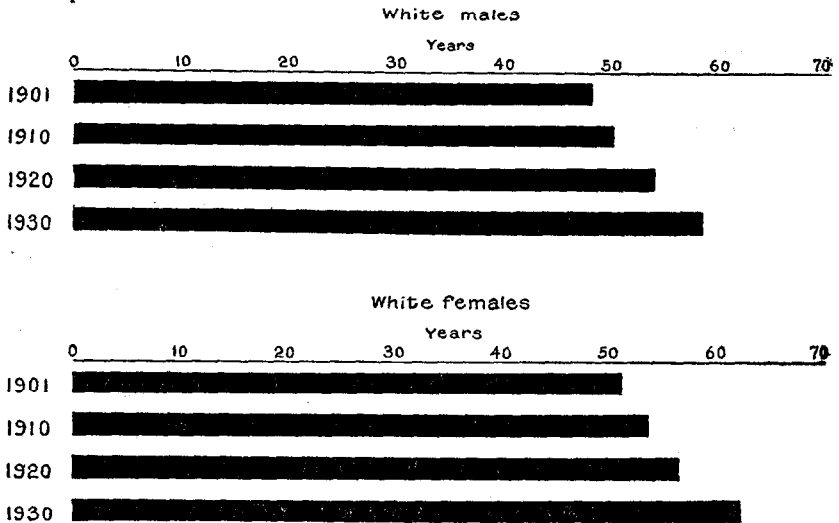


## ECONOMIC SECURITY ACT



**STATEMENT OF DR. CLIFFORD G. GRULEE, REPRESENTING THE  
ADVISORY COMMITTEE ON CHILD WELFARE**

Dr. GRULEE. My name is Clifford G. Grulee, 1410 Asbury Avenue, Evanston, Ill. I am professor and head of the department of pediatrics at Rush Medical College at Chicago, and secretary of the American Academy of Pediatrics.

First I would like to present to you the letters of several of my colleagues scattered all over the country in support of this bill. Shall I read the names?

The CHAIRMAN. Without objection, you may.

Dr. GRULEE. Dr. E. J. McCollum, of Johns Hopkins; Dr. A. Graeme Mitchell, of Cincinnati; Dr. Howard Childs Carpenter, of Philadelphia; Dr. Joseph Stockes, Jr., of Philadelphia; Dr. Warren Sisson, of Boston; Dr. Oscar M. Schloss, of New York; Dr. Borden S. Veeder, of St. Louis; Dr. Thomas B. Cooley of Detroit; Dr. Harold C. Stuart of Boston; Dr. Richard M. Smith, of Boston; Dr. Kenneth D. Blackfan, head of the department of pediatrics of Harvard; Dr. William Palmer Lucas, of San Francisco; Dr. Edward Clay Mitchell, of Memphis; Dr. Lawrence T. Royster, of the University of Virginia; Dr. Samuel McClintock Hamill, who was chairman of the medical committee of the White House Conference.

(The following were submitted for the record:)

JANUARY 22, 1935.

STATEMENT OF SAMUEL McCLINTOCK HAMILL, M. D., PRESIDENT AMERICAN CHILD HEALTH ASSOCIATION, FORMER PRESIDENT AMERICAN PEDIATRIC SOCIETY, FORMER PRESIDENT AMERICAN ACADEMY OF PEDIATRICS, CHAIRMAN NATIONAL CHILD WELFARE COMMITTEE OF THE COUNCIL OF NATIONAL DEFENSE, DIRECTOR CHILD WELFARE COMMITTEE OF THE PENNSYLVANIA COUNCIL OF NATIONAL DEFENSE AND JOINTLY CHIEF DIVISION OF CHILD HYGIENE OF THE STATE OF PENNSYLVANIA (WAR SERVICE), DELEGATE TO THE CANNES MEDICAL CONFERENCE OF THE RED CROSS SOCIETIES, REPRESENTING PEDIATRICS, PRESIDENT BOARD OF DIRECTORS OF THE PHILADELPHIA CHILD HEALTH SOCIETY, CHAIRMAN SECTION I, MEDICAL SERVICE, WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION, CHAIRMAN FOLLOW-UP COMMITTEE OF SECTION I WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION

