

175 Washington

1333 E. 10th Ave -
Denver - 3, Colorado -
Nov. 18 - 1945 -

Mr Robert Sommer ville,
The Boulder Daily Camera
Boulder, Colorado -

My dear Mr. Sommer ville,
I am glad to reply
to your letter of November 8th concerning
Conditions of health in Colorado. As you
suggest when Dr. Buck's studies are
completed we shall know much more
about conditions in our State.

In general we have now four
sources of information. First there are
the startling figures of the percentage
of rejections for the armed services
for reasons of health given out by
General Hershey - The full list, which
was published in the Rocky Mountain
News is appended but I quote a
few figures here -

| | Percentage rejected |
|------------------------------|---------------------|
| Oregon - | 24.4 |
| Kansas | 25.4 |
| Utah | 26.1 |
| Washington | 28.2 |
| Wyoming | 29.1 |
| National average | 39.2 |
| Colorado | 43.1 |
| Southern States + Vermont | 44.7 - 56.8 |

The first-five are to show how much better neighboring western states were than Colorado - The analysis of these figures has not yet been released by the Army.

Second there is a voluminous and authoritative report of the Denver Metropolitan Planning Project, the Health-Section of which was organized in 1943. I obtained my copy from Dr. A.C. Tilley, Assistant Regional Director, 329 Equitable Building, Denver. The report is marked "Preliminary report, not for publication" but the data has been used by everyone studying and reporting on our health conditions. I think that you could get a copy.

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Third, there are the files of the State Health Department under Dr. Roy Cleere. His files are a mine of information and he is eager to have his data made known.

Fourth, there are the files of the U.S. Public Health Service, District 8, under Dr. Fred Loard, Colorado Building, California and 16th St., Denver.

From the report of the Denver Metropolitan Planning Project, I will quote the table of average death rates per 100,000 population from 20 causes of death as of 1937-1941. ~~Non-resident death rates are not included. This table is given on page 102 of the report.~~

Average Death Rates per 100,000 Population from Twenty Causes of Death in the U.S.A., Colorado (exclusive of the Denver Metropolitan area), and in the Denver Metropolitan area, 1937-1941. (Non-resident Deaths not included).

| | United States | Colorado Exclusive of Denver Metropolitan Area | Denver Metropolitan Area |
|-------------------------------|---------------|--|--------------------------|
| Total Deaths (Rate) | 1,075.6 | 1,139.3 | 1,128.3 |
| Diphtheria, paratyphoid | 1.5 | 2.9 | 0.9 |
| C.B. Meningitis | 0.8 | 0.6 | 1.5 |
| Scarlet Fever | 0.7 | 1.3 | 0.5 |
| Whooping Cough | 2.9 | 5.7 | 4.1 |
| Diphtheria | 1.5 | 2.7 | 2.2 |
| Measles | 1.2 | 2.3 | 0.7 |
| Poliomyelitis | 0.7 | 1.4 | 1.2 |
| Tuberculosis, total | 48.0 | 51.1 | 63.2 |
| Cancer, total | 101.9 | 102.2 | 136.1 |
| Acute rheumatic fever | 1.4 | 1.4 | 1.5 |
| Diabetes Mellitus | 25.1 | 16.5 | 18.5 |
| Intracranial Vascular lesion | 88.2 | 86.7 | 81.5 |
| Diseases of the heart | 254.4 | 248.2 | 300.8 |
| Pneumonia + influenza | 80.9 | 98.3 | 98.1 |
| Pneumonia excluding influenza | 62.9 | 68.4 | 81.2 |
| Influenza | 17.9 | 29.8 | 14.4 |
| Digestive System disorders | 59.3 | 75.9 | 64.1 |
| Appendicitis | 10.1 | 16.6 | 13.9 |
| Diarrhea + Enteritis | 12.2 | 25.1 | 10.5 |
| Nephritis | 79.4 | 76.9 | 89.0 |

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In this table the diseases in which we are especially interested are those for which we have much knowledge - in others entirely adequate knowledge for their prevention - These are notably certain infections of childhood, for example diphtheria; infections of the digestive tract such as typhoid and all the dysenteries; and tuberculosis -

Diphtheria. This is a disease for which we have adequate and safe methods of immunization. In a recent number of the Journal of the American Medical Association, 1945, Vol. 129, No. 10, Nov. 3.

page 679 is an article entitled "Diphtheria can be prevented." It states,

"In 1943 the death rate from diphtheria at all ages fell below 1 per hundred thousand for the first time. At the same time the death rate in children under 10, in whom the disease is most frequent has fallen below 5 per hundred thousand - wide

variations in the size of the diphtheria rates among children occurs however, in different states. Using the average figures for 1940-1942, Delaware without any deaths from diphtheria under 10 during these three years, appeared at one extreme and, at the other, Arkansas and South Carolina with 13.7 deaths per hundred thousand and Oklahoma with a rate of 13.5. The available methods for control of diphtheria are sufficient to allow complete elimination of this disease in the United States."

