

The few brief examples of the type of public health investigations which are carried on by the Public Health Service do not in any way cover the whole field of public health, nor do they give any evidence of the number of similar problems of equal importance which are before the Service. They do serve, however, to explain the interstate and national aspects of the investigational work of the Public Health Service which will be accomplished with the increased funds provided under this section.

There is appended herewith a brief history of the Division of Scientific Research of the Public Health Service, together with a statement of its major accomplishments since its inception in 1887.

ACHIEVEMENTS OF THE DIVISION OF SCIENTIFIC RESEARCH IN THE FIELDS OF MEDICAL AND PUBLIC HEALTH SCIENCES

It is not believed desirable to set down the many contributions of the Division of Scientific Research of the Public Health Service in the fields of medical and public health sciences. There are, therefore tabulated below only the outstanding achievements of the laboratories and field offices of the Division.

LABORATORIES

National Institute of Health:

- Control of biological products for human use. Six official standards devised and promulgated as follows: Diphtheria antitoxin, scarlet fever streptococcus antitoxin, tetanus antitoxin, botulinus antitoxin, perfringens antitoxin, and gas gangrene antitoxin (*Vibrio septique*). In addition, preparation and distribution to commercial laboratories of technic for 12 official tests. Thirty-nine domestic and 10 foreign establishments holding licenses as of December 1934.
- Prevalence and geographic distribution of hookworm disease in the United States. 1903. Stiles.
- Rocky Mountain spotted fever. Identification of the carrier tick; Anderson, 1903. Zoological investigation into the cause, transmission and source; Stiles, 1905. Preparation of a prophylactic vaccine; Spencer, 1924. Identification of the disease in the eastern part of the United States; Badger, Dyer, and Rumreich, 1931 (Rocky Mountain spotted fever laboratory and National Institute of Health).
- Anaphylaxis (simultaneously with R. Otto, Vienna); Rosenau and Anderson, 1906.
- Origin and prevalence of typhoid fever in the District of Columbia. Facts developed in these investigations contributed largely to the 10 years' campaign for general sanitation waged by the Service and State health departments; Rosenau, Lumsden, Kastle, Goldberger, Stimson, Stiles, 1907-1910.
- Milk and its relation to the public health; various workers, 1908.
- Observations on administration of thyroid substance developed a biological method for standardization of thyroid hormone; Hunt and Seidell, 1909.
- Fundamental investigations of oxidases; Kastle, 1909.
- Chemical tests for blood; Kastle, 1909.
- Studies of synthetic cholin derivatives opening up a wide field of physiological research; Hunt and Taveau, 1909-1910.
- Tularaemia; plague-like organism identified; McCoy and Chapin, 1909. Etiology; Francis, 1919-21. Geographic distribution and viability of organism; Francis; subsequent to original studies.
- Facts and problems of rabies; Stimson, 1910.
- Infectious period of measles; Anderson and Goldberger, 1911.
- Typhus; relation of Brill's disease to typhus; Anderson and Goldberger, 1912. Experimental transmission of endemic typhus by rat flea; Dyer, Ceder, Rumreich, and Badger, 1931.
- Method of standardizing disinfectants; Anderson and McClintic, 1912.
- Pellagra; Goldberger, Wheeler, Waring, and Willets, 1915.
- Studies on reconstructed milk; Phelps, Stevenson, and Shoub, 1919.
- Trinitrotoluene poisoning; Voegtlin, Hooper, Elvove, Livingston, and Johnson, 1920.
- Studies of oxidation reduction phenomena with special reference to its biological significance; Clark, Elvove, Gibbs, Cohen, and Sullivan, 1920-27.

National Institute of Health—Continued.

- Development of a specific test for cysteine and its utilization in biological investigations; Sullivan, 1921-24.
- Amebiasis; 20,000 specimens from returned soldiers examined with negligible findings; Stiles, 1921. Chicago epidemic and uncovering of carrier problem; McCoy, 1934 (studies still under way).
- Studies on alum process for clarification of water leading to practical improvements; Miller, 1922-25.
- Identification of pellagra with blacktongue of dogs; Wheeler, Goldberger, and Blackstock, 1922. Experimental Blacktongue; Goldberger and Wheeler, 1928.
- Pollution of underground water; Stiles and Crohusrt, 1923.
- Botulism; studies of causative organisms; Bengtson, 1924.
- Relation of contagious abortion of cattle to undulant fever of man; Evans, 1923.
- A new vitamin, B₂, found in brewers' yeast; Smith and Hendrick, 1926.
- Tetraethyl lead in gasoline; Leake et al., 1926.
- Encephalitis; etiology of epidemic encephalitis; Evans and Freeman, 1926.
- Postvaccinal; Armstrong, 1929. Isolation of a new virus; Armstrong and Wooley, 1934.
- Tetanus following vaccination, avoidance of shields; Armstrong, 1927.
- Funamental studies of the sugars including development of improved methods of preparing various sugars for use in bacteriology; Hudson, Jackson, Hann, Hockett, Merrill, and Montgomery, 1928 (and still under way).
- Infective agent of psittacosis; Armstrong, McCoy, and Branham, 1930.
- Use of convalescent blood for treatment proposed; Stimson, 1930.
- Identification of adulterant causing "ginger Jake" paralysis; Smith, Elvove, 1930.
- Prevention of fatal bichloride poisoning by use of formaldehyde sulphoxylate; Rosenthal, 1933-34.
- Stream pollution investigations:**
 - Studies on the treatment and disposal of industrial wastes.
 - Treatment and disposal of straw board wastes.
 - Purification of tannery wastes.
 - Purification of tomato canning wastes.
 - Studies of the pollution and natural purification of streams.
 - Plankton and related organisms.
 - Factors in the phenomena of oxidation and reaeration.
 - The oxygen demand of polluted waters.
 - Studies of the efficiency of water purification processes.
 - Studies of the pollution and natural purification of the Ohio River, Illinois River, and Mississippi River.
 - Laboratory and experimental studies of water purification.
 - Hydrogen ion concentrations in relation to the formation of floc in alum solutions.
 - The ortho-tolidine reagent for free chlorine in water.
 - Effects of modifications in coagulation-sedimentation on the bacterial efficiency of preliminary water treatment in connection with rapid-sand filtration.
 - Prechlorination in relation to the efficiency of water filtration processes.
 - Influence of the plankton on the biochemical oxidation of organic matter.
 - Rate of disappearance of oxygen in sludge.
 - Dissolved oxygen in the presence of organic matter, hypochlorites and sulphite wastes.
 - Nitrification of sewage mixtures.
 - Treatment and disposal of sewage.
 - Studies of the excess oxygen method for the determination of biochemical oxygen demand of sewage and industrial wastes.
 - Studies of the biological processes in activated sludge.
- Cancer laboratory:**
 - Studies of the biological action of X-rays and electromagnetic radiation.
 - Cytological studies in relation to the growth of normal and malignant tissue.
 - Studies of the carcinogenic substances in the genesis of tumors.
 - Studies of the resistance and susceptibility of malignant growths.
 - Studies of the effect of certain bacterial products on malignant growths.