My interest in bill S. 1130 is based on an experience of 34 years in the private and hospital practice of pediatrics and in public-health work, and especially in administering the Pennsylvania Emergency Child Health Committee for the past 22 months. This committee operates under the auspices of the Pennsylvania Emergency Relief Board and the Medical Society of the State of Pennsylvania, through subcommittees in the various counties of the State. Its findings emphasize particularly the need of the provisions made under title 7, maternity and child health.

The procedure we have followed is to evaluate the health status of the children on relief or the border line of relief through the medium of complete health examinations, in most part by the physicians who were formerly the family physicians to those now unemployed, but in certain localities by physicians in clinics. We have examined to date approximately 80,000 children.

We have found 30 percent of these children suffering from malnutrition, varying in different localities from 10 to 50 percent. In the richest agricultural county in Pennsylvania, perhaps the richest in the country, certain districts have reported to us percentages of malnutrition as high as 50.

Forty-three and eight-tenths percent were suffering from dental caries. As the total number of examinations includes some thousands of infants, this percentage undervalues the extent of dental caries.

Thirty-six and three-tenths percent of the children were suffering from definitely diseased tonsils. It is interesting that reports have come to us from certain counties in which there had been previous careful supervision of these children to the effect that serious tonsillar conditions have increased very much during the period of the depression.

Sixty-five and seven-tenths percent of the 80,000 children examined had not been protected against diphtheria (in some districts within counties running as high as 99 percent) and 38.1 percent had not been vaccinated against smallpox. Both of these figures are higher for the preschool children, the nonvaccinated being 74.3 percent. This is the age of greatest susceptibility to these diseases.

These figures represent the defects found in the greatest numbers, but there are many thousands of children showing diseases of the heart, lungs, eyes, etc.

There are many reports of individual cases showing most distressing conditions. The following illustrative cases were brought to light in the first few examinations in a single county:

"A participating physician, having examined five children from one family (all very much undernourished) learned that there was a child past 16 years of age in the same family, who had not been receiving adequate medical attention. This child was brought in for examination. He was not only 28 pounds underweight, but had a serious disease of the bones of both thighs from which pus was constantly exuding.

"Another distressing case was that of a 3-year old with serious spinal deformity and an extensive inflammation of the skin of the abdomen due to neglected dressings which had been applied to control a hernia.

"There was a 7-year old child in another family, apparently mentally deficient, blind, and spending its life in a crib.

"In a fourth family a child, 12 years old, was blind and unable to talk comprehendingly."

It would be possible from our records to recite dozens of similar cases. These reports clearly demonstrate how little we really know of the actual health conditions of the children in poor families and how necessary it is that medical and nursing assistance be provided for them.

When one considers that these findings represent conditions in but approximately 10 percent of the children on relief in Pennsylvania, and that the large numbers of children on the border line of relief are constantly reported to us as suffering more than those actually on relief, and when one further considers that these conditions obtain in one of the wealthiest States of the country, it is manifest how enormous must be the health problem for the country at large. It demands more effective supervision in order to insure a healthy and effective citizenry in years to come. Indeed, it is the ultimate effect of the present economic crisis on the health of today's children that is most to be feared.

The best illustration we have of these end-results was reported recently in the public press. The English Army endeavored to recruit 30,000 young men for military service, who were to be chosen from those born during, or who were mere children at the time of the World War. Applicants measuring up to the required physical standards were so few in number that the authorities were compelled, in order to secure their quota, to reduce their standards, so that now a new recruit needs to be only 5 feet 3 inches in height and to weigh but 113 pounds.

