

Congressional Record.

SIXTY-FIRST CONGRESS, SECOND SESSION.

Department of Public Health.

SPEECH

OF

HON. ROBERT L. OWEN,
OF OKLAHOMA,

IN THE SENATE OF THE UNITED STATES,

Thursday, March 24, 1910.

The Senate having under consideration the bill (S. 6049) establishing a department of public health, and for other purposes—

Mr. OWEN said:

Mr. PRESIDENT: For years I have deeply desired to see laws passed by the United States which would render efficient and coordinate its agencies for the preservation of the public health, and in this way promote the protection of our people against the preventable death and disease, which not only has greatly impaired the working efficiency of the American people, imposed hundreds of millions of dollars of unnecessary costs upon the Federal Treasury, but has prevented an increase in our population of many millions of people. All other bills and administration measures, however urgent, are, in my opinion, of minor importance compared to this subject of gigantic national interest.

The President of the United States takes a deep concern in this matter. He has frequently declared his desire to have all health and sanitary agencies of the Government brought together in one efficient body. He has expressed no objection to a department of public health, and I feel authorized to say so, but without committing himself to a department or a bureau, as preferring one to the other, he has vigorously expressed himself in favor of the concentration of all these health and sanitary agencies into one coordinate efficient body.

Mr. President, the people of the United States suffer a preventable loss of over 600,000 lives per annum, a daily senseless sacrifice of an army of over 1,700 human beings every day of the year, over one a minute from one year's end to another, and year after year. This terrible loss might be prevented by reasonable safeguards under the cooperation of the federal and state authorities, each within strict constitutional limits and with an expenditure that is utterly trivial in comparison with its benefits.

These preventable deaths are caused by polluted water, impure and adulterated food and drugs, epidemics, various preventable diseases—tuberculosis, typhoid and malarial fevers—unclean cities, and bad sanitation.

Measuring the money value of an American citizen at \$1,700, this preventable loss by death alone is one thousand millions of dollars annually, equal to the gross income of the United States Government.

There are 3,000,000 people seriously sick all the time in the United States from preventable causes, of whom 1,000,000 are in the working period of life; about three-quarters of a million actual workers losing on an average of \$700 per annum, an approximate loss from illness of five hundred millions, and adding a reasonable allowance for medicine, medical attendance, special food and care, a like sum of five hundred millions, these losses would make another thousand million dollars of preventable loss to the people of the United States.

AUTHORITY FOR FACTS STATED.

Do you imagine that these figures are exaggerated or fanciful, Mr. President? They are confirmed to us by the report of the Committee of One Hundred on National Health in its Report on National Vitality. (Bulletin No. 30, p. 12.) This bul-
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letin was prepared by Prof. Irving Fisher, professor of political economy of Yale University, with the assistance of some of the most learned men in the whole world, including Prof. Lafayette B. Mendel, of Sheffield Scientific School of Yale University; Prof. M. V. O'Shea, University of Wisconsin; Dr. Charles W. Stiles, a chief of the hygienic laboratory of the United States Public Health and Marine-Hospital Service; Robert M. O'Reilly, former Surgeon-General of the United States Army; Prof. C. R. Henderson, University of Chicago; and the officials of the various public-health societies and of the American Medical Association; Dr. George M. Kober, dean of the Georgetown Medical College; Dr. Norman E. Ditman, Columbia University; Dr. J. H. Kellogg, of Battle Creek; Hiram J. Messenger, actuary of the Travelers' Insurance Company, and so forth.

Mr. President, our pension roll of over \$150,000,000 per annum is three-fourths of it due to illness and death from diseases that were preventable. Under a wise administration in the past the United States would to-day be saving an annual charge of over \$100,000,000 on the pension list, and would have saved under this heading over \$2,000,000,000 and much human misery and pain.

Will you fail to listen when your attention is called to the vast importance of this matter and to the high standing of those who vouch for the accuracy and reliability of this statement? Will you, as the representatives of the people of the United States, fail to investigate and to act in a matter of such consequence?

There are the vital facts.
There are the authorities.

ORIGIN OF BILL 6049.

Mr. President, nine years ago I had the importance of this subject called to my attention by an article read before the Cincinnati Academy of Medicine, October 7, 1901, on "Preventable disease in the Army of the United States—cause, effect, and remedy," by Maj. William O. Owen, a surgeon in the United States Army, printed in the Journal of the American Medical Association October 26, 1901, where he pointed out over 19,000 cases of typhoid fever in four camps—Chickamauga, Alger, Meade, and Jacksonville—with 1,460 deaths of the finest young men of America, nearly all of which was a preventable loss. The typhoid cases, with resultant deaths, were due to ignoring the laws of sanitation. (Exhibit 9.) I drew this bill (S. 6049) in the hope of cooperating with the administration in making effective the most important of all forms of conservation—the conservation of human life—and in the hope of making effective the expressed desires of the numerous associations and societies of the United States who stand for a department of public health.

Mr. President, since introducing this bill I have been receiving letters from the most distinguished men in the United States indorsing the principle of the bill and expressing the earnest opinion that the time has come for establishing a department of public health.

I quote here from an article in the Survey, of New York—formerly the Charities and Commons—published by the Sage Foundation, March 19, 1910, page 938:

So, when Senator OWEN introduces into the Senate of the United States the first really adequate bill to meet the problem of the conservation of our wasted national health—a bill for the establishment of a national department of health under a secretary who shall be clothed with the prestige and the authority of membership in the President's Cabinet—when such a bill is presented to Congress, the old cry goes up from every quarter—the time is not ripe. But there are those who refuse to believe this, who know the time is overripe, some who even put it with Marcellus, that "something is rotten with the State."

The principle of the Owen bill is right. So says the American Medical Association, with its thousands of physicians; so says the Committee of One hundred, with its thousands of men and women awake to the shortcomings of the multiplicity of government bureaus,

each doing a little, some doing more, some doing less, and not all together doing a tithe of what needs to be done, and what coordination, consolidation, and unification in one great department could do.

"The-time-is-not-ripe" Congressmen will be content to repeat on and on until each awakes to the fact that his constituents believe that the time is ripe. Personal interviews, letters, telegrams, resolutions, petitions, newspaper articles, should go, and go at once, to the Senators and Representatives of each man and woman who refuses longer to be put off in favor of protected trees, plants, and pigs; who believes in a protecting department of health as much as in a protecting Department of Agriculture.