FIELD INVESTIGATIONS

Milk investigations:

Development of the Public Health Service Milk Sanitation Code (now adopted by over 600 municipalities).

Studies of the processes for pasteurization of milk supplies which lead to the development of design and operation specifications for pasteurization machinery.

Studies of public health methods:

Determination of the effectiveness and economy of public-health practices.

Statistical investigations:

Studies of the principal causes of illness and the elements of population most seriously affected.

Studies of the common cold and related respiratory diseases in inter-epidemic periods.

Child hygiene investigations:

Studies in relation to the growth and development of children.

Industrial hygiene investigations:

Development of survey methods for the determination of industrial hazards

Studies of the health of workers in dusty trades.

Studies of specific industrial poisons:

Carbon monoxide.

Lead.

Radium (painting watch and clock dials).

Benzol.

Methyl and ethyl bromide.

Methyl and ethyl chloride.

Ethyl benzene.

Ethylene oxide.

Ventilation studies:

Efficiency of ventilating devices as found in actual practice.

Studies of industrial dermatitis.

Studies of abnormal temperature and humidity.

Studies of illumination:

Effects of certain sizes of windows, and ceiling heights on the distribution of natural illumination.

Malaria investigations:

Determination that *A. quadrimaculatus* is the principal vector of malaria in the United States.

Studies of malaria control through (1) drugs, (2) screening, (3) drainage, (4) larvicides, and (5) biological methods.

Studies of laboratory propagation of mosquitoes and malaria therapy of syphilis of the central nervous system.

Studies of convection of mosquitoes in airplanes to the United States from other countries.

Heart disease:

Production of rheumatic heart disease in animals by means of scurvy diet and injection of streptococcus toxin.

Nutrition:

Studies of fluorides in relation to mottled enamel in children.

Study and determination of the pellagra-preventive foods.

Leprosy investigations:

Epidemiological considerations in the study of leprosy.

Determination of the probable mode of infection in rat leprosy.

Studies of the relationship of rat and human leprosy to the diet.

APPENDIX B. SAMPLES FROM SEVERAL HUNDRED LETTERS
RECEIVED FROM STATE AND OTHER PUBLIC HEALTH
OFFICIALS

THE NORTHWESTERN MUTUAL LIFE INSURANCE CO. OF MILWAUKEE, WIS.

Ed N. Caldwell, general agent, Southern Kentucky Agency, Northwestern
Building

GLASGOW, KY., December 18, 1934.

Mr. HENRY MORGENTHAU, Jr.,
Secretary of the Treasury, Washington, D. C.

MY DEAR MR. MORGENTHAU: As a layman member of the Barren County health department, I am fully aware of existing health conditions throughout the county. The personnel, through which these activities have been directed, for several years, has been reduced by reason of smaller local budgets, and a number of cases have been entirely discontinued. Had it not been for Federal funds it would have been impossible to keep up even the skeleton organization that now exists. There does not seem to be any cure for existing conditions, unless it be through Federal support of public-health work.

I am therefore addressing you, as Secretary of the Treasury, and a member of the President's Committee on Economic Safety, to ask that you do all in your power, to see that sufficient funds be allocated to the Public Health Service and to the Children's Bureau to provide the necessary leadership, in conserving the health of the Nation.

Very truly yours,

(Signed) ED N. CALDWELL.

ENC/GP

CHARLESTON, W. VA., December 4, 1934.

HON. FRANKLIN D. ROOSEVELT,
Warm Springs:

West Virginia urgently needs continued Federal aid in support of State and local health services to maintain present public-health standards. Impossible for counties this State to finance local health service to extent needed to protect the public health. Special legislation providing for Federal aid on more or less permanent basis is essential if marked increase in communicable disease death rates is prevented. We urge that such legislation be recommended the next Congress.

Dr. ARTHUR E. McCLUE
State Health Officer.

DECEMBER 12, 1932.

President FRANKLIN D. ROOSEVELT,
White House, Washington, D. C.

MY DEAR PRESIDENT ROOSEVELT: My good friend, Dr. E. L. Bishop, who is, at the present time, president of the American Public Health Association, has called my attention to the fact that in many communities and even in the Federal departments there seems to be a growing tendency to cut down on the budgets, which in the past have been used for the conducting of health services.

As president of the largest purely professional college for the training of Negro youth in the world, and as a former public-health officer in practical public-health work in Pennsylvania, and as a member of the American Public Health Association, I desire to join with my friend, Dr. E. L. Bishop, in urging the importance of increasing the budgets for the conducting of health service, both in the Federal Government and in the State government.

Please accept again our thanks for your coming to Nashville. You gave us all a genuine pleasure.

Also accept my hearty good wishes for a very happy Christmas for you, I am
Respectfully yours,

JOHN J. MULLOWNEY, *President of College.*

TENNESSEE TUBERCULOSIS ASSOCIATION, INC.,
TIPTONVILLE, TENN., December 26, 1934.

PRESIDENT FRANKLIN D. ROOSEVELT,
White House, Washington, D. C.

DEAR PRESIDENT: We are informed by our National Tuberculosis Association that an effort is being made to have the Federal Government appropriate \$10,000,000 to be used for local health departments under State leadership and guidance, and as chairman of the tuberculosis committee of Lake County, Tenn., will say that this Federal aid is very much needed and desired in this county.

Am sure I speak the sentiment of all the people of this county who are interested in relieving the suffering of these unfortunate victims.