It seems very difficult to impress upon the public the seriousness of the present situation, but if one stops to consider for how long hundreds of thousands of children have suffered from lack of proper nourishment, and have lived in environments in which the baffled seeker of employment is depressed, irritable and often ill, it becomes evident that they cannot fail to be seriously handicapped, physically and mentally. For the present we must exert our utmost to prevent a continuance of these disturbing influences and be prepared to repair the damages already manifest.

Recent reports from Germany and Austria, as well as studies made in our own country, have clearly demonstrated that malnutrition and ill health are most evident in the families on relief, next in those partially employed and least in those who are fully employed.

As a physician who has been working with children for 34 years, I consider it my duty to urge you to preserve the health of those who will be the citizens of the future.

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LETTER OF DR. WARREN R. SISSON, ASSISTANT PROFESSOR OF PEDIATRICS,  
HARVARD UNIVERSITY, STATE CHAIRMAN OF THE ACADEMY OF PEDIATRICS IN  
MASSACHUSETTS

BOSTON, *January 25, 1935.*

DR. CLIFFORD G. GRULEE,  
*Evanston, Ill.*

DEAR DR. GRULEE: As one interested in child welfare problems and as a member of the faculty of Harvard Medical School, the public-health department of Massachusetts, and national organizations for child welfare, I should be very grateful to you if you would add my wholehearted approval of Senate bill 1130. I sincerely hope that the committee of the Senate will give this bill most favorable consideration.

Yours very truly,

WARREN R. SISSON.

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LETTER OF DR. BORDEN S. VEEDER, CLINICAL PROFESSOR OF PEDIATRICS,  
WASHINGTON UNIVERSITY, ST. LOUIS, EDITOR OF THE JOURNAL OF PEDIATRICS,  
AND PRESIDENT OF THE AMERICAN PEDIATRIC ASSOCIATION

ST. LOUIS, MO., *January 23, 1935.*

DR. CLIFFORD GRULEE,  
*Evanston, Ill.*

MY DEAR DR. GRULEE: I understand that you are to speak in favor of Senate bill 1130, representing the pediatricians of America. I wish to add my endorsement of the bill which appropriates money for child-welfare work through the various States under the general direction of the Children's Bureau.

Those of us who have watched the results of the funds administered through the previous bills of the Shepherd-Towner Act realize the tremendous value of the work that has been accomplished for the welfare of the children of America.

Very sincerely yours,

BORDEN VEEDER.

LETTER OF DR. THOMAS B. COOLEY, CHIEF OF STAFF OF CHILDREN'S HOSPITAL  
IN DETROIT, MICH., AND PRESIDENT OF AMERICAN ACADEMY OF PEDIATRICS  
DETROIT, *January 23, 1935.*

DR. CLIFFORD G. GRULEE,  
*Evanston, Ill.*

DEAR DOCTOR GRULEE: I have your letter enquiring as to my attitude toward Senate bill no. 1130. I have seen what there has been in the newspapers regarding this bill, and hope that it may pass, as I know that there is a great need in many localities for such activities as it contemplates, and I believe that the methods which it provides for appropriation and administration of the necessary funds are the proper ones. I am familiar enough with the work of the Children's Bureau to have perfect confidence in the ability and discretion of its staff to direct such an undertaking.

I am glad that you are interesting yourself in this matter, and shall be glad to have you call on me if I can do anything more to help.

Very truly yours,

THOMAS B. COOLEY.

LETTER OF DR. HAROLD C. STUART, ASSOCIATE PROFESSOR OF PEDIATRICS,  
CHARGE OF DEPARTMENT OF CHILD HYGIENE, HARVARD UNIVERSITY SCHOOL  
OF PUBLIC HEALTH

HARVARD UNIVERSITY,  
SCHOOL OF PUBLIC HEALTH,  
*Boston, January 22, 1935.*

DR. CLIFFORD GRULEE,  
*Evanston, Ill.*

MY DEAR DR. GRULEE: I am writing to call your attention to the importance of the children's section (701) of the security bill now before Congress and to urge that the American Academy of Pediatrics lend its support to this bill and take steps to bring to the attention of Congress the importance of passing such legislation.

