

health), found that only approximately \$5,000,000 a year was spent in all on human-health services. That would average about 4 cents per capita.

Mr. VINSON. Before we get off that subject, included within that \$5,000,000, is there not the appropriation for meat inspection?

Miss ROCHE. I believe not.

Mr. VINSON. How much is that?

Miss ROCHE. I could not tell you. I should have to look it up.

Mr. VINSON. It is about \$3,000,000, is it not?

Miss ROCHE. I shall have to check up on that and find out exactly what it is for you. But it is my impression this \$5,000,000 referred to is only for human health services.

Mr. VINSON. I should like to have that total broken down so that we can see just what has been done and what is being done.

The appropriation that is recommended here will represent an extension of that work which has been going on; it is not experimental work; this does not contemplate going into a new field, but it is a broadening of that activity.

Miss ROCHE. Which has been proved and tested; yes, sir.

With the permission of the committee, I present this statement and data concerning the subject matter under discussion.

Mr. VINSON. Now I should like to have that statement in regard to these county health units, please.

The CHAIRMAN. Dr. Waller, will you give us the information requested by Mr. Vinson? The committee will appreciate it.

First, please state your name and whatever other information is necessary for the record.

#### STATEMENT OF DR. C. E. WALLER, ASSISTANT SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE

Mr. TREADWAY. You are assistant to Surgeon General Cumming?

Dr. WALLER. Yes, sir; in charge of the State's Relations Division of the Public Health Service.

Before I start on the functions of a county health unit, Mr. Chairman, I think I have approximately the answer to the first question that Mr. Vinson asked. He wanted to know what percentage of our total appropriation goes for health work. I may say that it is slightly over a million dollars, or a little over one-tenth of the total appropriation to the Public Health Service.

Mr. VINSON. That actually goes into public-health work?

Dr. WALLER. Yes, sir.

With respect to the functions of a county health unit, I should like to say, in the beginning, that the work of a county health unit is preventive in character. It is not for the purpose of providing medical care. In that respect it does not interfere in the slightest degree with the medical profession.

Mr. TREADWAY. You mean the local medical profession?

Dr. WALLER. The practicing physician. In fact, it has the opposite effect. The educational activities of a county health unit make more work for the practicing physician in that they bring out needs for medical care that otherwise would not be discovered and direct cases into the hands of the private physicians.

The education work carried on by these units stimulates parents into having their children vaccinated against diphtheria, typhoid fever, and smallpox, and this work is added to the work that the practicing physician is called upon to do.

The personnel of a county health unit consists, first, of the full-time medical health officer, who is the director of the unit. This health officer is not just an ordinary practicing physician. He has to have special training in preventive work. That is his specialty, and it is just as much a specialty as is the specialty of practice on the eye, ear, nose, and throat, or the specialty of surgery.

In addition to this director of the unit, we have public-health nurses on the staff. We also have sanitary engineers or sanitary inspectors as members of the staff, and then, finally, we have the clerical personnel that must be particularly skilled in the handling of vital statistics, records, and so forth.

As to the functions of the unit, one of the primary functions is the control of communicable diseases. The health officers and nurses carry out the quarantine procedures in the control of cases of communicable diseases, to prevent the further spread of these diseases from cases that have occurred.

One of the most effective means that they employ in the control of communicable diseases consists in urging parents to have their children vaccinated against diphtheria, scarlet fever, typhoid fever, smallpox. Typhoid fever and diphtheria today are almost entirely preventable and it is now regarded almost a disgrace for any community to have an outbreak of either of these diseases.

Just lately we have also discovered a means of immunizing children against scarlet fever. We have a new immunizing agent that can be used successfully for this purpose. It has been shown by officers of the Public Health Service to be almost as effective as the toxoid against diphtheria.

Mr. VINSON. Your statement, Doctor, is eminently true, but it is a statement in generalities. It does not paint the picture that I want to present to the committee. I wanted you to tell this committee and the House just how they operate in these county health units. I should like the committee to know how they get into their automobile and travel out into the school districts, and hold a clinic out there for these vaccinations and inoculations. They go through the districts and get samples of the water supply, and all that sort of thing. Those are the things that actually do the work.

Of course, what you said was true, as far as it went.

Mr. TREADWAY. Suppose we put the gentleman on the stand.

Mr. VINSON. I am perfectly willing to testify, because I have had personal observation and knowledge of how those things work, in my own country. It is the hardest-working crowd that I know about. They go out into these school districts and they vaccinate all the children that have not been vaccinated. Of course, that is a continuing proposition.