Trusting that this Federal aid will be made possible, as our county health department has been seriously crippled by reduction in appropriation from our county court, I am,

Sincerely yours,

MRS. J. W. HALL,
Chairman Tuberculosis Committee, Lake County, Tenn.

PICKENS COUNTY HEALTH UNIT,
Pickens, S. C., December 15, 1934.

Mr. HENRY MORGENTHAU, Jr.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: I am writing you in regards to the health in this section in which I work.

I am the health officer of Pickens County, S. C. This county has 576 square miles of mountain country, and does not have many good roads. We have a population of about 34,000 people, which are of a poor tenant farming class of whites and Negroes, and a good many of the poor mill class, who do not know how to take care of themselves, and have never had any health work done among them before 3 years ago. We have more than 10,000 children of school age.

Typhoid fever, tuberculosis, pellagra, hookworm, and diphtheria prevail in this county most of the time, and we have in the health office only the health officer and a clerk to look after these conditions.

I understand that there is some chance that the health appropriation is to be cut this time, and I am writing to beg that you do all in your power to get as large an appropriation as you can to carry on this work, which is so important to our people.

Knowing that you will do all that you can, I remain

Yours truly,

WM. B. FURMAN, M. D.,
Health Officer for Pickens County.

SEATTLE COUNCIL OF PARENT-TEACHER ASSOCIATIONS,
Seattle, Wash., January 14, 1935.

HENRY MORGENTHAU,
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: For many years the United States Public Health Service has carried on a valuable work in the stimulation and promotion of local public health activities through leadership and limited financial aid in the development and maintenance of full-time local health departments.

Through efforts of the Public Health Service, many States have been enabled to provide a large portion of their respective populations with efficient local health departments which would, otherwise, not have been organized. These local health departments have been of inestimable value in elevating the standard of the health of the communities, the States, and the Nation as a whole.

Within past years the leadership of the Public Health Service has lagged, due to the lack of necessary appropriations. This, coupled with the meagerness of State and local resources, has resulted in a woeful letdown in public health work in many sections of the Nation.

As the Seattle Council of Parent-Teacher Associations, representing a membership of more than 10,000, we sincerely urge that the United States Public Health Service by adequate appropriations and authority be given the opportunity of continuing this much needed and invaluable service. The leadership of the Federal Government, through the United States Public Health Service, is im-

perative if the various States are to expand and develop their State and local public health activities.

Respectfully,

ETHEL T. WILLIAMS,
Corresponding Secretary.

DIVISION OF HEALTH,
Newport News, Va., December 13, 1934.

Mr. HENRY MORGENTHAU, Jr.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: I am writing you to emphasize the importance of the public health work in this section. Last year under the relief program some work on mosquito control was carried out under the advisory supervision of Major Norton of the United States Public Health Service. This was very valuable to us and we hope that we may receive assistance again this year.

I think that work in public health is of untold value and should be considered first in relief programs. This applies to all sections and is especially true in seaport towns. Projects which would be valuable here are mosquito control, a rodent parasite survey, venereal-disease survey, and milk-producers survey. I think that assistance to regular employed health workers by trained Public Health Service men means a great deal as it gives the local men the benefit of a much wider experience and aids them in doing better work in the future.

I hope that you will be able to continue the public health program and enlarge it to the extent of aiding communities.

Yours very truly,

G. COLBERT TYLER, M. D.
Health Officer.

TREASURY DEPARTMENT,
Austin, Tex., December 12, 1934.

Hon. HENRY MORGENTHAU,
Washington, D. C.

Local health service most neglected health need in Texas today. Funds available cannot possibly meet demand constantly being made. State as a whole is in dire need of this particular service. May we have your cooperation in providing a liberal appropriation for cooperative aid in the development and maintenance of county health work. Biennial budget fifty thousand per year for county health units is the goal set by John W. Brown, State health officer of Texas. May we urge provisions for at least like amount from Federal sources.

Mrs. A. F. WOOD,
President Texas Congress of Parents and Teachers.

THE GEORGE F. GEISINGER MEMORIAL HOSPITAL,
Danville, Pa., December 17, 1934.

Hon. HENRY MORGENTHAU, JR.,
*Secretary of the Treasury, Committee of Economic Security,
Washington, D. C.*

DEAR SIR: In the deliberations of your committee on the subject of the best means of improving sickness service to all of our people, the organized medical profession of Montour County in Pennsylvania respectfully hopes that your committee will bear in mind that we are not opposed to changes in the forms of medical service which are "for the better", but are rather in favor of such changes. We are, however, opposed to the hurried application of types of insured sickness service that have not proved satisfactory elsewhere, and will not provide for sickness prevention and the relief of suffering which is inferior to the best of our present-day standards.

Please be assured that the members of our county medical society are studying and experimenting and considering various types of service, and we will feel sure that an adequate and satisfactory plan can be worked out. Please be assured also of our great interest in this subject and our hearty willingness to cooperate.

Sincerely yours,

SYDNEY HAWLEY,
Secretary Montour County Medical Society.

CLEVELAND CHILD HEALTH ASSOCIATION,
1900 Euclid Avenue, December 20, 1934.

The HONORABLE HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: Allow me to call your attention to the imminent breakdown in many of our local health units. This is particularly serious in the child health field, which has been cultivated so laboriously during the last three decades. In Cleveland there has been a constant struggle to maintain minimum standards for the health and well-being of our children. I believe there has been a sagging in the nutritional status of children both in relief families and others on low economics levels.

I therefore, respectfully urge that in your consideration for national security the Federal Government give financial support and encouragement to the local health units, especially those divisions in the fields of child health and prevention of tuberculosis. Such help is needed urgently to preserve the essential health machinery and to promote the well-being of our children. To this end I am certain that a judicious distribution of Federal funds through the United States Public Health Service and the United States Children's Bureau will strengthen greatly the entire health and welfare structure of the Nation.

Very truly yours,

RICHARD A. BOLT, M. D., *Director.*

FARGO SENIOR HIGH SCHOOL,
Fargo, N. Dak., December 11, 1934.