The authorities are agreed that with our present knowledge the death rate of the people of this country may be cut in two. It is time the thing were done. The time is ripe for radicals, reformers, whatever their other creeds, philanthropists, charity workers, rich or poor, founded or without funds, to get together and to state squarely and openly, without equivocation, what is needed and what is demanded. Until then, always we shall hear, "The time is not ripe."

Hon. R. A. Woodward, president of the Carnegie Institution, of Washington, says in a letter of February 23, 1910:

I have examined this bill with care and am disposed to approve its general features heartily.

The bill of which I speak, Senate bill 6049, simply provides a secretary of public health, and is a skeleton bill, bringing together under the department of public health all the health and sanitary agencies of the United States.

Mr. GALLINGER. Mr. President—

The VICE-PRESIDENT. Does the Senator from Oklahoma yield to the Senator from New Hampshire?

Mr. OWEN. I do.

Mr. GALLINGER. Will the Senator tell me why the army and navy are excluded from the bill? The Senator a moment ago complained about the mortality at Chickamauga. That was under the War Department.

Mr. OWEN. I will answer briefly as to that point, Mr. President, that it is because of their possible political opposition that the bill excluded them.

Mr. GALLINGER. I do not see what political activities have to do with the question of human life and health.

Mr. OWEN. It has this to do with it: That it would be probably impossible to pass a bill with the hostile opposition of those who are connected with the medical service of the army and the navy; and, moreover, the departments of health in the War and Navy departments, being particularly attendant upon the military arm of the Government, may be excluded from a department of public health, although I do not think they ought to be. I think that the Japanese have set an example to the Americans that they might well follow, where their medical men go ahead of their military forces and take pains to see that the soldiers of Japan have clean water and clean food; and they do not die like flies from typhoid fever.

Mr. GALLINGER. Now, Mr. President, if the Senator will permit me, I am not going to quarrel with him on that point—

Mr. OWEN. I am sure the Senator will not quarrel with me on any point.

Mr. GALLINGER. I quite agree with the Senator. But my attention was particularly attracted to the Senator's observation that we sacrificed—I have forgotten how many thousand—soldiers at Chickamauga.

Mr. OWEN. In that camp alone were 11,837 cases of preventable typhoid fever, and 850 young men died there, who ought not to have died—not a single one of them, and typhoid fever scattered broadcast by those going home, convalescent or sick.

Mr. GALLINGER. Because of improper medical supervision? Mr. OWEN. No, sir; because of improper conduct by the officers of the line who were responsible for that camp.

Mr. GALLINGER. But the Senator must know that the medical officers are responsible for the condition of the hospitals and the food and drink, and so forth.

Mr. OWEN. They are emphatically not, although they ought to be, because, Mr. President—

Mr. GALLINGER. Well—

Mr. OWEN. Just a moment. Because, under our intelligent method of administration, a lieutenant in command can turn down a man learned in the sanitary sciences and make his orders of no effect.

Mr. GALLINGER. I want to get to that particular point, and I want the Senator to address himself to that. It does not make any difference whether they are officers of the line or medical officers, if that condition exists under the War Department, why should not that department be placed under the supervision of the department which the Senator proposes to organize?

Mr. OWEN. Does the Senator favor that?

Mr. GALLINGER. Do I favor what?

Mr. OWEN. Putting them under this department.

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Mr. GALLINGER. I am not at all sure that I favor the bill at all, but I was anxious to find out—

Mr. OWEN. I was hoping that I had found an auxiliary in the Senator.

Mr. GALLINGER. The Senator will find that out later. This is what I am anxious to find out. The Senator wants to save our soldiers and complains that the medical officers and the line officers are neglecting them in matters of health, and yet in organizing this great department of health he is going to exclude them. I can not see the philosophy of the Senator's position.

Mr. OWEN. I have explained the philosophy of it to the Senator. I will say that when a department of public health is once established and it sets a standard of sanitary science and of public health, whether the department of medicine and surgery in the military arm of the Government be put in the department of public health or not, this department will exercise a cogent influence over the practice of all departments affecting the public health, including the department having in charge the health of our soldiers and our sailors.

Now, Mr. President, I want to call attention to some few of the distinguished men who have reported their approval of a department of public health, including particularly Prof. Irving Fisher, the professor of political economy of Yale University, and president of the committee of one hundred.

Col. W. C. Gorgas, United States Army, chief sanitary officer of Panama, says in letter of March 4, 1910:

I am very much in favor of some bill of this kind, which will bring all medical services of the Government, with the exception of the army and navy, under one head, elevated to the position of a department, with a member of the Cabinet at its head.

Hiram J. Messenger, actuary of the Travelers' Insurance Company, of Hartford, Conn., says:

I sincerely hope this bill will become a law.

The principle of this bill has the cordial approval and support of the officers of the American Medical Association, with a direct and associated membership of 80,000 physicians, surgeons, and sanitary experts.

Irving Fisher, president of the committee of one hundred of the American Association for the Advancement of Science on National Health, approves the principle of Senate bill 6049 of a department of public health with a Cabinet officer at the head of it.

Hon. Joseph Y. Porter, state health officer of Florida, the oldest health officer, perhaps, in the United States by actual service, says:

Assuming that you wish an expression of opinion on the features of the bill, I shall take the privilege of saying that I fear, even should the bill meet with success in passing both houses of the Congress, the President would veto the measure because he has expressed himself—so reported in the press—as opposed to creating any new departments. I am certainly in favor of a department of public health and approve of your bill as presented to Congress, but if the President is correctly quoted I can see no likelihood of such an enactment being accepted by him, and becoming a law.

Mr. President, again I wish to emphasize my objection to the President being erroneously quoted with regard to a department, and reaffirm the fact that he has not expressed himself against a department of public health, although some one is continually suggesting that he is opposed.

It has been also suggested that Congress was opposed to it, when Congress has expressed no opinion upon the subject, and possibly hardly a single Member has committed himself with finality against the suggestion of a department, and certainly the matter should be thoroughly discussed previously to an adverse final commitment by any very careful and just-minded legislator.

The general secretary of the National Child Labor Committee, Owen R. Lovejoy, esq., in letter of March 18, 1910, expresses his strong approval of a department of public health.

The secretary of the state board of health of Kansas, S. J. Crumrine, M. D., says:

I believe I voice the sentiment of the entire membership of the Kansas state board of health and the medical profession of this State when I say that we most heartily indorse the objects of this bill, and trust that it may be enacted into a law by the present Congress.