Then they go back and give them a second vaccination or a third vaccination, whatever the number of times is that they have to vaccinate these children. In other words, they carry this preventive medicine into the roots of our rural society and, to my mind, it is the most splendid work that the Federal Government participates in. In Kentucky it is done in cooperation with the medical profession, I am very happy to testify.

Mr. TREADWAY. May I ask Mr. Vinson, or let me ask the doctor, whether the testimony that our colleague has just given correctly represents the work of the public-health units in the 580 counties that cooperate with the Federal Government?

Dr. WALLER. Yes, sir.

Mr. TREADWAY. That is a correct picture, is it not?

Dr. WALLER. Yes, sir.

Mr. TREADWAY. Therefore you are willing to corroborate the testimony given by our colleague, and you are willing to have it made a part of your own testimony as a description of the work of the Public Health Service?

Dr. WALLER. I think, so far as he has gone, he has told the story better than I could tell it.

Mr. TREADWAY. I thought perhaps you would say that.

Mr. VINSON. Let us testify some more. Not only do they do these things, but they make examinations of children who otherwise would not be examined for physical defects, and call that condition to the attention of their parents. You have mentioned how they bring these matters to the attention of the parents. Not only is the child improved when the defect is corrected but you have the happiness of parents, all growing out of that activity.

Dr. WALLER. Exactly.

The CHAIRMAN. In that connection, it is also part of their work frequently to look after the dental needs of the children, is it not?

Dr. WALLER. That is quite an important part of the work.

The CHAIRMAN. I know it is in the country where I live.

Dr. WALLER. That is an important part of the health program of these units in the schools.

Mr. TREADWAY. Doctor, I am glad to know that we have one expert on this committee in connection with a part of this bill, at least. I wish we were sure we had experts on all of it. But I take it that you are here with other officials of the Government, particularly in connection with titles VII and VIII of this bill; is that correct?

Dr. WALLER. Title VIII, particularly.

Mr. TREADWAY. Does the Public Health Service have anything to do with maternal and child health?

Dr. WALLER. These county health units that we have been discussing have that as an important part of their work. But this bill, I believe, provides an additional appropriation from the Federal Government to aid these units especially with that particular feature.

Mr. TREADWAY. Maternal and child health is disassociated from the Public Health Service?

Dr. WALLER. It is; so far as the fund provided in this bill is concerned. When the work gets down into the States and into the counties, as I understand it, it will not be disassociated from the local activities being supported by the Public Health Service.

Mr. TREADWAY. What about the present set-up? You have thus far talked about what the Public Health Service does under existing conditions. What will it do differently either in regard to your one item of public health or any other items of public health, if this bill becomes law?

Dr. WALLER. As I understand it, these additional funds that are being made available to the Children's Bureau will be granted to the States, just as our funds will be, and passed on down into the local

health units to be utilized particularly in protecting the health of mothers and infants, as a part of the local county health unit program.

Mr. TREADWAY. Suppose we pass over title VII, then. Of course, Miss Lenroot and Miss Roche have both referred to it in some detail. I thought we might get a little more information about it from you. But suppose we simply deal now with your one direct interest, the appropriation for public health, under title VIII, which is to be found on page 61.

Dr. WALLER. Yes, sir.

Mr. TREADWAY. In cooperation with our colleague, you have described the present work of the Public Health Service in rural communities. What other work of the Public Health Service would you care to refer to as a present activity of the Public Health Service?

Dr. WALLER. This program, as I understand the question, will not set up new activities in the Public Health Service. It will simply enable us to extend cooperative activities with the States that we have carried on for a number of years.

Mr. TREADWAY. Let me interrupt you there, Doctor. The provisions to be found on pages 61 and 62 of this bill do not change the activities of the Public Health Service.

Dr. WALLER. No, sir.

Mr. TREADWAY. They elaborate or——

Dr. WALLER. They extend them.

Mr. TREADWAY. How much more of an expense will that entail upon the Federal Government?

Dr. WALLER. Altogether the sum of \$10,000,000.

Mr. TREADWAY. You said that was your present appropriation.

Dr. WALLER. This bill extends those activities——

Mr. TREADWAY. \$10,000,000 more?

Dr. WALLER. \$10,000,000 more.

Mr. TREADWAY. This, then, would not affect the present or past appropriations to the Public Health Service. You would have \$10,000,000 appropriated to you, and \$10,000,000 additional if this bill passed?

Dr. WALLER. \$10,000,000 additional for extending aid to the States, cities, and counties, and carrying on additional scientific investigations into the cause and methods of preventing disease.

Mr. TREADWAY. In one part of your testimony, you said something about the marine hospital being included within this appropriation. You do not have to go 50-50 with the marine hospital under the provisions of this bill, do you?