HON. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: As one greatly interested in the public health of our people I am addressing you in behalf of the great number of our citizens who, because of the economic maladjustments which have prevailed over a period of years, are urgently in need of physical rehabilitation. Your keen sense of human needs and your desire for social improvement are shared by all my associates in the organization. I have the honor to represent, namely, the North Dakota State division of the American Association of University Women. We desire to pledge our support to your efforts in behalf of the physically unfortunate members of our Nation in these days of pecuniary distress and impoverishment.

It is our hope that in your capacity as Secretary of the Treasury you will, together with your honorable colleagues, recommend to our honored President that larger appropriations be made under the National Recovery Administration in support of public health and as a further insurance against health calamities among our people.

Because of crop failures due to adverse weather conditions in North Dakota during 1934 we are badly in need of financial support to avert an acute health problem among our citizens and we pray that our neighbors' distress will not go unheeded by a wise and magnanimous Government.

I feel certain you will agree with me that the physical stamina of our Nation, with its moral implications, is of paramount consideration in our national recovery program.

Very sincerely yours,

(Mrs. B. C.) JENNIE H. TIGHE,
President of the North Dakota State Division of the
American Association of University Women.

CHARLOTTE, N. C., December 13, 1934.

MR. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: We want to make an appeal through your Department for aid in public health work.

I am sure you realize that all public health work has been curtailed during these depression years and it is going to be hard to get it back to normal.

In our own county we have had to dispense with the services of our maternity and infancy nurse and also our negro school nurse.

Both of these departments are vitally important but we have no funds with which to employ them.

We believe that the health of the people should be one of the first considerations of our Federal Government, for without health the majority of the Nation cannot be self-supporting and would of necessity be a burden to the county, State, and Nation.

Trusting that you will lend your influence in seeing that public health gets its share of funds to carry on the good work, I am,

Respectfully yours,

E. H. HAND, M. D.,
County Health Officer.

TUBERCULOSIS AND HEALTH ASSOCIATION,
OF ROCHESTER AND MONROE COUNTY, INC.,
Rochester, N. Y., December 21, 1934.

Mr. HENRY MORGENTHAU, Jr.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: At a meeting of the board of directors of the Tuberculosis and Health Association held on December 19, the following resolution was unanimously adopted:

"Whereas provision for adequate payment for medical care of the indigent sick and for essential health services has not yet received adequate attention in the national recovery program, and

"Whereas a committee on economic security has recently been appointed, which committee should give attention to the need for Federal aid for State and municipal services of recognized worth, and

"Whereas sickness needs must be met and the hazards of preventable disease reduced insofar as possible. Be it

"Resolved, That the Tuberculosis and Health Association of Rochester and Monroe County, Inc., in meeting assembled on December 19, 1934, holds firmly to the conviction that medical needs should be considered as a factor in indigency, that medical service should be adequately paid for as future necessity will demand an increased appropriation in public-health services including those for the conduct of the health services of the Federal Government, particularly the United States Public Health Service and the Children's Bureau; and be it further

"Resolved, That copies of the resolution be sent to Miss Frances Perkins, Secretary of Labor, as chairman of the committee on economic security and to Mr. Henry Morgenthau, Jr., Secretary of the Treasury."

Very truly yours,

RAYMOND H. GREENMAN,
Executive Secretary, Tuberculosis and Health Association.

EDDY COUNTY HEALTH DEPARTMENT,
Carlsbad, N. Mex., December 26, 1934.

Mr. HENRY MORGENTHAU, Jr.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: I wish to express my appreciation for the recent allotment made from Federal relief funds by the United States Public Health Service to aid rural-health work which gave this county a much-needed increase in personnel, a full-time sanitary inspector.

I feel quite sure if all rural people could be furnished adequate public-health protection, it would save a great national waste from preventable disease. I shall be pleased to hear of more aid granted and an increase of counties furnished full-time health service.

One great need in this State is isolation camps for indigent tuberculosis cases who come here from practically every State in the Union. Many of them have no means of support. They have in the past expected to get light work and let the climate cure them. Now, since there is so much unemployment, these transient cases expect relief organizations to care for them. I have suggested that the C. C. C. camps in this State, as they are abandoned, be converted into tuberculosis camps. The question of supervision and maintenance would have to be considered. I think this would be a great aid for our State in the control of tuberculosis.

I shall be pleased to have this matter presented to your Committee on Economic Security.

Yours very truly,

O. E. PUCKETT, M. D.,
Eddy County Health Officer.

NEW JERSEY HEALTH AND SANITARY ASSOCIATION, INC.,

December 27, 1934.

HON. HENRY MORGENTHAU, JR.,

Treasurer of the United States, Washington, D. C.

DEAR SIR: This association, made up of persons interested in public health activities, has instructed its officers to communicate with you, pointing out that in many communities throughout the country there has been a marked reduction in appropriations for the use of public-health departments without a corresponding reduction in the need for the work carried on by such agencies.

It is our understanding that a small allotment of money has recently been made from Federal relief funds through the United States Public Health Service to aid health departments in certain States and communities applying for such assistance.

In order that sufficient funds may be available to meet requirements of this character, this association urges that consideration be given allotting additional money to the United States Public Health Service for this purpose as part of the program of economy security.

Very truly yours,

NEW JERSEY HEALTH AND SANITARY ASSOCIATION,

I. W. KNIGHT, M. D., *President.*EDWARD GUION, M. D., *Secretary.*WM. H. MACDONALD, *Chairman Executive Council.*

STATE OF MONTANA, STATE BOARD OF HEALTH,

Helena, Mont., December 6, 1934.

MR. HENRY MORGENTHAU,

Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU. On account of appropriations made by Congress to the United States Public Health Service a few years ago, we were able, with the aid of this Service, to establish four full-time health units in Montana. We have been able to hold them during the depression but we need more for a well-rounded public-health program for this State. I hope that you will use your influence with Congress to have an adequate appropriation made for aid to the States in establishing such units. If the State Board of Health of Montana can help you in any way, we will be glad to do so.

Yours very truly,

W. F. COGSWELL, *Secretary.*

COLUMBIA, Mo., December 12, 1935.

HON. FRANKLIN D. ROOSEVELT,

Washington, D. C.