There seems to be no room for discussion of the important part which maternal and child health play in the total picture of social security. Enormous progress has been made during recent years toward securing more adequate protection of the child population of the United States. Further progress in this direction may be expected with confidence if certain services, the value of which have already been proven, are made more generally available and if satisfactory methods of applying newly acquired knowledge are constantly sought and put into operation. Due to economic conditions there has been curtailment of such activities in many quarters during recent years. If security in respect to maternal and child health is to be more nearly attained there must be continued effort on the part of all of the States and local communities of the country to extend through various forms of education a knowledge of the care which is necessary to protect health, and in certain rural and poverty-stricken areas there must be actual provision of necessary services. In addition it is most important that there be an adequately staffed Division of Child Hygiene connected with each of the State departments of health and a well-trained personnel devoting their time to the improvement and extension of maternal and child-health services. Section 701 of the security bill specifically makes provision to meet these needs. There would seem to be no doubt that this bill would make possible effective work of the character outlined in all of the States and would greatly advance progress toward adequate protection throughout the country.

Trusting that the Academy of Pediatrics may be of some service in bringing this matter to the attention of Congress.

Very sincerely yours,

HAROLD C. STUART, M. D.

LETTER OF DR. RICHARD M. SMITH, ASSOCIATE PROFESSOR OF PEDIATRICS,  
HARVARD UNIVERSITY

*Boston, January 24, 1935.*

DR. CLIFFORD G. GRULEE,  
*Evanston, Ill.*

DEAR DR. GRULEE: I have been informed with reference to Senate bill no. 1130 that it is proposed under the provisions of this bill to extend work for

children on the basis of cooperative work with medical groups through the State departments of health. I believe that such an extension of health activity would be altogether desirable and I trust that you will be able to be present at the hearing and speak in favor of the bill.

Very sincerely yours,

RICHARD M. SMITH.

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TELEGRAM OF DR. KENNETH D. BLACKFAN, PROFESSOR OF PEDIATRICS, HARVARD UNIVERSITY

BROOKLINE, MASS., *January 25, 1935.*

Dr. CLIFFORD G. GRULEE.

Letter just received. See every reason why Senate bill 1130 should receive my hearty endorsement.

KENNETH D. BLACKFAN.

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LETTER OF DR. WILLIAM PALMER LUCAS, PROFESSOR OF PEDIATRICS UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL, FORMER CHIEF OF CHILDREN'S BUREAU IN FRANCE, AND AMERICAN RED CROSS, 1917 AND 1918

SAN FRANCISCO, *January 24, 1935.*

Dr. CLIFFORD G. GRULEE,  
*Evanston, Ill.*

DEAR DR. GRULEE: Just received yours of January 22 regarding Senate bill no. 1130. I have contacted the State board of health, as well as the city board of health. Both of them feel it very important to have the bill passed, as State funds for child-welfare work have been very materially cut. They feel, in fact, that the appropriation should be larger than it is. The States should get a larger proportion. As it stands it probably would be about \$20,000 for each State. The State board of health in California has had to cut its child-welfare and maternity work very much. They are very anxious to continue on the program which they had before the State cuts occurred. They feel very strongly that they could be able to match the Federal funds.

California has a very good children's bureau in the State board of health, with Dr. Stadtmuller as head. Dr. Eliot, I am sure, knows Dr. Stadtmuller well.

Dr. Geiger of the board of health of San Francisco says he is heartily in favor of having the bill passed and that the child-welfare program should be enlarged. He feels very definitely that money obtained should be concentrated to carry on an intensive piece of work in whatever part of the State most needs it with a comprehensive child-welfare program.

I heartily endorse the bill.

As ever,

WILLIAM PALMER LUCAS.

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LETTER OF DR. EDWARD CLAY MITCHELL, PROFESSOR OF PEDIATRICS AT MEDICAL SCHOOL, UNIVERSITY OF TENNESSEE

EDWARD CLAY MITCHELL CLINIC,  
*Memphis, January 25, 1935.*

Dr. CLIFFORD G. GRULEE,  
*Evanston, Ill.*

DEAR DR. GRULEE: After reading Senate bill no. 1130 and considering the various phases, I wish to endorse this bill and I believe it will be helpful legislation in the field of child welfare.