Dr. WALLER. No, sir. This would not extend the activities of the Public Health Service which do not have to do either with aid to the States or further investigations into the cause and method of control of diseases.

Mr. TREADWAY. Is the matter of the aid to the States as it is now practiced identical with what this bill provides?

Dr. WALLER. Yes, sir.

Mr. TREADWAY. Except that you have more money to accomplish the purpose.

Dr. WALLER. Yes, sir.

Mr. TREADWAY. In other words, if this bill is passed, in whatever form it is, if title VIII is adopted as part of the bill there will be no change in the activities of the Public Health Service except to increase

the possibilities of it under an additional appropriation. That is what title VIII actually does?

Dr. WALLER. Yes, sir.

Mr. VINSON. Plus added research.

Mr. TREADWAY. Let us allocate that.

Mr. VINSON. That amounts to \$2,000,000.

Mr. TREADWAY. Does that make \$12,000,000, or is the \$2,000,000 earmarked?

Mr. VINSON. It is earmarked.

Mr. TREADWAY. I believe in earmarking those items, as you may have noticed last week in connection with other matters that we passed on in the House.

Mr. VINSON. The sum total is \$10,000,000, of which \$2,000,000 goes for research.

Mr. TREADWAY. Research by the States?

Dr. WALLER. Research by the Public Health Service in cooperation with the States. That also extends existing activities of the Public Health Service.

Mr. TREADWAY. It is simply an extension of the present activities of the Public Health Service?

Dr. WALLER. Yes, sir.

Mr. TREADWAY. And out of the \$10,000,000, \$2,000,000 is earmarked for research as distinguished from distribution to the States in cooperation with rural health units.

Dr. WALLER. Yes, sir.

Mr. TREADWAY. In other words, you have \$8,000,000 for the kind of work Mr. Vinson described during your statement?

Dr. WALLER. That is correct.

Mr. VINSON. In regard to rural districts, that statement is not exactly as you would have it, because this will be extended not only to the work in rural sections, but in small cities and large cities, too.

Dr. WALLER. And to State health departments, also.

Mr. TREADWAY. The State health people make the decision, do they not? You cooperate in the sense that you provide the funds and give general directions, but the actual work is done by the State officials, the public-health services of the various States?

Dr. WALLER. Yes, sir; and the counties.

Mr. VINSON. And might I say this further, that at the present time, under the very meager appropriation that was made, and speaking now of Kentucky, because I know the situation there, the fund that provides for this county health unit is made up of State money and Federal money and county money, in many instances board-of-education money, in many instances money from other local sources, and in practically every instance outside money from private funds. Is that correct?

Dr. WALLER. Exactly.

Mr. VINSON. In other words, they have cooperation there and they have to work mighty well to be able to perform at all.

Dr. WALLER. I might say in that connection that the relationship between the Public Health Service and the State health authorities with whom we would cooperate through the use of this fund, has never been, in the history of the Service, more cordial than it is today.

Mr. COOPER. If the gentleman will yield for a question, I should like to ask it at this time.

Your statement has disclosed that about half of the present Federal appropriation for the Public Health Service goes to the marine hospitals; is that correct?

Dr. WALLER. Yes, sir.

Mr. COOPER. What is the occasion for appropriations for the marine hospital being included with the Public Health Service?

Dr. WALLER. That goes back into the history of the Service about a hundred years. The Public Health Service had its origin in the provision of facilities for the care of disabled seamen of the merchant marine. Because everything that had to do with shipping was in the Treasury Department, in connection with the collection of customs duties, this work grew up in that Department and then public-health functions were added from time to time. We remained in the Treasury Department and continued to discharge the duty of rendering medical care for disabled seamen in the merchant marine.

Mr. COOPER. Is there any reason for this appropriation for marine hospitals being included with the Public Health Service, any more than appropriations for veterans' hospitals or other activities of that type?

Dr. WALLER. Well, we feel that they are important from the public-health standpoint, because the hospitals in which we have our patients make available a splendid laboratory for research work; and since research is one of the most important functions of the Public Health Service, we feel we should continue to maintain our hospital activities for laboratory purposes.

Mr. COOPER. My inquiry does not intend to suggest at all that the marine hospital appropriations be discontinued, or anything of that kind. But I am unable to see why there is any occasion for the marine hospital appropriation being included with the Public Health Service appropriation. Can you give us any reason for that being done?

Dr. WALLER. Are you thinking, perhaps, of the Marine Corps of the Navy?

Mr. COOPER. No; I am talking about half of this money going, as you say, to the marine hospital. Is there any necessity for that being done?

Dr. WALLER. Why the seamen should be given this medical care?

Mr. COOPER. No. Why should this appropriation to maintain the marine hospital be included with the appropriation for the Public Health Service?