The executive secretary of the National Association for the Study and Prevention of Tuberculosis, Dr. Livingston Farrand, March 11, 1910, says:

I am in favor of a national department of health.

Thomas Darlington, of New York City, says:

I trust that such a department of public health will be established. (February 26, 1910.)

John H. Capstick, president of the state board of health, New Jersey, says:

I wish to say to you that I believe the bill is a good bill and should become a law.

George H. Simmons, editor of the Journal of the American Medical Association, says, March 9, 1910:

Will say that you may depend on us for hearty support.

William Jay Schieffelin, of New York City, says (February 18, 1910):

It seems to me an extremely important measure and one which, if adopted, would result in untold benefit to the people of the country.

Russell Chittenden, of the Sheffield Scientific School, says (February 16, 1910):

I think that such a bureau, whether made a separate department or not, will be of the greatest service for the improvement of the health of the community. I trust that the bill in question will meet with general approval and be eventually passed.

J. N. Hurty, state health commissioner of the state board of health, Indianapolis, Ind., says:

I am heartily in favor of creating a department of public health and making its secretary a member of the Cabinet.

William F. Slocum, president, Colorado College, Colorado, says (February 21, 1910):

I am glad to send you word of my strong approval of the bill.

Prince A. Morrow, M. D., of the American Society of Sanitary and Moral Prophylaxis, New York, says (March 10, 1910):

If there is any hope of your bill passing, I am heartily in favor of it.

Archbishop Ireland, St. Paul, March 10, 1910, says:

You are on the right track, although perhaps it may take some time before you are able to bring Congress to adopt your measure.

Charles W. Eliot, ex-president Harvard University, March 5, 1910, says:

The practical question at this moment seems to be, What can be done to promote the efficiency of the various national agencies which already have public-health functions? These agencies are now scattered through several departments of the Government, and in all the departments hold subordinate positions. To promote their efficiency and increase their influence they need to be united into one bureau or department under a single head.

Edward T. Devine, editor of the Survey, formerly of the Charities and the Commons, March 4, 1910, says:

I have much sympathy with your view that the subject of public health is one eminently worthy of the entire attention and consideration of a federal department.

Hon. R. S. Woodward, of the Carnegie Institution, in letter of March 5, 1910, says:

I think you are quite right in standing for such a department rather than for a bureau of an existing department.

I inclose as exhibit No. 10 a letter from Dr. Z. T. Sowers, of March 7, 1910, to Hon. JAMES R. MANN, showing the necessity and importance for a concentration of these health agencies, suggesting, however, the Department of Commerce and Labor.

David S. Jordan, of Leland Stanford Junior University, says, February 24, 1910:

I decidedly approve of your bill for the establishment of a department of public health.

And Surgeon-General Wyman told me this very morning that he was not opposed to a department of public health, and in his letter to the President of June 21, 1909 (p. 47), he said:

I have never opposed a department of health, with a secretary in the Cabinet, for I have realized that developments might in time make such a department advisable.

And so, Mr. President, from many societies of public health, of sanitation, of charities, as well as from private individuals of great distinction, come these indorsements of the principle of this bill.

Is it asking too much that a question of such national magnitude and universal approval have consideration?

Mr. President, the Agricultural Bureau was of no great comparative value until it became a department, and now its enormous value is not questioned by any man. It has been worth thousands of millions of dollars, and its value is annually increasing.

It has wisely taught us how to protect plant life, tree life, animal life, and is a noble, dignified department.

Is plant life, tree life, animal life confessedly worthy a great department and human life unworthy of a department?

I recently sent 25,000 bulletins to farmers in Oklahoma on how to raise swine. I had no bulletins to send out how to protect the health of children. I believe in giving first place to the

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conservation of human life without neglecting plant life or animal life.

Mr. President, no man can read the Report on National Vitality—Its Wastes and Conservation, of the Committee of One Hundred without being impressed with certain great facts:

1. The thoroughness and scientific care with which it made this report.

2. The stupendous annual loss of life which could be easily prevented; the immense economic commercial loss and human misery and sorrow due to preventable illness, inefficiency, degeneration, and death.

3. The wisdom of the means proposed by the Committee of One Hundred for the prevention of this annual loss and for the conservation of the national life and health.

These proposals are as follows:

1. Concentration of all federal health agencies into one department.
2. Correlation and coordination of the work relating to human health and sanitation.
3. Investigation and regulation of health and sanitary matters in addition to those now provided by existing laws.
4. Cooperative experimental work with state health departments in some such relation as now exist between the national and state agricultural experimental stations.
5. The training and employment of experts in sanitary science, who can both increase and diffuse knowledge bearing on the preservation and improvement of the health of the people.
6. The diffusion of this knowledge not only among the several departments of the Federal Government and state health officials, but also among the people in the same manner as farmers' bulletins are now being issued.

SUPPORT OF THE PLAN PROPOSED.

Mr. President, there is not in the world a more distinguished body of scientists and philanthropists than the Committee of One Hundred, appointed by the American Association for the Advancement of Science.

Irving Fisher, professor of political economy of Yale University, is its president. The vice-presidents are: Rev. Lyman Abbott, editor Outlook, New York City; Miss Jane Addams, of Hull House, Chicago; Felix Adler, of New York City; James Burrill Angell, diplomat, New York City; Hon. Joseph H. Choate, ex-ambassador to England, New York City; Charles William Eliot, president of Harvard University, Cambridge, Mass.; Right Rev. Archbishop Ireland, St. Paul, Minn.; Hon. Ben B. Lindsay, Denver, Colo.; John Mitchell, New York City; Dr. William H. Welch, professor pathology, Johns Hopkins University, Baltimore, Md.; Secretary Edward T. Devine of the Survey; and the list of 100 contains other names as notable, including Miss Mabel T. Boardman, president of the Red Cross; Andrew Carnegie; Thomas A. Edison; Mrs. John B. Henderson, of Washington; Prof. David Starr Jordan, president Stanford University; Dr. Charles A. L. Reed, chairman of the legislative committee of the American Medical Association, of Cincinnati, Ohio; Robert S. Woodward, president Carnegie Institution, Washington, D. C.; and a host of others no less distinguished for learning, patriotism, and philanthropy.

INCREASING LENGTH OF LIFE.

The modern duration of life is widely variant, according to the organized protection of the health of the people by government.

