

STATEMENT OF DR. T. F. ABERCROMBIE, REPRESENTING THE STATE AND TERRITORIAL HEALTH OFFICERS CONFERENCE OF NORTH AMERICA

Dr. ABERCROMBIE. My name is Dr. T. F. Abercrombie, of Atlanta, Ga. I represent the State and Territorial Health Officers Conference of North America, as well as my own State as State health officer.

I want to express particularly the need of this type of work as set forth in this bill. First, we have just completed in my State a physical examination and somewhat of a mental examination of some 10,000 people on relief rolls. The thing that stands out in that examination, though the data is not quite complete, is this, that 70 percent of those people need some sort of medical care right now, 90 percent of them need dental care. If you would start all the dentists in the country at work, based on that, it would take 20 years to do the dental work you have before you on that program.

Mr. KNUTSON. Will it be possible to do that very necessary work under this legislation?

Dr. ABERCROMBIE. I am getting back to the prevention side of it in just a few minutes. This type of work is designed to prevent those calamities which I am presenting to you right now. I do not think it will get into the curative side.

In all those families there was less than three-tenths of a quart of milk consumed by the family.

One other thing stands out as significant, that more than 50 percent of those people on those relief rolls never went beyond the third grade of school. There is the picture before you.

Mr. KNUTSON. For what part of the country do you speak?

Dr. ABERCROMBIE. Georgia, in the rural areas.

As I said, I represent the Health Officers of North America. Not only they, but I think you will find the majority of the practicing physicians of the country are in favor of this type of work. The work as designed and set up under this bill is to prevent the things that I am describing to you, that we have found in those relief rolls.

One other thing as to the need: We have had recently in our State a great many of the nurses under this nursing program. For the first time we have covered the whole State in our section of the country. But in spite of that fact, our infant-mortality rate is increasing this year for the first time due to the economic depression, undernourishment, and financial strain on the family budget.

To show you what can be accomplished by a thing of that kind, and that is being done with this, our tuberculosis death rate in the last year or two, since we have put on an intensive program with the help of the nurses through the Children's Bureau in a program set up by them, financed by the F. E. R. A.—in 3 years our tuberculosis death rate has dropped 21 percent in that State, whereas in a 5-year period before that it went down only 6 percent.

The CHAIRMAN. With all the money that is being spent, that does not seem to speak very well for the relief work, improving living conditions, and so on, if the death rate is—

Dr. ABERCROMBIE. I said what could be accomplished.

Mr. VINSON. The relief work has done very little with reference to the public-health proposition?

Dr. ABERCROMBIE. Very little, except where we use nurses that are on relief.

The CHAIRMAN. It relieves people, it takes care of their necessities of life. The relief work, as I understand it, is to feed and clothe people. If it is not helping as far as health is concerned, it looks as if there is something wrong somewhere, if health conditions are getting more serious all the time.

Dr. ABERCROMBIE. We need to get this public-health service to the whole State.

Mr. DINGELL. As I understand it, the doctor stated that through the efforts of the F. E. R. A. in corrective work so far as tuberculosis was concerned, the death rate has been reduced 21 percent in the last 3 years.

Dr. ABERCROMBIE. That is right; 21 percent in the last 3 years.

Mr. DINGELL. That is through the corrective work of the F. E. R. A.

Dr. ABERCROMBIE. That is just one item where we have been able to intensify on that program.

The CHAIRMAN. Oh, I thought you stated the death rate had increased in the last year.

Dr. ABERCROMBIE. No; decreased. But the infant-mortality rate is going up. That shows where we have not had it long enough to affect it.

Mr. VINSON. Might I ask, Doctor, that in extending your testimony you set forth the practical operation of a county health unit?

Dr. ABERCROMBIE. You want me to set forth the practical operations of a county or district health unit?

Mr. VINSON. Yes.

Dr. ABERCROMBIE. Yes; I will be glad to do that.

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

STATEMENT OF DR. GEORGE E. BENNETT, REPRESENTING THE MARYLAND LEAGUE FOR CRIPPLED CHILDREN

Dr. BENNETT. My name is Dr. George E. Bennett, professor of orthopedic surgery, Johns Hopkins Medical School, president of the Maryland League for Crippled Children.

I had hoped to be able to give my time to Mr. Knoeppel. He is so familiar with the entire picture so far as the treatment of crippled children and education of crippled children in America is concerned, that what I might have to say would be simply a repetition of the things he has said. I simply want to voice my approval of the statements that he made, particularly those statements pertaining to the State organizations which are functioning so satisfactorily at this time. I think it would be a very bad procedure to break down any present State organizations which are doing such exceptionally good work as we see in the State of North Carolina and other States which are carrying on such beautiful work on such an economical basis.

In Maryland we have what we feel is a very fine set-up in regard to the cooperation of the various hospitals. We have two very well equipped hospitals for the care of crippled children. We have a State organization. Our State appropriates very little money, and we need more money in order to extend our work.