Dr. WALLER. I suppose simply because the Public Health Service, out of the result of its experience of all these years, is considered the proper Federal agency to carry on that work.

Mr. COOPER. My impression from your testimony is that because it was done that way many, many years ago is the reason why it should be continued that way. Is that a fair interpretation of your answer?

Dr. WALLER. I am not trying to put up an argument for its being continued.

Mr. COOPER. I am not trying to argue the question here. I am seeking information as to whether there is good reason for that being done. If there is, we want to do it, but, at the moment, I am unable

to see any reason why that should be done, and I do not see any logical connection between the marine hospital appropriation and the Public Health Service appropriation. Can you assign any reason for that being included as part of the Public Health Service appropriation?

Dr. WALLER. I think that the chief reason is that in our hospitals for the care of these seamen, we have opportunities for research, for working out better methods for the cure and prevention of disease.

Mr. COOPER. When did this Service originate?

Dr. WALLER. 1798.

Mr. COOPER. In 1798 the Federal Government began to make appropriations for marine hospitals?

Dr. WALLER. Originally this activity was supported with a tax on the seamen and then, later, through a tonnage tax.

Mr. COOPER. And that has continued through the years, and appropriations for the Public Health Service have been grafted onto that original practice?

Dr. WALLER. Yes, sir.

Mr. COOPER. Getting down to 1935, is there any reason or necessity now for that practice being continued?

Dr. WALLER. I cannot see any particular reason for transferring that work elsewhere, and, as I say, I do see a good reason for our continuing it. That is, I see a good reason for utilizing the—

Mr. COOPER. Please understand me, I am not suggesting that you discontinue the work, not for a moment. But I am unable to see any reason, certainly none has been assigned thus far, that would convince me that there is any necessity for the marine hospital appropriation being included within the appropriation for the Public Health Service.

Dr. WALLER. I do not think it is a proper charge against public-health appropriations, if that is what you mean.

Mr. COOPER. That is exactly what I am driving at. The information and the impression go out to the country that 10½ million dollars is being appropriated for public-health-service work whereas the fact is that only about half of that money is being used for that purpose. Why not let the records and the actual practice speak the truth about these things? That is what I am driving at.

Dr. WALLER. Exactly.

Mr. COOPER. So you cannot advance any special reason why that practice should be continued?

Dr. WALLER. I cannot see any reason why we should charge that against the appropriations for public-health work.

Mr. COOPER. That is what I have in mind exactly; thank you, sir.

Mr. KNUTSON. Doctor, carrying that just a little further, you stated in response to an inquiry from the gentleman from Kentucky, Mr. Vinson, that the marine hospital is a hospital laboratory. I take it you meant by that that you have patients who come to that hospital from the merchant marine who have been in various parts of the world. They return here infected with various diseases, some of which are rather rare in this country, and it gives you doctors an opportunity to observe those diseases, study them, and provide safeguards against their introduction into the country. That is what you meant when you spoke of this being a laboratory?

Dr. WALLER. Yes, sir; and to develop newer methods of treating disease.

Mr. KNUTSON. You also stated in response to an inquiry that you could not see any particular reason for charging the upkeep of the marine hospital to the Public Health Service. You did not mean by that that the jurisdiction over the marine hospital should be transferred elsewhere?

Dr. WALLER. No, sir.

Mr. KNUTSON. You merely meant that the cost of operating the hospital could properly be charged to some other work, but that the operation of the hospital should continue as at present in the hands of the Public Health Service?

Dr. WALLER. Exactly.

Mr. KNUTSON. How many Government bureaus are there that are wholly or in part engaged in health work?

Dr. WALLER. I have understood that there are about 33 Federal establishments that perform some function related to public health.

Mr. KNUTSON. For instance, why could not the maternity work be placed in the Public Health Service? Is not that just as much a matter of public health as dentistry?

Dr. WALLER. Yes, sir.

Mr. KNUTSON. You described a moment ago the progress that you have made in controlling scarlet fever, typhoid, and other diseases that are often epidemic.

Dr. WALLER. Yes, sir.

Mr. KNUTSON. I am just wondering, Mr. Chairman, in view of what the Doctor says, that there are thirty-odd Government bureaus that are engaged wholly or in part in health work, why it would not be a good idea to give some thought to consolidating these activities, and placing them in the hands of the Public Health Service, where they belong.

The CHAIRMAN. It might cut off some jobs.

Mr. KNUTSON. Of course, that would be tragic. I hasten to withdraw any suggestion I may have made looking to that, Mr. Chairman. We cannot do that.

Mr. TREADWAY. Not while this administration is in power.