After this bill is passed and then properly administered, great good will undoubtedly result.

Sincerely yours,

E. C. MITCHELL.

I am interested, as I suppose you are, for two reasons:

First, is there need for this? I think the need has been shown.

The second is, is this workable? Will it work out?

There is one point that I think should be brought out about this bill, that will do more to make it work than anything else. That is the interest of medical and nursing groups associated in this thing. The welfare of individuals and public-health work is not a mass

proposition entirely. It can be divided into two groups: First, those that are general measures; and second, the individual measures. Individual health is public health. You cannot get away from that. The consequence is that if you are going to have results you must associate the doctor with the proposition. The doctor has had the training. He is the man that can do it. If you do not have that, then you fall down in just that much.

Twenty-five years ago I went on the board of the Infant Welfare Society in Chicago. At that time they were feeding babies by wholesale; writing formulas and saying that a baby at a certain age should take a certain formula. And the babies died just the same.

From the time that we divided them into stations and gave them individual attention by individual doctors, from that time on the death rate in the community among those children decreased, and it has decreased now so that Chicago with all her slums has about as low a death rate as any of the large cities. That can be done, but it must be done by association with medical groups and under medical supervision.

Mr. VINSON. When you speak of the death rate in Chicago you are referring to infant mortality?

Dr. GRULEE. Infant mortality; yes, sir.

Mr. WOODRUFF. Doctor, your idea is that this particular work must really be done under the supervision of the local medical association?

Dr. GRULEE. I think you must have the cooperation of those men if you are going to get results.

Another chart which I should like to have you see is one that shows the discrepancy. Curve A represents the mining sections, curve B the composite for the State and curve C what can be accomplished even in that State in the communities that are a bit more fortunate.

I thank you very much.

Mr. LEWIS. What proportion of the counties are mining counties, sir?

Dr. LYON. I should say roughly a third. The shaded areas on the one chart show exactly the mining counties. That was prepared through our Bureau of Mines the other day.

Mr. DINGELL. Doctor, might I ask if the deaths due to diarrhea in your State, particularly that phase which increased the death rate 25 times what it had been in certain other parts of the country, are not almost entirely due to the pollution of your streams, possibly, and the available sources of drinking water? What is its chief source of infection?

Dr. LYON. That, of course, has a bearing on it, but contaminated water and contaminated milk do not supply the big opportunity for transmission. It is unsanitary privies with flies, and with that type it is a communicable or infectious diarrhea. It is not so much from the water, not so much from the milk, because I had a group of children down there that I watched for a period of a good many years that went on boiled milk and boiled water, and they still had this infectious diarrhea because it was carried to them by flies.

I have another map, a spotted map that shows how in this urban community at Huntington, W. Va., dysentery occurred more in one location than in another. That was dependent upon the type of sanitation that existed in that particular community. It varied

from 14 percent in the most favored community, that is what we call the "south side" where people live in pretty decent circumstances and with good sanitation, up to 82 percent in another section where the privies were mostly of the old-fashioned type.

Mr. DINGELL. Would the abolishment of this condition come within the purview of this bill?

Dr. LYON. It would, indeed. Of course, this is true, that it takes not only the question of putting in good sanitation, but it takes also the development of a sympathetic attitude toward preventive health measures. I think that there have been experiences before where just the sanitation itself would not clear up the whole thing. That would probably cut the rate down tremendously. As a matter of fact, for the first 8 months of 1934 and 1933, we show a very appreciable reduction in our State, nearly from a third to a half of what it was over the year of lowest previous record before. That has been almost entirely due to what the community sanitation program that was carried on by the United States Public Health Service and the Federal Emergency Relief Administration carried out.

Mr. DINGELL. The work in this connection then would be very largely a creating of the proper sentiment?

