

tive child-welfare program within the States, provided a plan of cooperation and coordination can be developed between State Departments of Public Instruction and State Departments of Public Welfare. As initial steps toward such cooperation and coordination, there appears to be a need for provision in this bill for cooperation and coordination between the United States Office of Education and the Children's Bureau.

Title VIII, Appropriations for public health: Rural sanitation is a project which the National Congress of Parents and Teachers has supported for many years. The drastic curtailment of funds for this work during the past 2 or 3 years has greatly impaired the health work done by State Congresses of Parents and Teachers. The enactment of title VIII of this bill would make possible the training of personnel and setting up of an organization and program of a sufficiently permanent nature to demonstrate its value and thus induce State departments of health to make it a part of their permanent program.

The CHAIRMAN. We thank you, Mrs. Langworthy, for your appearance before the committee and the information you have given us.

STATEMENT OF MISS OLIVIA PETERSON, ST. PAUL, MINN., REPRESENTING THE MINNESOTA DEPARTMENT OF HEALTH

Miss PETERSON. Mr. Chairman, I would like to speak for just a moment from the point of view of the public health nurse in this program. In Minnesota we have an essentially rural program developed in the division of hygiene of maternity and infancy in our State department of health. We are working especially to try to develop local responsibility in carrying their own programs. This is done by developing local committees representative of the county with medical guidance, who shall be responsible for working out a continuous program in the county, a program which meets the need of the individual county as far as the resources of that county allow. We find, however, that these committees do not retain their interest or activity very long unless there is at least one public-health nurse in each county equipped to work with the mothers and babies. In Minnesota at the present time we have 20 nurses working on a full-time basis in counties, doing generalized work. That is about 20 percent of our counties which are supplied with nurses. The others have no nurse available for this type of work. This is probably due to the fact that the county commissioners who make the appropriation for the work have been overlooking this part of the population because they are inarticulate, also because budgets have had to be reduced because of unpaid taxes.

We find in checking with the relief organizations that they consider their major relief problem today the furnishing of maternal care. We know the mothers are demanding service. We have innumerable letters asking for help. We know the committees who have been organized are asking for help. Last winter when service of this type was offered to counties through the C. W. A., we had these committees functioning in all of the counties and when the work was stopped we had letters from every county where this service had been given, asking if there was not some way of helping to reestablish it. We feel there is need for State coordination even with the responsibility

ment insurance, and other provisions of the bill, and are confining ourselves to the child-welfare portion.

Title 2, Appropriations for aid to dependent children: As far back as 1911 State branches of the National Congress of Parents and Teachers were interested in legislation providing assistance to mothers of children of tender years who were without means of normal support. Throughout the intervening years resolutions favoring such legislation have been repeatedly adopted at the annual conventions of State branches of the National Congress of Parents and Teachers. At the 1934 convention in Des Moines, mothers' pensions were recommended as a means of safeguarding the child. In none of our resolutions do we find that mothers' pensions as a Federal project have been considered. We are aware, however, that during the economic depression some States have become so impoverished that Federal assistance of this type seems desirable. We are thoroughly committed to local control and responsibility for child welfare. However, if a method of administration whereby such local control and responsibility may be retained and needs be more adequately met through the use of Federal funds, States desiring this aid, we believe, should be permitted to avail themselves of the opportunity offered through this or similar legislation.

Title VII, section 701, Maternal and child health: Since the organization of the National Congress of Parents and Teachers in 1897, State branches have taken a vital interest in extending and strengthening provision for the health of mothers and children. The maternity and infancy bill enacted in 1921 was actively supported by the organization. Our national legislative program has carried each year since the expiration of the Sheppard-Towner Act provision for this type of cooperation between the States and the Federal Government. Statistics indicate that stimulation and promotion of more efficient services in this field through voluntary cooperation are highly important.

Section 702, Care of crippled children: Provision for the care and education of crippled children has always been regarded by the National Congress of Parents and Teachers as one phase of work considered under the broader term "Exceptional children." As so considered, the following resolution was adopted at the annual convention held at Hot Springs, Ark., May 1931:

We urge the United States Office of Education to make a survey of all exceptional children in order to gain a more complete knowledge of their needs, and to provide adequately for their care and education.

Many State school systems are doing highly commendable and effective work in caring physically for crippled children and at the same time providing an educational program designed to equip them as self-sustaining citizens. If this work is to be undertaken by the Federal Government, we believe that it should be so coordinated with educational agencies now operating in this field as to aid rather than impair the fine work already being done. Provision for coordination of health and educational agencies is imperative in providing adequately for the needs of crippled children.

Section 703, Aid to child welfare services, and section 704, Participation by Children's Bureau: The National Congress of Parents and Teachers regards a child-welfare division in State departments of public welfare as of primary importance in carrying out an effec-

being chiefly local. You must have some agency which can help them develop a service, which can help them find nurses who are qualified to do the work, and which can supply literature which is authentic.

Thank you.

Mr. VINSON. I have been very much interested in your statement because it has the practical range, Miss Peterson. You have been speaking particularly with reference to the work in Minnesota. Have you had opportunity to observe it in other sections of the country?

Miss PETERSON. I have to some extent. I have recently visited about seven or eight other State health departments. I think Minnesota is quite typical of our part of the country. It is not typical of the Southern States, where they have full-time health units.

Mr. VINSON. What did you observe there in the Southern States on your recent visit?

Miss PETERSON. Of course they have quite a different set-up with the full-time county health officer and nurses. We do not have that in Minnesota. We have one full-time health unit. In other counties it is carried on on a voluntary basis by a committee with medical men on the committee who are administering their own problems and trying to carry it out.

Mr. VINSON. Your conclusions are based upon the observation of this work in counties that have the full-time health unit?

Miss PETERSON. Yes; both having full time and not having full time. Not many of the counties in the Midwest have full-time health units.

Mr. VINSON. But you have seen the practical working and the benefits that accrue from the full-time health departments?

Miss PETERSON. Yes. Of course, that is the ideal towards which we are all working. But at the present time we have not even one nurse in more than 20 percent of our counties, and that is quite typical.

Mr. KNUTSON. Miss Peterson, would you tell the committee some-think of the work that is being done in Minnesota by the Minnesota Public Health Service among the Indians in the northern part of this State, along the maternity and child-welfare line?

Miss PETERSON. Yes. The State legislature have appropriated about \$10,000 each year for this type of work with the Minnesota Indians. We have at the present time 7 public health nurses working with our 15,000 Indians in Minnesota. It is very interesting to see the result of work among that group which is supposed to be backward. We find in the parts of the State where the service is given to the Indians, the Indian mother comes and gives the white mother information as to how to take care of her baby.

Does that answer your question?

The CHAIRMAN. We thank you, Miss Peterson, for your appearance and the information you have given the committee.

STATEMENT OF DR. GEORGE M. LYON, HUNTINGTON, W. VA.

Dr. LYON. My name is Dr. George M. Lyon, Huntington, W. Va., a private physician, appearing here at this hearing because of my interest in child welfare work, and because of the special needs for the mountain State that I come from, in this particular respect.

This would seem to offer to us an opportunity such as we have never