In India the average length of life is twenty-three years, due, not to climatic conditions, but to ignorance, prejudices, and religious superstitions. They will not kill a snake in India, and thousands of inhabitants die annually from the poison of snake bites. In America we die in like manner from typhoid and tuberculosis, because we neglect to suppress the causes of these diseases.

The length of life in India is not increasing because of their lack of progress; but in Geneva, Switzerland, where the country is supposed to be very healthy, the length of life in the sixteenth century was only 21.2; in the seventeenth century, 25.7; in the eighteenth century, 33.6; from 1801 to 1883, 39.7; and it is steadily improving.

THE PROLONGATION OF LIFE.

Scientific hygiene and increased knowledge of the laws relating to health have had a very striking effect upon the prolongation of human life throughout the world.

At present in Massachusetts life is lengthening at the rate of fourteen years per century; in Europe about seventeen years; in Prussia, the land of medical discovery and its application, twenty-seven years; in India, where medical progress is practically unknown, the life span is short, twenty-three, and remains stationary (page 11).

It is demonstrated beyond reasonable doubt by the report of the committee of one hundred that the average human life in the United States may be, within a generation, prolonged over fourteen years. I submit the table as to the method of this calculation.

CONGRESSIONAL RECORD.

Report on national vitality—Possible prolongation of life.

(1) Cause of death.	(2)	(3)	(4) ^a	(5)	(6)	(7)
	A. Median age of deaths from causes named.	B. Expectation of life at median age.	C. Deaths due to cause named as percentage of all deaths.	D. Ratio of preventability (postponability), i. e., ratio of "preventable" deaths from cause named to all deaths from cause named.	E=CD. Ratio of "preventable" deaths from cause named to all deaths from all causes.	F=BE. Years added to average lifetime if deaths were prevented in the ratio of preventability of column 5.
	Years.	Years.	Per cent.	Per cent.	Per cent.	Years.
1. Premature birth.....	1	50	2	40	0.8	0.4
2. Congenital malformation of heart (cyanosis).....	1	50	.55	0		
3. Congenital malformations other than of heart.....	1	50	.3	0		
4. Congenital debility.....	1	50	2.3	40	.92	.46
5. Hydrocephalus.....	1	50	.1	0		
6. Venereal diseases.....	1	50	.3	70	.21	.11
7. Diarrhea and enteritis.....	1	50	7.74	60	4.64	2.32
8. Measles.....	1	50	.8	40	.32	.16
9. Acute bronchitis.....	1	50	1.1	30	.33	.17
10. Broncho-pneumonia.....	1	50	2.4	50	1.2	.6
11. Whooping cough.....	1	50	.9	40	.36	.18
12. Croup.....	2	54	.3	75	.22	.12
13. Meningitis.....	2	54	1.6	70	1.12	.6
14. Diseases of larynx other than laryngitis.....	2	54	.07	40	.03	.02
15. Laryngitis.....	3	54	.06	40	.02	.01
16. Diphtheria.....	3	54	1.4	70	.98	.53
17. Scarlet fever.....	3	54	.5	50	.25	.14
18. Diseases of lymphatics.....	3	54	.01	20	.002	.001
19. Tonsillitis.....	8	52	.05	45	.02	.01
20. Tetanus.....	8	52	.19	80	.15	.08
21. Tuberculosis other than lungs.....	23	40	.17	75	.13	.05
22. Abscess.....	24	39	.08	60	.05	.02
23. Appendicitis.....	24	39	.7	50	.35	.14
24. Typhoid fever.....	24	38	2	85	1.7	.65
25. Puerperal convulsions.....	26	37	.2	30	.06	.02
26. Puerperal septicemia.....	27	37	.4	85	.34	.13
27. Other causes incident to childbirth.....	23	37	.36	50	.18	.03
28. Diseases of tubes.....	31	35	.1	65	.06	.02
29. Peritonitis.....	31	34	.5	55	.28	.1
30. Smallpox.....	32	34	.01	75	.01	.003
31. Tuberculosis of lungs.....	33	33	9.9	85	7.42	2.45
32. Violence.....	34	32	7.5	35	2.7	.88
33. Malarial fever.....	34	32	.2	80	.16	.05
34. Septicemia.....	34	32	.3	40	.12	.04
35. Epilepsy.....	35	32	.29	0		
36. General, ill defined, and unknown causes (including "heart failure," "dropsy," and "convulsions").....	25	31	9.2	30	2.75	.85
37. Erysipelas.....	37	30	.3	60	.18	.05
38. Pneumonia (lobar and unqualified).....	37	30	7	45	3.15	.94
39. Acute nephritis.....	39	29	.6	30	.18	.05
40. Pleurisy.....	42	27	.27	55	.15	.04
41. Acute yellow atrophy of liver.....	42	27	.02	0		
42. Obstruction of intestines.....	43	26	.6	25	.15	.04
43. Alcoholism.....	44	25	.4	85	.34	.09
44. Hemorrhage of lungs.....	45	25	.1	80	.08	.02
45. Diseases of thyroid body.....	46	24	.02	10	.002	.0005
46. Ovarian tumor.....	46	25	.07	0		
47. Uterine tumor.....	46	25	.1	60	.06	.02
48. Rheumatism.....	47	23	.5	10	.05	.01
49. Gangrene of lungs.....	48	23	.03	0		
50. Anemia, leukemia.....	48	23	.4	50	.2	.05
51. Chronic poisonings.....	48	23	.05	70	.03	.007
52. Congestion of lungs.....	49	22	.4	50	.2	.04
53. Ulcer of stomach.....	49	22	.2	50	.1	.02
54. Carbuncle.....	49	22	.03	50	.015	.003
55. Pericarditis.....	52	20	.1	10	.01	.002
56. Cancer of female genital organs.....	52	21	.6	0		
57. Dysentery.....	52	20	.5	80	.4	.08
58. Gastritis.....	53	19	.65	50	.32	.06
59. Cholera nostras.....	53	19	.09	50	.05	.01
60. Cirrhosis of liver.....	54	19	.9	60	.54	.1
61. General paralysis of insane.....	55	18	.3	75	.22	.04
62. Hydatid tumors of liver.....	55	18	.002	75	.002	.0002
63. Endocarditis.....	56	17	.8	25	.2	.03
64. Locomotor ataxia.....	56	17	.17	35	.06	.01
65. Diseases of veins.....	57	17	.04	40	.02	.008
66. Cancer of breast.....	58	17	.4	0		
67. Diabetes.....	58	16	.8	10	.08	.01
68. Biliary calculi.....	58	16	.17	40	.07	.01
69. Hernia.....	59	16	.27	70	.19	.03
70. Cancer, not specified.....	59	16	.9	0		
71. Tumor.....	59	16	.08	0		
72. Bright's disease.....	59	16	5.6	40	2.24	.89
73. Embolism and thrombosis.....	60	15	.26	0		
74. Cancer of intestines.....	60	15	.5	0		
75. Cancer of stomach and liver.....	61	14	1.7	0		
76. Calculi of urinary tract.....	61	14	.03	10	.003	.0004
77. Cancer of mouth.....	63	13	.1	0		
78. Heart disease.....	63	13	8.1	25	2.02	.26
79. Influenza.....	64	13	.7	50	.35	.05
80. Asthma and emphysema.....	64	13	.23	30	.07	.006
81. Angina pectoris.....	65	12	.4	25	.1	.01
82. Apoplexy.....	67	11	4.4	35	1.54	.17
83. Cancer of skin.....	70	10	.2	0		
84. Chronic bronchitis.....	71	9	.3	30	.24	.02
85. Paralysis.....	71	9	1	5	.5	.04
86. Softening of brain.....	71	9	.2	0		
87. Diseases of arteries.....	73	9	.83	10	.08	.007
88. Diseases of bladder.....	74	8	.2	45	.09	.007