Mr. KNUTSON. I do not want to bring politics into this. I think probably we had as much when we were in power, but I do think it is high time and I think the chairman of the committee probably could do it, to call the attention of the President to the fact that there are thirty-odd bureaus that are engaged wholly or in part in health work, and to the desirability of consolidating them and including them under the jurisdiction of the Public Health Service.

The CHAIRMAN. If what you say is a fact, it might be that this is a fine field for investigation and perhaps some reform.

Mr. REED. Doctor, I was very much interested in your statement in regard to this county work. Of the 3,000 counties, how many counties did you say have the set-up?

Dr. WALLER. Less than 600 today.

Mr. REED. After these clinics have been conducted by these boards, how many of those 600 counties have hospital facilities to treat the children or the adults who are found in need of it by these clinics?

Dr. WALLER. A great many of them do not have adequate hospital facilities, although some counties in which county hospitals do not exist do have private hospitals and other facilities. On many occa-



sions, in counties that had no hospital facilities, the health department has arranged to have children in need of corrections requiring hospital care taken to hospitals in adjacent counties.

Mr. REED. How well is the country served generally with tuberculosis hospitals that take care of both children and adults?

Dr. WALLER. There is undoubtedly a great need for more hospitalization in the rural sections in this country. I cannot give you accurate figures.

Mr. REED. Are you familiar with the Newton Memorial Hospital, at Cassadaga, N. Y., supported by the county of Chautauqua?

Dr. WALLER. No, sir.

Mr. REED. We consider that a modern tuberculosis hospital for both children and adults of this country.

The board of supervisors who operate the hospital have examinations annually for school children, and we have a very eminent man at the head of it. The children go there and are treated. Then too the city of Buffalo has a remarkable tuberculosis hospital erected in my district. I think you are familiar with that.

Dr. WALLER. Yes.

Mr. REED. It is one of the few hospitals that follows the system used in the hospitals in Switzerland, where they permit little children even in weather like this to run almost naked to get the benefit of the influence of the sun and the weather. They have had remarkable results there. But the point I was interested in was to know after we have conducted all these clinics whether these children in many sections are neglected, or whether they have an institution where they can go and get proper treatment.

Dr. WALLER. Where the county health unit has been large enough to function properly the correction of these defects has been made. The nurses go out and follow up school medical inspections, visit the homes and see that the parents take their children to a physician or a hospital to have the corrections made. If the parents are not able to have the work done, the health departments undertake to see that the facilities are provided. I have actually assisted in arranging for tonsil clinics in one of these units myself.

Mr. REED. You would not say that at the present time the facilities are adequate to take care of the conditions found by these clinics?

Dr. WALLER. Not at all. I understand that the President's Committee on Economic Security has this question of need for hospitalization under consideration.

Mr. REED. There is no figure you can give us in regard to counties that have their own special facilities for looking out for county-wide cases, is there?

Dr. WALLER. I have not the information you desire at the moment, but I think I could get it and put it in the record.

There are approximately 1,000,000 hospital beds in the United States. Of these, 160,000 are in general hospitals, the remainder in mental tuberculosis, and other institutions. Of the 160,000 beds in general hospitals, 40,000 are supported by the Federal Government and almost 120,000 by State, city, or county governments.

General hospitals under governmental auspices exist in only about 400 counties in the United States. In 1,320 other counties there are general hospitals under nongovernmental auspices. In 1,300 counties, containing 18,000,000 people in 1930, no general hospitals

exist. It is estimated that 10,000,000 people in 600 counties have no accessible hospitals at the present time.

Mr. REED. I would appreciate that very much. It is suggested by my colleague here that you put in the record the number of counties that have the visiting nurse system.

(The information requested is as follows:)

*County Public Health Nursing Service in the United States*<sup>1</sup>

	Number	Percent
Total counties in United States.....	3, 072	100. 0
Counties having nurses who are available to whole county.....	1, 079	35. 1
Counties having nurses for a part of the county.....	375	12. 2
Counties having no public health nursing service.....	1, 618	52. 7

<sup>1</sup> This is according to the 1931 N. O. P. H. N. Census.

There is one other thing I would appreciate. It may be a little foreign to the point, but as long as we have gotten into the subject, I would like to have you put in the record just what the qualifications are now for our seamen or sailors who are seeking to enter these hospitals.

Dr. WALLER. Yes, sir.

Mr. REED. Just put in the qualifications. I have had many complaints from sailors and retired lake captains that they are crowded out, although they started contributing to this fund 'way back. They are elderly men now. There is a great deal of feeling about it. They have been shunted to one side. They take a good deal of pride in these hospitals. I just wish you would put in the record the history of these hospitals and the contributions that these sailors have made, and when they ceased to make these contributions, and why this change of policy.

