

THE COMMONWEALTH OF MASSACHUSETTS,
DEPARTMENT OF PUBLIC HEALTH,
Boston, January 28, 1935.

Dr. T. F. ABERCROMBIE,
*Care of Surgeon General Cumming, United States Public Health Service,
Washington, D. C.*

MY DEAR DR. ABERCROMBIE: The Massachusetts Department of Public Health is heartily in favor of bill S. 1130 and H. R. 4120 and the plans proposed by President Roosevelt in his message recommending the legislation on economic security.

I understand that you are to appear before the committee and I would ask you to record the Massachusetts Department of Health as in favor of the passage of this bill.

Very truly yours,

HENRY D. CHADWICK, M. D.,
Commissioner of Public Health

The CHAIRMAN. The next witness is Dr. Walter Bierring, Des Moines, Iowa, representing the American Medical Association.

**STATEMENT OF DR. WALTER BIERRING, REPRESENTING THE
AMERICAN MEDICAL ASSOCIATION**

Dr. BIERRING. Mr. Chairman and members of the committee, I would like to speak of title VIII, on behalf of the physicians represented by the American Medical Association and the public-health interest of this country in general, as one who has become familiar with it through contacts with all parts of this country. I think attention should be called to the fact that within the last 30 years there has been a continual reduction in the death rate, with the institution of modern public-health and sanitation methods. Not all diseases have been reduced alike, but particularly those in which prevention and sanitation play a role, have been reduced. The death rate in typhoid fever has been reduced so that it is only 3 percent of what it was 30 years ago, largely because it is a so-called "water-borne" or "milk-borne" disease.

The death rate in diphtheria has declined in the same way, largely because there have been developed preventive and curative measures for this disease. The death rate in diseases characterized by diarrhea has been reduced one-half in the last 30 years. Again, as has been mentioned, in the case of tuberculosis, there has been a marked reduction in the death rate; but we are coming into new problems now in connection with public health, relative to those diseases which seem to belong to the later days of life, or which are a part of the wear and tear of life, as, for example, heart disease, in which the death rate has about doubled in the past 30 years; cancer, nearly as much; likewise in those associated diseases represented by hardening of the arteries, chronic disease of the kidneys, and high blood pressure. Again, diabetes has become a definite public-health problem, because it affects a great many of our people. There are twice as many cases of that as there were 20 years and 30 years ago.

There is a marked difference between the old-time health officer and the health officials of today. There is a long step from the man who used to simply have to place a quarantine sign on the house and see that the quarantine was enforced, to the health officers of today. In my State of Iowa, which is distinctly a rural and agricultural State, there were 14 epidemics during the past year due to milk-borne dis-

eases. Two of them produced sore throat. Again, nine of them produced or transmitted typhoid fever, not by the milk itself, but by means of so-called "typhoid carriers." Five to ten percent of the people who have typhoid fever carry typhoid germs in the gall bladder or in the intestines during the balance of their lives and the germs are discharged at intervals with the human discharges. It takes a very expert so-called "epidemiologist" to determine the causal relation of epidemics of this kind.

In a State such as ours, animal diseases prevail to a large extent, and undulant fever is one of our most prominent diseases coming from the lower animals. We have had two milk-borne diseases where contact, with a cow in one instance and with a hog in the other, have brought about a marked epidemic of the disease now called "undulant fever," formerly called "Malta fever." In our packing houses and in various industries where there is contact with animals, it has become quite a problem with us.

By furthering the measure that is before you, I believe you will particularly aid the rural districts of this country. The larger cities have been through the development of full-time health departments and have been able to handle the problems as they have arisen, but the rural districts all over this country are greatly in need of help. The organization of district and county health departments is now being made a part of the laws of the several States, so that there will be an active cooperation between the State health departments and Federal Public Health Service under this provision, and I believe that you can do nothing better than to extend this aid. It should be extended possibly temporarily, but in time, through the influence of education, the communities will become health conscious and will assume the responsibilities themselves. They need help now.

The CHAIRMAN. Doctor, are you supporting this bill as it is, without the suggestion of amendments or modifications?

Dr. BIERRING. From my knowledge of the needs of the country, I would say that it should be supported.

The CHAIRMAN. We understand that it is one of the paramount needs, but do you have any suggested amendments or modifications, to the bill? Do you have any changes or anything like that in mind that would help to better the bill?

Dr. BIERRING. No, sir. I believe it is under good supervision if it is under the expert guidance of the United States Public Health Service.

Mr. DINGELL. Mr. Chairman.

The CHAIRMAN. Mr. Dingell.

Mr. DINGELL. Dr. Bierring, I would like to ask a question or two. At the outset, it was in Iowa, as I remember it, where the farmers rose in armed opposition to compulsory tuberculin testing of milk cows, some 2 or 3 years ago, was it not?

Dr. BIERRING. Yes, sir.

Mr. DINGELL. Have you solved that problem in Iowa?

Dr. BIERRING. Entirely; yes, sir.

Mr. DINGELL. I know that in Michigan we are entirely free in that respect. All our milk cows are tuberculin tested.

Dr. BIERRING. We have been greatly helped by the Veterinary Medical Association, and all those misunderstandings have been relieved.

Mr. DINGELL. The transmission of disease from hogs and cattle to the human family, of course, is a conceded fact, is it not?

Dr. BIERRING. To a certain extent.

Mr. DINGELL. And it necessarily follows that we have got to pursue in a medical way preventive methods in that regard; in other words, the testing of cattle and the supervision of hog raising, in order to protect the human family?

Dr. BIERRING. It will be just as necessary from now on, with the closer contact of our people through transportation.

Mr. DINGELL. Doctor, here is a question I want to ask you, that I asked a previous witness. There seems to be some apprehension about it among medical men, and I looked forward to asking you the question. The apprehension is regarding the possibility of a regimentation of the medical fraternity. In other words, what I have in mind, and what I was led to believe might follow in the wake of some such legislation as this, or might begin with it, is the deprivation of the medical men of this country of their right to charge fees and to enjoy an individual practice. Is there any such apprehension in your mind?

Dr. BIERRING. No, sir.

Mr. DINGELL. You naturally, I assume, are opposed to any interference with the traditional ethical practice of the medical profession, as it is known today, are you not?

Dr. BIERRING. I am, sir; yes, sir.

Mr. DINGELL. I just want that as a matter of record, because I am keenly interested in that phase of it. Legislation of this sort should not be made an entering wedge toward possible regimentation. I wanted to get your viewpoint.

Dr. BIERRING. I do not think there is any fear of that, because this is entirely within the line of preventive medicine.

Mr. DINGELL. However, we are going to find it necessary to use quite a number of medical men in connection with it, in the supervision of crippled and needy children, and it was in connection with that I was first apprised that the medical men throughout the country were of the impression there are possibilities in this bill which may lead to regimentation of the medical profession, ultimately engulfing them all.

Dr. BIERRING. I am sure there is not, in title VIII.

Mr. DINGELL. I am convinced that the bill is all right, on that point, Doctor, but I was just wondering whether you had possibly heard of that.

Dr. BIERRING. I do not believe you can do anything that would make the understanding better with the medical profession.

The CHAIRMAN. We thank you, Doctor, for your appearance.

The CHAIRMAN. The next witness is Mr. Charles Wesley Dunn, of New York City, representing the Associated Grocery Manufacturers of America.

The CLERK. Mr. Dunn does not answer.

The CHAIRMAN. The next witness is H. B. Anderson, of New York City, representing the Citizens Medical Reference Bureau.