In view of this what is our condition in Devon. For the five years from 1940 to 1944 Devon had 976 cases of diphtheria and 23 deaths, that is a little less than 200 cases per year. In 1945 from January to September there were 231 cases and in January

~~June~~ June 12 deaths - These figures 7
are from Dr. Cleere's files and show
that our conditions are not improving.
I tried for figures from the Counties
but reporting is too irregular to make
comparisons fair.

What is necessary to eliminate
diphtheria? First a local health
department under a competent,
professionally trained public health
officer, who will win the co-operation
of the medical profession to immunize
children and give reports to the
health department. Second adequate
numbers of public health nurses
to educate parents to use these
facilities. A modern health department
is responsible to furnish information
about methods of immunization
for the other diseases of childhood
as fast as they become established.

Another marked delinquency in Colorado is in regard to ~~diseases~~ infectious of the digestive tract. Typhoid fever and the dysenteries are controlled by establishing pure water supply, pure milk and proper disposal of sewage. In the October number of the Reader's Digest is an article on our Dead and Dying Streams which shows that many rivers all over the United States are being overloaded with sewage far beyond their capacity to purify themselves. Conditions in Colorado make biological stream purification exceptionally difficult for on how both scanty and periodic stream flow. Beside this we use the contaminated waters for irrigation - You know that

250 soldiers at Lowry field were
ill with dysentery proved to be caused
by eating cabbage contaminated with
Denver sewage water - You also
know that Dr. Cleere recently advised
68 towns in Colorado to improve their
facilities for sewage disposal. Since the
dysenteries in general are not reported
one cannot tell the amount of
unnecessary illness involved but we
know that in Denver at least
the number of cases is low -

Another important public health
problem in Colorado is wide
spread Brucellosis or Bang's disease
(~~infectious abortion~~) of cattle - One
County has 40% infection of cows.
This is a disease of goats, cattle
& swine causing abortion - Their
milk and cheese from goats & cows
it is transmitted to human beings -

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For its elimination we need a state wide testup of cows with appropriate measures for eliminating the infection, but in the meantime we need state wide Pasteurization of milk - only twelve cities in Colorado have Pasteurization, namely Denver, Colorado Springs, Pueblo, Trinidad, La Junta, Leadville, Palisade, Grand Junction, Julesburg, Greeley, Longmont and Fountain; and only two counties have it, namely El Paso and Las Animas.

I am sending you a copy of an especially important report on Public Health Services prepared at the U.S. Public Health District 8 in Denver ~~and~~ of which Dr. Fred Trout is director and a copy of the Bulletin containing reports of the Colorado Conference of Social Welfare which has interested

notes on health - I enclose also a copy "
of my first report to the Governor
which is I think correct except that
I am a far too optimistic on tuberculosis -
A survey of our hospital facilities for
tuberculous patients has been made
but the final report is not yet
available, but a preliminary ^{verbal} report
indicated a marked lack of hospital
beds in Colorado - This means that we
are not abreast ^{the times} in a prevention program.
We do not yet have effective immunization
against tuberculosis but the death-
rate for this disease has been
shifted from the first to the
eighth place by hospitalization and
education of open cases, by finding
all contacts and by skilled treatment.
In spite of our long experience with
this disease in Colorado we are

Singularly back was in presenting its ¹²
spread - When the report is available
we shall hope for state wide education
in the prevention of tuberculosis.

I think that you will also be
interested in a Diagnostic Clinic for
Rheumatic Fever being conducted at
the Colorado General Hospital. We do
not know why the incidence of
this disease is so high in the
Rocky Mountain area, nor how to
prevent it, but we do know that
skilled medical care reduces
the damage to the heart indicating
a great need for facilities for
convalescent care -

* I hope that this will give you
some of the data you need -
Very sincerely yours -
Florence R. Sabini