Dr. WALLER. I shall be glad to do so.

**REGULATIONS OF THE PUBLIC HEALTH SERVICE GOVERNING MEDICAL CARE FOR AMERICAN SEAMEN**

604. American seamen shall be entitled to the benefits and facilities of the marine hospitals and other relief stations of the Service. No person employed in or connected with the navigation, management, or use of vessels under 5 tons, or canal boats engaged in the coasting trade, shall, by reason thereof, be entitled to any benefit or relief from the Service.

605. In case of doubt as to the fact of registration, enrollment, or license of a vessel, the officer to whom application for relief is made shall request information of the collector of customs at the port as to the character of vessel on which the seaman is employed, and the said collector of customs shall furnish such information, if practicable.

606. Sick or disabled seamen taken from wrecked vessels of the United States returned to the United States from foreign ports by the United States consular officers, if sick or disabled at the time of their arrival in a port of the United States shall be entitled to the benefits of the Service without reference to length of service.

607. A sick or disabled seaman, in order to obtain the benefits of the Service must apply in person, or by proxy if too sick or disabled so to do, at the Office of the Public Health Service, to an officer of that Service, or to the proper customs officer acting as the agent of the said Service at stations where no medical officer is on duty, and must furnish satisfactory evidence that he is entitled to relief under the regulations.

608. Masters' certificates and discharges from United States shipping commissioners, made out and signed in proper form, showing that the applicant for relief has been employed for 60 days of continuous service "in a registered, enrolled, or licensed vessel of the United States", a part of which time must have been during the 60 days immediately preceding his application for relief, shall entitle him to treatment. The phrase "60 days of continuous service" shall not be held to ex-

clude seamen whose papers show brief intermissions between short services that aggregate the required 60 days, provided that any such intermission does not exceed 60 days.

609. The certificate of the owner or accredited commercial agent of a vessel as to the facts of the employment of any seaman on said vessel may be accepted as evidence in lieu of the master's certificate in cases where the latter is not procurable.

610. Masters or owners of documented vessels of the United States shall, on demand, furnish any seaman who has been employed on such vessel a certificate of the length of time said seaman has been so employed, giving the dates of such employment. This certificate will be filed at the station where application is made for relief, if relief is furnished.

611. When an applicant's claim for relief is rejected, a copy or copies of the master's certificate or other papers in the case must be made, and the cause or causes for such rejection endorsed on said copy or copies, which shall then be placed on file at the station.

612. Any master of a vessel or other person who shall furnish a false certificate of service with intent to procure treatment of an applicant shall be immediately reported to the nearest United States district attorney for prosecution. A person who ships for the purpose of thereby qualifying for treatment of a preexisting disability is ineligible.

613. When an interval has occurred in the applicant's seafaring service by reason of the closure of navigation, such interval shall not be considered as excluding him from relief.

614. During the season when navigation is closed at any port, seamen applying for relief at such ports shall be entitled to same, provided they present documentary evidence, as required in paragraph 610, which must show that the applicants were employed within 60 days immediately preceding the said closure of navigation.

615. The time during which a seaman has been under treatment in hospital as a patient of the service shall not be reckoned as absence from vessel in respect to debarring him from further relief.

616. Whenever a beneficiary applies for relief without a master's certificate, the oath or affirmation of the applicant as to the facts of his last employment, stating names of vessels and dates of service, may be accepted as evidence in support of his claim for relief. This oath or affirmation shall be taken before a notary or other person authorized by law to administer oaths.

617. When the period of the seaman's service as shown by his certificate on last vessel is less than 60 days, his oath or affirmation as to previous service may be accepted.

618. In cases of doubt, reasonable effort shall be made to verify the genuineness of masters' certificates and shipping commissioner's discharges, and of the signature to the same. Due care shall also be exercised to identify the persons presenting masters' certificates.

619. When a reasonable doubt exists whether the applicant is entitled to relief under the regulations, the application, accompanied by a statement of the facts, shall be immediately referred to the Surgeon General for decision, and when the seaman is in such condition that immediate medical or surgical attendance is necessary, he will be placed under treatment pending the decision, and the action in the case by the officer shall be reported.

620. When a seaman applies for relief after an absence of 60 days or more from his last vessel and it satisfactorily appears that it was impracticable for him to apply to the proper officer for treatment, a statement of the facts, together with a copy of the application and other papers in support of same, shall be filed and the seaman admitted to hospital.

621. Any seaman who is able to write will be expected to sign his name upon the face of the master's certificate issued to him before said certificate is signed by the master of the vessel, and the officer receiving such certificate shall require the applicant to verify the signature in his presence.