^a Some inaccuracies in this column.

^b "Expectation" for females.

Report on national vitality—Possible prolongation of life—Continued.

(1) Cause of death.	(2)	(3)	(4)*	(5)	(6)	(7)
	A. Median age of deaths from causes named.	B. Expectation of life at median age.	C. Deaths due to cause named as percentage of all deaths.	D. Ratio of preventability (postponability), i. e., ratio of "preventable" deaths from cause named to all deaths from cause named.	E=CD. Ratio of "preventable" deaths from cause named to all deaths from all causes.	F=BE. Years added to average lifetime if deaths were prevented in the ratio of preventability of column 5.
	Years.	Years.	Per cent.	Per cent.	Per cent.	Years.
89. Gangrene.....	74	8	0.25	60	0.15	0.01
90. Old age.....	83	5	2	0		
All causes.....	88		100	42.3	^b 42.3	14.06
RÉSUMÉ.						
Diseases of infancy (having median age 1).....			18.5	47	8.8	4.4
Diseases of childhood (having median age 2 to 8).....			4.2	67	2.8	1.51
Diseases of middle age (having median age 23 to 49).....			43	49	21.2	6.82
Diseases of late life (having median age 52 to 83).....			34.3	28	9.5	1.33
All causes.....			100	42.3	42.3	14.06

^a Some inaccuracies in this column.
^b Although this is the ratio of general preventability of deaths under existing conditions, the death rate, i. e., deaths in relation to population, will not in the end be affected in this ratio but by only about 25 per cent. The reason for this paradox is that deaths prevented lead to a larger population.

This detailed estimate of the prolongation of human life fourteen years is based upon a vast amount of data and is a conclusion justified by the knowledge of some of the most learned men in the world.

I remind you again of what I pointed out a year ago to the Senate, that in New Zealand the deaths per thousand per annum is 9 and a fraction and in the Australasian states 10 and a fraction, while in the United States it is 16.5, a loss of 7 to the thousand in the United States in excess of the New Zealand rate—that is, in 90,000,000 people it would exceed 600,000 deaths that could be saved annually in our Republic.

YELLOW FEVER.

Mr. President, before the American intervention in Cuba the death rate from yellow fever alone in Habana to the hundred thousand population in 1870 was 300; in 1880, 324; in 1896, 639; in 1897, 428; and after the American occupation it fell: 1900, 124; in 1901, 6; in 1902, zero; in 1903, zero; in 1904, zero.

What a glorious record! What a splendid tribute to the learning, industry, and self-sacrifice of the devoted medical men who accomplished this result, most of whom are now dead. James Carrol and Lazier died from experimental yellow fever, sacrificing their own lives deliberately in the interest of their fellow-man. All honor to their names and to the names of Walter Reed and the others, who, brave, gallant soldiers of peace, exposed their lives for the benefit of their fellows. Monuments of stone and of bronze should be erected to these patriots of peace, more noble and self-sacrificing in their work than patriots of war. What does the commerce of the world owe to these men who vanquished yellow fever? There could have been no Panama Canal except for this development of science.

PEOPLE UNINFORMED EXPOSE THEMSELVES.

With the record in Habana of the control of yellow fever there are thousands of unlearned people who will ignorantly ridicule the means of the mosquito as an agency for transmitting this disease; that will deny the transmission of malaria by the mosquito.

And there are thousands who will ignorantly deny that bubonic plague is transmitted by the flea from the rat and the squirrel to the human being. The power of the Government alone acting through its strongest arm is necessary for the prevention of a wholesale introduction into the United States of bubonic plague.

The bubonic plague is now among the ground squirrels and rats on the Pacific coast at various scattered points over a thousand miles apart, due to the thoughtless ignorance, interest, and prejudice of the commercial interests of San Francisco that suppressed the faithful and intelligent work attempted to be discharged by the officers of the Marine-Hospital Service, which I may more fully set up hereafter.

The bill which I have introduced is in accordance with the earnest repeated desires of the American Medical Association, probably the largest and most honorable association of physi-

cians and surgeons in the whole world as far as the principle of the bill is concerned. I have an earnest letter from Dr. Charles A. L. Reed, chairman of the legislative committee of the American Medical Association, which I herewith insert:

Mr. DIXON. Mr. President—
 The VICE-PRESIDENT. Does the Senator from Oklahoma yield to the Senator from Montana?

Mr. OWEN. I do.
 Mr. DIXON. I am very much interested in what the Senator from Oklahoma is now saying. Is it not a fact that the experience of American life insurance companies shows that the death rate during the past thirty years has not been over two-thirds of the estimated death rate according to the American mortality tables?

Mr. OWEN. It has been very much improved. It has diminished from 25 deaths to the thousand down to 16.5 to the thousand. But a year ago I called the attention of the Senate to the fact that the death rate in New Zealand, where human life is properly cared for, is nine and a fraction to the thousand; and with all the improvements we have made—and they have been considerable—it is 16.5 to the thousand with the American people, 7 to the thousand in excess of New Zealand, and we have as good a climate as they. Seven to the thousand for 90,000,000 people means a preventable death loss of 630,000 people per annum. It is impossible to exaggerate the importance of this appalling national loss.