Mr. WOODRUFF. Yes. Is it not a fact that in most of the communities in the United States where they have a medical association already the doctors of those communities are giving freely of their service to the end that you speak of now?

Dr. GRULEE. Too freely.

Mr. WOODRUFF. Nothing can be overdone along that particular line, as I see it. I am very much impressed with your statement and I am of the opinion that this is the solution to the problem. I am injecting my remarks here at this point for the purpose of showing that the medical associations of the country are today doing all they can with the money at their disposal, they of course give freely of their time. They certainly have shown a willingness to carry on along the lines you have laid down.

Dr. GRULEE. I was just about to say that you will have to help them out and they will have to be subsidized to an extent because, gentlemen, in my opinion, the medical profession has borne such a burden of charity in the past that it cannot possibly carry any more in the future.

Mr. WOODRUFF. I quite agree with you on that, doctor.

Mr. DISNEY. What is the comparison between infant mortality in Europe and in the United States? Is it greater in Europe or less?

Dr. GRULEE. I do not think I can give you authoritative figures on that. Another thing is, it varies greatly in different countries. If you will go to the Scandinavian countries you will find that the death rate is lower there than in any other part of the world. They have a homogeneous population that is somewhat scattered, and they have a splendid medical organization.

If you go to the south of Europe and certain parts of Europe, you will find that the death rate is much higher.

I should say that with our variety of population—and we must remember that we have to take in a lot of different peoples—we have a very low death rate in this country. The death rates probably are increased by certain elements in our population.

Mr. DISNEY. Is midwifery practiced in the Scandinavian countries to any great extent?

Dr. GRULEE. I am not an obstetrician, sir. I cannot answer you fully on that point, but I know that it is, and they have state midwives there for their rural districts.

The CHAIRMAN. We thank you, Dr. Grulee, for your appearance and for the information you have given this committee.

**STATEMENT OF MRS. HARRIS T. BALDWIN, WASHINGTON, D. C.,  
REPRESENTING THE NATIONAL LEAGUE OF WOMEN VOTERS**

Mrs. BALDWIN. My name is Mrs. Harris T. Baldwin. I am the first vice president of the National League of Women Voters, Washington, D. C.

Mr. Chairman, the National League of Women Voters wishes to express its earnest conviction that provision for maternal and child health is an essential feature of a program for economic security. The league heartily endorses sections 701 and 704 of H. R. 4120 which provide for Federal aid for maternal and child health and for maternal nursing care administered by the Children's Bureau, and for responsible participation in this program by the States.

As many of you gentlemen know, one of the serious economic hazards of family life is the expense incidental to the birth of children. Under the best of conditions, there is the cost of normal medical and nursing care and in many cases someone must be employed to care for the house and family for 2 or 3 weeks.

When things do not go well and the mother or child is ill, and when one or the other dies, there is great additional expense for the husband to meet. These latter hazards can usually be avoided if the mother is given proper prenatal care, if the mother and child have competent medical and nursing care at the time of the birth and during the post-natal period, and if the mother is properly instructed in the care of her child.

Due to the advance in medical science and to the educational program for mothers and fathers carried on since 1900, there has been a great reduction in the infant-mortality rate; that is, in the number of babies who die during the first year of life.

Of even greater economic importance to the individual family is maternal mortality, because of the loss of the wife and mother is as serious and sometimes more serious than the loss of the wage-earner. On maternal mortality there has been some progress, but it has not been so rapid as on infant mortality.

Meanwhile it has been successfully proved that with proper prenatal care, obstetrical service, and postnatal care, the lives of fully half the mothers who now die might be saved. Last year we read the report published by the New York Academy of Medicine which states that nearly 66 percent of the mothers who died in childbirth in New York City in 1930, 1931, and 1932, might have been saved by the application of medical knowledge.

From the economic standpoint, however, illness of the mother and child which does not result in death often is the more serious financial burden to the family. On the effect of the depression on this there is only scattering evidence. However, knowing from experience unrelated to the depression that a large measure of such illness can