622. When patients are admitted for hospital treatment pending the decision of the Surgeon General, the usual report on the proper form shall be forwarded to the bureau and the authority recorded on the patient's record card as soon as it is received. If relief is not authorized, the applicant shall be discharged and the disapproval recorded on the completed report card and on the record card.

623. When a seaman who has received continuous treatment at the out-patient office for two months applies for further treatment, he must furnish a new certificate of service showing that he is still following the vocation of seaman or furnish satisfactory evidence that he has been prevented from resuming his occupation by circumstances not under his control. The latest date of his service or his explanation of his lack of recent service shall be noted on his record card. The

medical officer in charge may waive the requirements of this paragraph where the nature of the disability is such as to prevent a seaman from resuming his vocation or when to his knowledge the port has been closed.

624. The expenses of carrying for sick and disabled seamen incurred during a voyage, or when not prearranged by an authorized agent of the Government, will not be paid by the service.

625. The expenses for the care and treatment of patients suffering from contagious diseases, who are entitled to the benefits of the service, and who, in accordance with the State or municipal health laws and regulations are taken to quarantine or other hospitals under charge of the local health authorities, will not be paid unless such patients were admitted at the time by the request of an officer of the service.

626. In no case shall money be paid to a seaman or to his family or friends by the service as reimbursement for expenses incurred during his sickness or disability.

627. Seamen who may be injured in street brawls or while committing a breach of the peace, and are, therefore, confined in jail or taken to civil hospitals by the local authorities for such acts, shall not receive treatment at the expense of the service while confined in jails or civil hospitals. Such seamen should, however, be furnished treatment if brought to service or contract hospitals.

628. Seamen taken sick or injured on board or ashore while actually employed on a documented vessel shall be entitled to treatment at relief stations without reference to the length of their service.

629. A certificate of discharge may, at the discretion of the officer in charge, be given to a hospital patient, but such certificate, when presented at another relief station, shall not be taken as sufficient evidence of the applicant's title to hospital relief but may be considered as collateral to other satisfactory data submitted by the seaman.

630. Temporary relief only is contemplated, and admission to hospital is not intended to permit an indefinite residence therein for cause other than actual disease or injury. Seamen who have changed their occupation or who have retired from their calling because of age or for any other reason not requiring relief from actual disease or injury within a period of 60 days after leaving the vessel shall not be entitled to service relief.

631. The Surgeon General is authorized to issue orders for the temporary care and treatment of sick seamen at minor stations and for the transfer of patients, including necessary expenses, whenever the interests of the service demand such transfers.

AMENDMENTS TO THE REGULATIONS, UNITED STATES PUBLIC HEALTH SERVICE—  
PROMULGATED APRIL 3, 1934

603. \* \* \*

2. Officers and enlisted men of the Coast Guard (active and retired), and dependent members of their families.

613. When an interval in excess of 60 days has occurred in the applicant's seafaring service by reason of the closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship, or if the applicant has been receiving treatment at his own expense since his last sea service, and he can, to the satisfaction of the medical officer in charge, show that he has not definitely changed his occupation, such interval shall not be considered as excluding him from relief.

l. Add paragraph 633½, as follows:

633½. Medical officers on duty at first-, second-, and third-class relief stations, in addition to their usual duties, shall be required to furnish medical advice and office treatments to the families of officers and enlisted men, including those on the retired list, residing in the vicinity of regularly established relief stations of the Public Health Service.

Except in cases of emergency, the medical relief contemplated will be available only during the regular working hours of the relief station, and provided it may be accorded without interference with the medical officer's other duties.

The family of an officer or enlisted man shall include only those relatives who are wholly dependent upon him for support, and not persons employed by him.

Approved April 3, 1934.

H. MORGENTHAU, Jr.,  
*Secretary of the Treasury.*

Approved April 7, 1934.

FRANKLIN D. ROOSEVELT,  
*The White House.*

Mr. BOEHNE. That is the very question that I wanted to ask the doctor. These marine hospitals originally were built by contributions from seamen. I have forgotten the exact amount they were required to contribute. Now, in their old age, a regulation—not a statute—requires that they have been in active service either 30 or 60 days before they can get in. It was interesting to me that we had a man for our particular marine hospital who was 90 years of age and needed hospitalization, yet he was put into active service on the Ohio River for 5 days in order to qualify for our hospital.

Mr. REED. I just wanted to say further that many of these lake captains on the Great Lakes rendered wonderful service at an advanced age during the World War, and yet those men are foreclosed from the facilities of these hospitals.