Mr. GALLINGER. Mr. President—
 The VICE-PRESIDENT. Does the Senator from Oklahoma yield to the Senator from New Hampshire?

Mr. OWEN. I do.
 Mr. GALLINGER. Can the Senator state to the Senate what great improvements over the American system have been adopted in New Zealand, so far as taking care of the life and health of the people is concerned?

Mr. OWEN. I will—
 Mr. GALLINGER. Then one other point. The Senator will not lose sight of the fact that in a country like ours, which is made up of very large cities to a considerable extent, with the attendant poverty that is in those cities, and the impossibility of caring for the health of infants particularly, the death rate naturally would be larger than in a country like New Zealand, that is made up of smaller communities. The Senator, of course, will not dispute that as one fact in connection with the difference between the mortality.

But particularly I should like to know, because I have no knowledge on the point, what New Zealand has done in the matter of health legislation or health protection that is in advance of what we have been trying to do in the United States?

Mr. OWEN. I will answer the question. The policy of New Zealand which preserves human life rests primarily upon the broad doctrine of government prevalent and in force in that country, protecting the weaker elements of society from oppression by commercial ambition. The very poor are protected from injury at the hands of thoughtless commercialism.

Another thing, under that policy they teach their people what constitutes a healthy dwelling. They provide a means by which a man belonging to the weaker elements of society can have furnished to him at a low rate of interest, on long time, the means to put up a concrete house. Call it socialism? Yes; what of it? You ask me to answer the question. I answer it. They give the housing, which gives good health. In the tables which I shall presently show, one house on Cherry street, in New York, has 23 cases of tuberculosis; the house adjacent to it has 18 cases of tuberculosis; and the next house to it has 13 cases of tuberculosis. Of course, they die. Why should they not die? And who cares? I care. They are my kin. I care. I think every man who stops long enough in the mad rush of American life to understand it will care and will be willing to try to protect these poor brothers of ours. I shall show these tables in a few moments, and I shall show how great an improvement the New York City board of health has made in these tuberculosis-breeding houses.

Mr. GALLINGER. Mr. President—

The VICE-PRESIDENT. Does the Senator from Oklahoma yield to the Senator from New Hampshire?

Mr. OWEN. I do.

Mr. GALLINGER. I do not want the Senator to think because I interrupt him that I am combating his very interesting argument. I have no such purpose. But I was attracted by the Senator's statement concerning the great improvement in health matters that was made in Habana. I have knowledge of that. That, however, was made under the laws of the United States and under our present health department or bureau. It was a marvelous regeneration of that great city. I do not think that can be used as an argument for turning over our present Health Bureau to a larger health department, to be created because that great improvement was made by the health officers of the United States, and they have exterminated yellow fever from the southern cities by the same methods.

Mr. OWEN. Mr. President, the individuals to whom this meritorious service is due deserve the credit, and not the organism to which they belong. The regeneration of Habana was not due to the Marine-Hospital Service, but to Gen. Leonard Wood, a trained physician of the Medical Department of the United States Army, under whom Walter Reed, James Carroll, and Lazear, also of the Medical Department of the United States Army, carried on this work. Doctor White, of the Marine-Hospital Service, followed this work later with excellent results at New Orleans, but I will presently show the inefficiency of that organization, not as to its personnel, but because it is a bad system of government.

Mr. DU PONT. Mr. President—

The VICE-PRESIDENT. Does the Senator from Oklahoma yield to the Senator from Delaware?

Mr. OWEN. I yield to the Senator from Delaware.

Mr. DU PONT. Mr. President, I observe that the bill on which the Senator from Oklahoma is speaking contemplates the creation of a bureau of veterinary science. I ask the Senator if it is the purpose of this proposed legislation to take away the veterinary corps from the Department of Agriculture and place it under this proposed new department?

Mr. OWEN. Mr. President, I will say to the Senator from Delaware that I have no particular pride in any part of this bill or in the bill itself. All that I want to see is the cooperation and coordination of agencies affecting human health in one dignified, efficient department. The bill can be easily amended to meet any objection made by the Senator; and I see that there is force in what he says.

Mr. DU PONT. It seems to me that the veterinary service is properly under the Department of Agriculture.

Mr. OWEN. Now, Mr. President, I submit a letter from the chairman of the legislative committee of the American Medical Association. I think he speaks for the American Medical Association substantially, and there are 80,000 men who are members, as I understand, or connected with this association, which extends from the Atlantic to the Pacific. It is the greatest medical association in the world. He says:

CINCINNATI, March 10, 1910.

HON. ROBERT L. OWEN,
United States Senate, Washington, D. C.

DEAR SIR: In compliance with your request for suggestion to be taken up in connection with the hearing on the bill recently introduced by you to create a department with a secretary of health, I beg to reply in my capacity as chairman of the legislative committee of the American Medical Association. In that capacity I have the honor at the same time to request, first, that you avail yourself of an early opportunity, and in your own way, to lay before the Senate the facts which I shall present; and, second, that you arrange at an early date for a hearing on your bill, the vital principle of which is so distinctly in consonance with

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the interests of the people, as represented by and through the medical profession.

This is shown by the fact that the American Medical Association, through its legislative conference, attended by delegates from 36 States and from the army, navy, and the Public Health and Marine-Hospital Service, held at Chicago, March 2, 1910, in harmony with the repeated action of the association for nineteen years, adopted the report of its Committee on Federal and State Regulation of Public Health suggesting that "a bill be passed that will give recognition to the health interests of the country in the title of 'a department' and that within that department there be organized an efficient bureau of health to consist of all present public national health agencies."

The physicians of the country, who, as professional students of the question and as the natural advisers of the people on health questions, and who, consequently, have first knowledge of the subject, have long maintained their present attitude for the following specific reasons:

First. The time has arrived when, under the law of precedent, the health interests of the country ought to pass from their present bureau stage of development to that of a department. This course of evolution was exemplified, first, I believe, in the development of the Department of the Interior, then that of Agriculture, and, finally, that of Commerce and Labor. In each of these instances the antecedent bureaus had existed for periods varying from a few years to a decade or two. The health interests of the country, more fundamental than all, have been left in the form of, successively, a "service," then of a "bureau," for more than a century.

Second. The creation of a department of health is furthermore demanded; first, because sanitary science has demonstrated its ability to conserve the efficiency and prolong the life of the people; and, second, because nothing less than the establishment of a department can have that maximum of moral force and educational influence, that maximum of prestige and effectiveness combined with business-like economy of administration that will enable it to deal with the disgraceful, not to say monstrous, conditions now prevailing in this country.