MY DEAR MR. PRESIDENT: I have been very much impressed with the need of increasing effort to curtail preventable diseases. I have no doubt that many figures bearing on this subject have been presented to you. As editor of the American Journal of Public Health, I have an extensive correspondence throughout the country, and am in quite close touch with health matters in every State. In consequence of this, I feel that I can speak with a certain amount of authority in pointing out the need for greater security than now exists.

My feeling is that the Federal Government should give financial aid as well as leadership in the development and support of local health work. In December 1933, I published in the American Journal of Public Health an editorial called "The Depression and Health Appropriations", based on the report of one of our committees made by Mr. Louis I. Dublin, of the Metropolitan. The figures given in that editorial are still substantially correct, except that in a few instances I believe that conditions are worse than they were at that particular time.

May I not enlist your powerful interest in a movement which all health workers find to be of the utmost importance?

With much respect, I am

Very sincerely yours,

MASICK P. RAVENAL, M. D.

MISSISSIPPI STATE BOARD OF HEALTH,
Jackson, Miss., December 8, 1934.

Hon. HENRY MORGENTHAU, Jr.

Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: The enclosed sheet shows you that during 1933, 4,004 deaths occurred in Mississippi without any medical attention whatsoever. This is 18.5 percent of the total number of deaths occurring in 1933. In this number are not included sudden deaths, when there was not time to summon medical aid. The percentages for the months so far in 1934 are running high, also.

There is urgent need for Federal aid and leadership in the development and support of local county health work in this and other States. In spite of our best efforts for the past 20 years in Mississippi, only 25 of our 82 counties have full-time health programs; several of these are on a shoestring financially, with personnel entirely inadequate to meet the needs.

By all means, we should have every one of our 82 counties organized. This would prevent a great deal of suffering and many deaths which we are now having as a result of our inability to meet the situation. Until the Federal Government realizes the importance of assisting in the conservation of health, the economic value of which is greater than of any other thing, this tragic and disgraceful condition will continue to exist.

The Government should feel at least as much interest in fostering and promoting the public-health program as it does the educational, agriculture, highway, forestry, and other programs.

Only recently there were found in a few range cattle in south Mississippi a few screw worms. Overnight a meeting was called and within a short while Federal funds were secured to avert this threatened danger to livestock. I have no criticism to make of this handling of a real problem in its incipency; it was the proper thing to do. But I do make the statement that our high maternal and infant death rates; intestinal parasites, especially hookworms, in the central and southern part of the State; children choking to death with diphtheria by the scores every year seem never to excite the appropriating bodies to action.

The Federal Government has done nothing about these things—they have been viewed with a spirit of resignation which should be tolerated no longer. At the same time billions have been appropriated for dealing with diseases in cattle, plants, and the like. One would think that health and human life in the United States have no economic and social value. Until a few months ago, the United States Congress provided only \$25,000 for the promotion and guidance of rural-health work in the United States and its possessions; certainly 15 or 20 million dollars should be available; it is urgently needed.

I feel that you are interested in this problem. It will be appreciated if you will see that the views I have expressed in this letter are brought to the attention of others who are interested and who may be instrumental in seeing that an adequate appropriation for public-health work may be included in legislation now being formulated for presentation to Congress.

Very truly yours,

FELIX J. UNDERWOOD.

Mississippi

	Total number of deaths	Deaths without medical attention			Total number of deaths	Deaths without medical attention	
		Number	Percent of all			Number	Percent of all
1932				1934			
December	2,069	493	23.8	January	1,681	321	19.1
1933				February	1,740	293	16.8
January	1,905	404	21.2	March	1,875	301	16.1
February	1,609	309	19.2	April	1,675	278	16.6
March	1,925	389	20.2	May	1,708	216	12.6
April	1,679	290	17.3	June	1,822	266	14.6
May	1,588	311	19.6	July	1,767	254	14.4
June	1,911	310	16.2	August	1,640	246	15.0
July	1,824	320	17.5				
August	1,706	313	18.3				
September	1,837	356	19.4				
October	2,008	365	18.1				
November	1,814	303	16.7				
December	1,811	334	18.4				
Total for 1933	21,617	4,004	18.5				

WESTON & SAMPSON,
Boston, Mass., December 13, 1934.

HON. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: We are learning from several directions that the State and local health departments have had their budgets cut drastically and in some cases have suffered a virtual collapse of service. I, therefore, respectfully call to your attention the necessity of devising some way of maintaining this official health service that the hazards of preventable disease may be kept at the minimum during the period through which we are passing.

It seems to me to be of more importance to maintain these services and through them the health of suffering people than to do some of the emergency work which is admittedly of doubtful utility and practiced instead of the dole in order to maintain the morale of those helped.

Yours very truly,

ROBERT SPURR WESTON.

WEXFORD COUNTY HEALTH UNIT,
Cadillac, Mich., December 15, 1934.

HON. HENRY MORGENTHAU, JR.,
Secretary of Treasury, Washington, D. C.

DEAR SIR: I have wondered many times if it were possible to contact anyone in Washington who is connected in any way with the United States Public Health Service so as to give them a picture of the struggles of a county health unit such as ours. I am very positive that unless something is done right away along the line of previous Federal subsidy that the county health unit system will soon pass out of existence.

Here is our history in a few words. We came into existence in October 1928. Started with the following budget: Board of supervisors appropriation \$8,000, Rockefeller Foundation \$2,500, United States Public Health Service \$1,000, and local public health society \$1,800. Since the above, as you well know, the Rockefeller subsidy decreased yearly for 4 years and ceased entirely. The United States Public Health Service was cut to \$500 and then was discontinued altogether June 30, 1933.

Our local board of supervisors cut our appropriation yearly until at its last October session we were reduced to \$3,000. And this in the face of a popular vote by the people last September 11 in which we won after the definite statement carried in our advertising in the campaign stating we needed \$5,000. We cut our staff and salaries to try and function on the \$5,000 county budget, but with the \$3,000 it is simply impossible. There is a limit to the extent to which our local health services have been curtailed through budgetary cuts.

We cannot hope for any relief from our local government. Hence the appeal for Federal aid and leadership before it is too late. Once our local set-up disbands—records broken, destroyed, or packed away—and we revert to the old part-time layman health officer with his placards and tack hammer and nothing in the way of a public health program, it will be next to impossible to get back to the county health unit system again.