I want to say further that I have a great respect for the people who initiated these hospitals in a time when hospitals were practically unknown in this country. They served a very useful purpose in bringing to the attention of the public the need for hospitals generally. It is a little foreign to this point, but I know there is a great interest in it.

Mr. BOEHNE. As long as we have gone into the subject, I would like to have you give us the history and some information as to why the change of policy. Is that a statutory regulation or simply a regulation of the Public Health Service?

Dr. WALLER. Regulations promulgated by the Secretary of the Treasury, and approved by the President.

Mr. BOEHNE. That regulation could be changed?

Dr. WALLER. I am not sure about that. I think the Surgeon General could tell you more accurately than I can what our policy is with respect to the admission of seamen to our hospitals. I am not very familiar with that feature of our work.

Mr. KNUTSON. May I suggest, Mr. Chairman, that the questions pertaining to the actual operation of hospitals be deferred until General Cumming takes the stand, because the doctor is engaged in health work as it pertains to the Government and the States.

The CHAIRMAN. It appears to the Chair that we have gone over this subject now, and if somebody else goes over the same ground, the record will become so voluminous we never can read it and we will never get through with the testimony. If Doctor Cumming is better prepared to give this testimony, he should have been presented earlier in this hearing. The Chair will have to draw the line somewhere so that we can get through some time.

The CHAIRMAN. Are there any further questions?

Mr. TREADWAY. Doctor, I see your diffidence at expressing any opinion, naturally, as to the conflict between the Public Health Service and the marine hospital work. But as I understand the situation, out of the \$10,000,000 appropriated for public health, \$6,000,000 of it goes to the marine hospital service.

Dr. WALLER. About five million dollars.

Mr. TREADWAY. Half at least?

Dr. WALLER. Yes, sir.

Mr. TREADWAY. You testified, as I understood you, that there was a very remote connection between the two.

Dr. WALLER. Yes, sir; so far as the appropriations for hospitals and public-health work are concerned.

Mr. TREADWAY. In other words, is not this the case, that the Public Health Service is more or less a child of the old marine hospital system, and in a sense has now outgrown its parentage and is entitled to a separate set-up?

Dr. WALLER. I should not say that it is entitled to a separate set-up, but that its public-health activities ought to be increased.

Mr. TREADWAY. And there is a very good opportunity for Congress, whether through this committee or other committees, to take up the merits of the case of the separation of the two activities of the Government?

Dr. WALLER. Yes, sir; for the purpose of considering additional appropriations for public-health work.

(Dr. Waller subsequently submitted the following:)

*Estimated regular Federal expenditures for activities related to public health, fiscal year ending June 30, 1935<sup>1</sup>*

Bureau of the Census, Department of Commerce, vital statistics...	\$279, 600. 00
Pan American Sanitary Bureau, cooperation of United States in maintenance.....	30, 236. 51
Office of Education, Department of the Interior, school hygiene...	10, 000. 00
Children's Bureau, Department of Labor, maternal and infant hygiene (includes publications).....	118, 855. 00
Bureau of Animal Industry, Department of Agriculture, meat inspection.....	4, 530, 795. 00
Office of Food and Drug Administration, Department of Agriculture, food and drug control.....	725, 000. 00
Bureau of Home Economics, Department of Agriculture, studies of nutrition.....	62, 728. 00
Public Health Service, Treasury Department:	
National quarantine service.....	1, 316, 000. 00
Medical examination of aliens.....	65, 000. 00
Mental hygiene.....	142, 500. 00
Vital statistics and publications.....	85, 000. 00
Public-health research (including field investigations).....	949, 395. 00
Cooperation with States:	
(a) Interstate quarantine service.....	35, 495. 00
(b) Preventing the spread of epidemic diseases.....	76, 802. 00
(c) Control of venereal diseases.....	29, 000. 00
(d) Rural health work (including salaries of officers)....	59, 875. 00
(e) Detail of officer acting as State health commissioner during reorganization of State health department..	4, 000. 00

The CHAIRMAN. We thank you, Doctor, for your appearance and for the testimony you have given the committee. Also the Chair will extend the thanks of the committee to Miss Roche for her presence and the information and help she has given the committee.

General Cumming is the next witness.

#### STATEMENT OF HUGH S. CUMMING, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE

General CUMMING. Did you want me to make a statement, or answer questions?

The CHAIRMAN. If you have a general statement, we will be pleased to receive it, and then we will ask you questions.

General CUMMING. In the first place, I feel that this particular part of the bill, title VIII, which pertains to the Public Health Service, will be a very wise provision. It is not entering upon any new ground for the Federal Government at all. It is well-tried ground, something that we have entered into in this country a good many years ago in

<sup>1</sup> Does not include expenditures from Emergency Relief and Public Works funds.