Third. That a department of health, with the fullness of power and influence that can inhere only in a department and nothing less than a department, is demanded by the conditions to which I have alluded is conclusively established by the fact that, first, about 600,000 people die in this country every year from preventable causes; second, that something more than 3,000,000 more are made ill and idle for variable periods every year from the same causes; and, third, that the annual economic loss from this source alone amounts to more than a billion and a half dollars every year.

Fourth. That nothing less than a department of health, acting in cooperation with the States and in full recognition of their rights and powers, is practicable for the assembling and coordinating of the existing health agencies of the Government and for their effective, economic, and business-like administration.

Fifth. That nothing less than the creation of a department of health can comprise a fulfillment of the pledge to the people contained in the platform of every political party that appealed to the popular suffrage in the last national campaign.

In view of the foregoing facts and considerations I have the honor to request that at the hearing on your bill care be taken to give special consideration to the suggestions which I shall enumerate.

Many, if not all of them, have been covered in general terms and some of them in specific terms, in your bill. It has seemed, however, that by presenting them somewhat in detail in the form of sections to a possible bill, I could facilitate their consideration in consecutive order as follows:

Section 1 ought to provide, as your bill does provide, for the establishment of a department of health under the supervision of the secretary of health, who shall be appointed by the President by and with the consent of the Senate, at a salary of \$12,000 per annum and who shall be a member of the Cabinet of the President and who shall discharge the duties prescribed in the act.

Section 2 might with propriety provide for the constituent bureaus of the Department of Health as follows:

(a) The Bureau of Hygiene and Preventive Medicine, to which (a) shall be transferred the Laboratory of Hygiene, now located in the Bureau of Public Health and Marine-Hospital Service in the Department of the Treasury, together with all duties, functions, powers, rights, and prerogatives now vested by law in such Laboratory of Hygiene; and it shall be the further duty of the Bureau of Hygiene and Preventive Medicine (b) to cooperate with the respective States, Territories, and dependencies in accumulating statistics and other information as to causes and prevalence of disease; (c) to conduct continuous investigation into all sources of danger to human health and life; (d) to formulate rules and regulations for carrying out these provisions, and (e) to publish the records and results of its labors, all under the direction and by the approval of the Secretary of Health.

(b) The Bureau of Foods and Drugs, to which (a) shall be transferred all duties, functions, powers, rights, and prerogatives now devolving by the Food and Drugs Act of 1907 on the Bureau of Chemistry of the Department of Agriculture; and the Bureau of Foods and Drugs shall also (b) supervise the cleanliness and other hygienic and sanitary features of the buildings and products of manufactories, cold-storage plants, and other establishments engaged in the commercial preparation or in the storage of any food product or products whatsoever destined for interstate commerce; (c) establish standards of purity of foods; (d) conduct investigations to determine the best method of preparing foods with reference to the full development of their nutritive value; (e) determine the food value of articles not now generally recognized as foods; (f) establish standards of purity for drugs; (g) make a systematic and exhaustive study of the medicinal flora of the United States and its Territories and dependencies; (h) investigate and, where practicable, promote the naturalization and commercial cultivation within the United States, its Territories and dependencies, of medicinal flora indigenous to other countries; (i) publish reports of its investigations, activities, and conclusions; and (j) formulate and enforce necessary rules and regulations all under the direction of the Secretary of Health.

(c) The bureau of marine hospitals, to which shall be transferred the Marine-Hospital Service of the Bureau of Public Health and Marine-Hospital Service of the Department of the Treasury, together with its present personnel and all duties, functions, powers, rights, and prerogatives now vested by law in such Marine-Hospital Service, all to be administered under the direction of the secretary of health.

(d) The bureau of quarantine, to which shall be transferred the Quarantine Service now located in the Bureau of Public Health and Marine-Hospital Service of the Department of the Treasury, together with its present personnel and all duties, functions, powers, rights, and

prerogatives now vested by law under such Quarantine Service, all to be administered under the direction of the secretary of health.

(e) The bureau of institutions and reservations, to which shall be transferred all hospitals, asylums, "homes," and infirmaries located in any other department of the Government except the Department of War and the Department of the Navy. And there shall likewise be transferred to this bureau the Hot Springs Reservation and all other reservations now or hereafter established by the Federal Government for the conservation of health.

(f) The bureau of vital statistics, to which shall be transferred the Bureau of Vital Statistics now located in the Department of Commerce and Labor, together with its present personnel and all duties, functions, powers, rights, and prerogatives now vested by law in such Bureau of Vital Statistics.

(g) The bureau of publication and publicity, which shall (a) publish the reports of the secretary of health and all reports, bulletins, and documents of all bureaus of the department of health when approved for the purpose by the secretary of health, and (b) devise and carry out the most effective means by which information originating in the department of health or any of its bureaus may be most widely and effectively disseminated for the information and guidance of the people.

Section 3 might with equal propriety provide that (a) there shall be a medical service of the Department of Health (b) designated by the initials U. S. H. S., meaning "United States Health Service," (c) which service shall consist of (1) a Regular Medical Corps, which shall consist of the United States Marine-Hospital Corps with its present personnel and without other modification in the law governing the same, or in the regulations enacted in pursuance of such law than may be necessary to comply with the provisions of this act. (2) A special Medical Corps, which shall consist of all physicians, surgeons, and medical officers now employed in any capacity in any department of the Government, excepting in the army and navy who, subject to the direction of the secretary of health, but without having their status otherwise disturbed, shall continue in their present capacity until the expiration of their present tenure, but thereafter all such positions shall be filled by detail from the regular Medical Corps which shall be selected in the first instance in accordance with regulations not less exacting than those which now govern entrance into the Marine-Hospital Corps. (d) The secretary of health shall, consistently with the provisions of this act, (1) define the grades of health service with due regard to the period of service and efficiency record of its members; (2) prescribe uniforms and insignia for each grade; (3) formulate rules and regulations for the government of the corps, and at his discretion (4) detail any member of the corps for duty in any bureau of the Department of Health, or (5) for duty in any other department on request of the secretary of such department, or (6) for duty in any State, Territory, or dependency, or in the Panama Canal Zone when requested so to do by the proper authority of such State, Territory, dependency, or the Panama Canal Zone whenever the resources of the service will permit such detail.