Thanking you in advance for your personal interest in the matter, I would also be pleased to have you pass this letter along to anyone in line of having any favorable influence in seeing that proper public health service is maintained.

Very truly yours,

S. C. MOORE, M. D.,
Health Commissioner.

CATAHOULA PARISH HEALTH UNIT,
Harrisonburg, La., December 20, 1934.

MR. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

MY DEAR MR. MORGENTHAU: I wish to bring to your attention certain facts regarding county health unit service which I think are worthy of your consideration. I shall limit myself to the consideration of the public health unit services in Louisiana as I am not familiar with those of other States.

1. Our funds for the Catahoula Parish Health Unit are derived from an appropriation by the State and an appropriation from the school board and police jury of this parish. The result of this system of obtaining funds is to make us a

football to be kicked in whatever direction it may suit the local politicians. We are not only dependent upon their goodwill for an appropriation, but it is positively true that we are compelled at times to yield in important matters to their judgment and occasionally are compelled to adopt measures against our better judgment in order to secure their support. Moreover, it occasionally happens that the interference on the part of the local people materially handicaps the conduct of our personnel to such an extent as to jeopardize the service in its entirety.

2. So far as the State appropriation goes exactly the same conditions obtain except that as a rule a more broad-minded view is usually taken by the State legislative body.

3. Without powerful political interference our appropriations are of necessity doubtful, and with a somewhat increased sum of money at our command we could accomplish a great deal more in the field of disease prevention.

4. I think it can be stated as a fact that the necessity for public health service is in inverse ratio to the financial welfare of the public, so that in times of financial depression our services are more urgently needed than during times of plenty. An adequate control system for malaria alone, in this parish, would result in the saving of ten times the entire cost of our operations. It is actually true, to the best of my knowledge and belief, that hardly a single family in the entire parish escaped at least one attack of malaria during the past season, and in a large portion of families repeated and severe attacks occurred.

5. It is my earnest recommendation that you should give this matter of extension of the public health service and above all, nationalizing the public health unit service, so as to make us independent of the whims of local politicians, your more earnest consideration.

Yours truly,

L. C. SPENCER, M. D.,
Director of Health Unit.

KNOX COUNTY HEALTH DEPARTMENT,
Barbourville, Ky., December 7, 1934.

The Honorable HENRY MORGENTHAU, JR.
Secretary of the Treasury, Washington, D. C.

DEAR SIR: I have the honor of being spokesman to you, in behalf of the health department of a county in the Commonwealth of Kentucky. The ultimate head of the United States Public Health Service, a bureau in your Department, you are in a strategic but difficult position of responsibility in respect to the passage of legislation which affects the public health of the entire Nation.

It is the announced intention of President Roosevelt to present to Congress this session a program of economic security. Further than this, the Public Health Service will also present budgetary and perhaps extraordinary items for passage or consideration. Your opinions in behalf of these subjects will naturally carry tremendous weight, and we workers on the "firing line" of health work are indeed anxious to enlist you as a sympathetic champion of our cause.

We realize that human needs which are daily problems and quite obvious to us may perhaps be a little remote to one whose days are filled with multitudinous details of public office so important as your own, and it is hoped that a few words relative to the conditions we are attempting to meet will win your sympathy toward our cause and perhaps clarify your thoughts on a point or two.

Federal aid for health work has been a lifesaver for health departments in the past and has become a necessity now under stress of the depression and the tendency of governments toward regimentation and equalization of opportunity. Public health organizations justify their existence by the fact that preventive health measures must be dealt with as a mass problem which can never be solved through single dealings with individuals. No program of social security will ever be devised in a workable form without the inclusion of some provision for the prevention of and control of disease.

Health-control measures administered by trained personnel is more efficient and cheaper than if left to sporadic efforts of organizations formed for meeting a single, pressing problem. Long-time planning, competent analysis of conditions, proper equalization of effort, and the coordination of functions will win out every time over haphazard forces left to seek their natural equilibrium.

Such service will always cost from 100 to 1,000 percent less, dollar for dollar, than unorganized and frequently unintelligent efforts.

Federal subsidy is necessary because past experience has proved that the public generally is unable to grasp the pressing need for control measures. Prevention of disease—and long-time planning—is so intangible that it is lost sight of in the press of what are apparently more acute problems. When a county becomes impoverished, the first item to be attacked on the tax rolls is the expense of the health department. It takes years to complete a satisfactory demonstration of the ability of a trained health unit to reduce the death and sickness rate; and shifting populations and self-seeking political groups are prone to be impatient with the snail's pace of progress. The poorer the county, the more they need their health department, and the less willing they are to appropriate for it, and naturally, the less able to do so.

This situation calls for an equalization factor such as a State tax which will collect funds from the points of greatest profit accumulation and redistribute them to the drained or pauperized areas. If such a situation exists within a State, it also exists within the Union; and in fact, we find certain (usually agricultural) States hard pressed to raise funds for health work, which are in dire need of such services. The Public Health Service has recognized this principle for years, and has contributed wisely even if meagerly to the upbuilding of permanent health agencies in many States. Funds from this Federal source have saved many a tottering unit until local support could be rallied; these funds have established demonstration units in many counties which are now standing on their own feet after having proved their value; and Federal funds have salvaged many units and preserved the gains made through perhaps 20 years of effort, which were in danger of being swept away in a single year of depression.

Knox County, Ky., of which I am health officer, has a population of 28,000. Lumber, mineral supplies, and oil are completely depleted, and it is one of the so-called "pauper" mountain counties of the State. Our people are 60 percent "on the relief." Pellagra, tuberculosis, hookworm, rachitis, venereal disease, contagious disease, and dire poverty stalk among us, with no hope of relief. The State health department is already taxed beyond its strength. The State and Public Health Service are carrying over 80 percent of our budget. Our eyes are on Washington, and our hopes are centering on President Roosevelt and those of you who are helping in his social security program. Health work, to reiterate, is a mass problem, and the Federal Government must be the equalization factor. Our services are sorely needed by the people, and to exist, we need funds from outside sources.

Respectfully,

CHARLES W. FOLSOM, M. D.,
Health Officer, Knox County.

STATE OF KANSAS,
DEPARTMENT OF THE STATE BOARD OF HEALTH,
Topeka, Kans., December 7, 1934.

HON. HENRY MORGENTHAU,
Secretary of the Treasury, Washington, D. C.

DEAR SIR: We have recently been advised by the Public Health Service that a limited amount of money is available for use in the development of full-time county health departments. Public health service funds; therefore, have just recently been included for the three full-time counties operating in this State.

Efficient local health service, as you know, may be developed and carried forth successfully only through having trained, full-time health officers. There are many advantages to full-time health departments in that they are concerned with all of the factors relating to the betterment of public health. Therefore, full-time health departments are active in communicable-disease control, milk control, food and drug sanitation, infant and maternal hygiene, and all other factors relating to the protection of the public health.

Appropriations for the health department, including the development of full-time county health departments, have been materially reduced in Kansas, as in other States. At the present time, as previously stated, only 3 counties are operating full-time health departments, as compared with 12 full-time county health departments 4 years ago.

It is our opinion that leadership in the development and support of local health work should arise within the Federal Government and, consequently, aid should be supplied from this source. Even though a limited amount of funds may be available for the development of the full-time county health departments, it is

an inducement to county officials charged with carrying on the duties of county governments.

I would, therefore, respectfully request that you actively support such program as calls for the further development of full-time county health departments, including Federal appropriations for same.

Very respectfully,

EARLE G. BROWN, M. D.,
Secretary and Executive Officer.

DUBUQUE CLINIC,
Dubuque, Iowa, December 12, 1934.

Miss JOSEPHINE ROCHE,
Department of the Treasury, Washington, D. C.

MY DEAR MISS ROCHE: We know that you are interested in any measures that will provide adequate medical service to all the people, and we are expecting certain legislation to be proposed, the design of which is to provide such services under the auspices of health-insurance legislation.

Please understand that we are not necessarily opposed to such legislation. We believe, however, that the problem can be most easily approached through organized groups of physicians who are in a position to render complete medical service at a price which the average person can afford to pay.

The Dubuque Clinic is a private group of nine physicians practicing medicine in a city of 40,000 people and its surrounding territory. We are experimenting in a very limited way with a plan for extending medical services on a monthly payment plan, and we think it may be possible to work out the problem confronting us on some such basis as this.

It is our conviction that adequate medical service for the public can best be provided by some such an arrangement, and we are hopeful that this type of service may be encouraged in preference to any complicated health-insurance legislation which may be contemplated.

We stand ready to share our experience with you and shall appreciate your reaction to what we are doing, together with any questions you might like to ask about this service.

Yours sincerely,

DALE D. EELCH.

THE HYGIENIC INSTITUTE,
LaSalle, Ill., December 21, 1934.

The PRESIDENT,
Washington, D. C.

DEAR MR. PRESIDENT: I wish to be among those who are probably now calling your attention to the inadequate provision in your national recovery program for the public health.

The average reduction in expenditures for public health throughout the country is claimed by the American Public Health Association to exceed 20 percent, that public-health work has virtually collapsed in some communities.

In the cities of LaSalle, Peru, and Oglesby, Ill., where I am health commissioner, we have suffered approximately a 50 percent reduction in funds available for health work. We were forced to close our social hygiene, diagnostic chest, and dental clinics, as well as curtail other activities, and accept a 40 percent reduction in salaries. There is now a crying need for dental attention among our children, and increase in tuberculosis cases, and a grave need for venereal treatments. Just today I discovered two young men with early syphilis, both infected by the same young woman. All three are on relief; yet the relief agencies will not take care of venereal diseases. The township supervisor declares he has no money, and only very reluctantly was induced to authorize a few treatments to render these young people noninfective. This of course is woefully inadequate, and only prolongs the time these people will be much heavier charges on society.

I wish that more attention could be given to the public health by our Government, and trust that some way you may be able to use your great office to further that end.

Most respectfully yours,

ARLINGTON AILES, *Director.*

DENVER, COLO., *December 24, 1934.*

HON. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

MY DEAR MR. MORGENTHAU: In view of the fact that even in good times our Denver and Colorado health departments did not rate high—we refer to the American Public Health Association appraisal of Denver health activities in 1927 and Dr. C. E. Waller's survey of public health administration in Colorado in 1931—and since the depression has reduced public-health activities, we are appealing to you to aid us in our dilemma.

We feel that lack of leadership on the part of health officers is one of our most serious problems. To overcome this deficiency it is not only necessary that funds be available for the employment of trained health officers, but an opportunity for leadership given them through the divorcement of the position of health officer from politics. Even with these changes, we could not go far without additional funds for services, some of which have never been attempted here. We wish it were possible in this emergency for the United States Public Health Service to intercede with standards and funds to the benefit of the common good.

Some of our most pressing needs are as follows:

1. *Public-health education.*—The development of a forward-looking aggressive program of public-health education in which the community may have the benefit of vital services, such as dissemination of health information bearing on the prevention and early detection of tuberculosis, cancer, heart ailments, and diseases having important social implications; the use of available channels of publicity to build up the level of public-health consciousness in Denver and Colorado as a whole.

2. *Vital statistics.*—The need of adequate reporting and classification of vital statistics in order that they may be of value in the determination of future health policies.

3. *Tuberculosis control.*—The need of a bureau of tuberculosis control to attack properly the unusual problem in this field in Colorado.

4. *Food control.*—The need of an adequate food inspection service and medical examination of food handlers.

5. *Child hygiene bureau.*—Proper attention should be given to problems of maternity and infancy.

6. *Sewage disposal.*—Lack of public health education as to the needs in this respect resulted in failure of provision for adequate treatment of sewage in the Platte River at a recent election.

While we have enumerated the deficiencies and needs of the Colorado and Denver health departments, we imagine that these deficiencies are not peculiar to Colorado, but are similar in all regions of the United States. We, therefore, urge that much larger appropriations be made to the United States Public Health Service. This Department will then be able to allot services to the various sections of the United States, and through this be in a position to set higher standards for the public health of the entire Nation.

Very truly yours,

F. B. STEPHENSON,
President, Denver Public Health Council,
 WILLIAM H. HALLEY,
President Council of State-Wide Health Agencies,
 JAMES J. WARING,
Member of the Public Health Committee of
the State Medical Society.

COUNTY OF LOS ANGELES, DEPARTMENT OF HEALTH,
Los Angeles, Calif., December 27, 1934.

MR. HENRY MORGENTHAU, JR.,
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: I am writing to you to call your attention to conditions which exist in public health work in general, and particularly in our department, with which I am of course intimately acquainted and in which I am especially interested.

You no doubt know of the existing conditions in a general way, however, I would like to call your attention to the specific conditions which exist with us and which are typical in public-health work in many parts of the country. I am speaking more particularly of general sanitation, food inspection, water supplies,

housing conditions, and the protection of our milk supply, as, in my opinion, these make up one of the most important branches of public-health work.

Commencing January 1, 1931, including the balance of the fiscal year, all members of the Department took a monthly reduction in their salary of 2 percent and turned it back into the salary fund, thus eliminating the necessity of dismissing a portion of the personnel, due to lack of funds.

For the year 1931-32, we had to take a 20-percent reduction in personnel and an equal reduction for mileage and other expenses. By rearrangement of the work and the men, and greater effort and longer hours, we were able to overcome this handicap.

In 1932-33, there was a 10-percent further reduction in personnel, plus a 5-day week, making a 10-percent reduction in man-power and time. This same year showed a reduction in inspections of 15-percent and in accomplishments of 24 percent.

In 1933-34, we again had a 19½-percent reduction in personnel, and a 24-percent decrease in inspections and a 15-percent decrease in accomplishments.

You will note that our work and accomplishments have decreased to even a greater percentage than the reduction in personnel, although the men have been donating an additional 20-percent of their time.

You will agree that health is the most valuable asset we have. Without health we are not only unable to take care of ourselves, but become a burden to others.

During this depression, with so many people being undernourished and insufficiently clothed, and having to live under bad housing conditions, their resistance has been lowered, which makes them more susceptible to disease and the possibility of starting an epidemic. In fact, we had a demonstration of this very condition with our poliomyelitis (infantile paralysis) epidemic this summer.

The public cannot afford to economize on their health departments. We public-health workers need your help now more than ever. On the other hand, you and the public need our help more than ever. If there is anything you can do, or if you have any influence with the governing powers, Federal, State, county, or city, who establish budgets or any Federal appropriations for public-health work, now is the time to use that influence. We most strongly urge you to give this matter your immediate and serious consideration.

Yours very truly,

HAROLD A. YOUNG,
Director Bureau of Inspections.

PHOENIX, ARIZ., December 8, 1934.

HON. HENRY MORGENTHAU,
Treasury Department:

Will appreciate your every effort in endeavor to secure a renewal of sufficient appropriation of U. S. P. H. S. to continue this aid. Subnormal conditions have made it impossible for the smaller towns and rural districts to maintain adequate sanitary work. Kindest regards.

B. B. MOEUR, *Governor.*

ARKANSAS STATE BOARD OF HEALTH,
Little Rock, December 10, 1934.

MR. HENRY MORGENTHAU,
Secretary of the Treasury, Washington, D. C.

DEAR MR. MORGENTHAU: Information which has just become available to me indicates that a small allotment has recently been made available from Federal relief funds to the United States Public Health Service for aid to State and local health departments.

You, no doubt, are informed that Arkansas is one of the few States which is unable to contribute toward the Federal relief program due to the bankrupt condition of our State. The need for Federal aid and leadership in the development and support of local health work due to the budgetary cuts of the many State health departments, and especially Arkansas, is very great at this time.

I respectfully invite your attention to give consideration to the allotment of Federal funds for the development and maintenance of health work through the official agencies of the different State health departments. If consistent, I wish you would please present this matter to the Committee on Economic Security recently appointed by the President.

Respectfully,

W. B. GRAYSON, M. D.,
State Health Officer.

STATE OF ALABAMA,
DEPARTMENT OF PUBLIC HEALTH,
Montgomery, December 5, 1934.

HON. HENRY MORGENTHAU,
Secretary of the Treasury,
Treasury Department, Washington, D. C.

DEAR MR. MORGENTHAU: As one of the many struggling State health officers striving to provide as much health protection to our people as our inadequate budgets will permit, I desire to express a word of gratitude to those who have made possible the recent aid which has been extended to us through the Public Health Service in building up and strengthening county health work throughout our State. As a student in the field of health administration and practice, I feel that this type of Federal aid gives a stability and permanency to our efforts not now possible to provide with the contracted budgets at our disposal. If this particular grant to the States through the Public Health Service can be assured perpetuity with provision for enlargement as suitable machinery is built up, it should prove one of the great boons in the development and promotion of sound health organizations and more particularly in the large rural and agricultural sections of our country.

Knowing your keen interest in every forward looking, unlifting program of this nature, the hope is expressed that you will see fit to give the suggestions made above careful consideration and your personal support to the Public Health Service and the State health officers.

Most respectfully yours,

J. N. BAKER, M. D.,
State Health Officer.

GAINESVILLE, FLA., January 14, 1935.

MISS JOSEPHINE ROCHE,
Assistant Secretary of the Treasury, Washington, D. C.

MY DEAR MISS ROCHE: In my capacity as health chairman of the Florida Federation of Women's Clubs, and at the request of our president, Mrs. T. V. Moore, I have today written Mr. Henry Morgenthau asking that he use every effort to secure from Congress this year a sum not less than \$3,000,000 to be used in rural health work over the Nation this coming year. Your interest and influence along the same line will, I assure you, be greatly appreciated by our organization.

While my knowledge of health work in other States is limited, I feel very sure that none of them needs this assistance more than does Florida—especially her rural population.

The \$1,000,000, which I am told was the amount available last year, did a vast amount of good, but we need much more this year as the depression has left an aftermath of disease due to malnutrition, etc.

The Florida Federation of Women's Clubs is standing solidly behind Dr. Henry Hanson, our competent State health officer, and will do everything possible when the Florida Legislature meets to secure adequate funds to carry on his work, but we do need every help possible, both financial and otherwise, from our Federal Government.

Please advise me if the club women of the State can do anything to assist.

Thanking you, I am,

Very sincerely yours,

SARAH T. PEPPER,
(MRS. W. M. PEPPER),
Health Chairman, F. F. W. C.,
Gainesville, Fla.

The CHAIRMAN. The next witness is Mr. Alvin Hansen, chief economic analyst of the Department of State.