Section 4 might further define the duty of the secretary of health by stating that in addition to the duties elsewhere prescribed in the act (a) he may, in his discretion, transfer specific duties from one bureau to the other whenever required in the interests of both economy and efficiency; (b) exercise all the functions heretofore exercised, respectively, by the Secretary of the Treasury, the Secretary of the Interior, the Secretary of Agriculture, and the Secretary of Commerce and Labor in connection with any bureau, division, or service transferred by the act to the Department of Health; (c) exercise all duties heretofore exercised by the Secretary of Agriculture in the enforcement of the pure food and drugs act; (d) discharge such other duties as may be prescribed from time to time by the President and, finally, (e) prepare and submit reports relative to his department embracing suggestions for the improvement of its service, including recommendations for change in personnel, duties, and salaries.

Section 5 might provide (a) that the President be authorized and directed within one year from the passage of the act to appoint an advisory board of health to consist of six members, two to be appointed for one year, two for two years, and two for three years each, who shall serve without pay, except their traveling expenses, for not more than six meetings annually, and whose functions shall be to confer with and advise the secretary of health relative to all questions of policy pertaining to human health and upon other questions at the request of the secretary of health; (b) the present consultative arrangement between the present Bureau of Health and representatives of the state boards of health might with propriety be continued between the Department of Health, its Secretary, advisory health boards, chiefs of bureaus, and the representatives of the state boards of health.

Section 6 and succeeding sections might provide in the usual way for the transfer of officers, clerks, employees, property, fixtures, etc.

In asking that you take the foregoing points under special consideration; that the hearing be arranged for the earliest practicable date, and that legislation be reached, if possible, at the present session of Congress, may I ask that you urge upon your colleagues the importance to the people of giving due weight to the conditions to which I have referred?

I have said that over 600,000 of our people die every year from preventable causes. Suppose that our entire army and navy were swept off the earth not once but three times in a year. Would the Congress do anything about it? There are nearly 5,000,000 needlessly ill every year. Suppose that every man, woman, and child in all New York, with Boston and Washington added, were similarly stricken. Would the Congress inaugurate an inquiry? Our losses from these causes amount to a billion and a half dollars every year. Suppose that every dollar appropriated annually for the expense of the Government and half as much more were actually burned up and the ashes blown into the sea. Would the Congress take action in the premises?

Our health agencies are scattered, uncorrelated, and unorganized. Suppose that our monetary system were looked after by a dozen or more bureaus in almost as many departments, and that it were responsible for a billion and a half dollars loss every year. Would the Congress be disposed to think that there was possible relationship between the lack of organization and the deficit?

In reiterating the request for an early and full hearing on this question, I beg to emphasize the fact that I do so in behalf of the American Medical Association and in behalf of the interests of the people of the United States, as represented by and through the medical profession. And in this behalf and in view of the fact, deducible from our vital statistics, that in this country alone the people are dying from preventable causes at the rate of more than one every minute and that they are falling ill from the same causes at the rate of more than five every minute, may I not venture to suggest that the subject is one of sufficient importance to be entitled to precedence over some

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other questions that may possibly be engaging the attention of the committee?

Awaiting your early reply, I have the honor to be,
Very sincerely,

CHARLES A. L. REED,
Chairman of the Legislative Committee,
American Medical Association.

P. S.—I beg leave to advise you that I am sending a letter to the same purport, and largely in the same language as this, to Hon. JAMES R. MANN, of the House, who has requested suggestions to be considered in committee in connection with the recommendations relative to the public-health clause contained in the President's message.

Mr. President, this bill (S. 6049) coordinates and brings into one working body the various health agencies of the Government.

It proposes no new officers except the secretary and his assistant, who should be a permanent officer, acting as a director-general. Such assistant should have this title.

It calls for no new appropriations except the salary of the secretaries.

It will provide a number of economies by preventing duplication, and make more efficient the money expended and the officials employed by the present health agencies of the Government.

The coordination of these agencies has been approved by President Taft, and the vigorous cooperation of such agencies with the state authorities in stamping out disease has been urged by President Roosevelt.

I quote President Taft and what he said in regard to the work of the Committee of One Hundred in their desire to promote the national health:

How nearly this movement will come in accomplishing the complete purpose of its promoters, only the national legislator can tell. Certainly the economy of the union of all health agencies in the National Government in one bureau or department is wise.

President Roosevelt said:

I also hope that there will be legislation increasing the power of the National Government to deal with certain matters concerning the health of our people everywhere. The federal authorities, for instance, should join with all the state authorities in warring against the dreadful scourge of tuberculosis. I hope to see the National Government stand abreast of the foremost state governments.

President Taft, March 19, 1910, emphasized his opinion of the importance of protecting the health of the people by the cooperation within constitutional lines between the Federal Government and the several States. In regard to the progress made in the control of tuberculosis by New York, before the Tuberculosis Congress, at Harmanus-Bleecker Hall, at Albany, N. Y., he said:

We should never have built the Panama Canal if we had not had the Spanish war and had not had army surgeons who had the opportunity to discover what it was that spread yellow fever and how yellow fever could be subdued. I think I may say that we should never have built the canal if we had not also discovered what it was that carried malaria, for it was as much the malignant malaria as it was the yellow fever that prevented the French from putting through that great enterprise. But we had had experience in Cuba and Porto Rico, and our medical friends progressing, with a love of knowledge and a love of the human race, had developed rules that worked, and to-day the Isthmus of Panama, which was a hothouse of disease, a place that one took his life in his hands to visit, has become as healthful as any of our Southern States, and it has been done by carrying out the recommendations of the medical profession and enforcing the rules of hygiene laid down by them and put through under law.

I have no doubt that the same thing can be done with respect to tuberculosis in any community, and I congratulate the people of the State of New York that they have made such progress in this matter.

We have an Agricultural Department and we are spending \$14,000,000 or \$15,000,000 a year to tell the farmers, by the results of our research, how they ought to treat the soil and how they ought to treat the cattle and the horses, with a view to having good hogs and good cattle and good horses. Now, there is nothing in the Constitution especially about hogs or cattle or horses, and if out of the Public Treasury at Washington we can establish a department for that purpose, it does not seem to be a long step or a stretch of logic to say that we have the power to spend the money in a bureau of research to tell how we can develop good men and good women. Some of our enthusiastic conservators of national resources have calculated how much the life of each man and each woman in the community is worth to that community. I do not think it necessary to resort to that financial calculation in order to justify the saving of human life, such as can be accomplished by the results of research and advice that will proceed from a bureau of health properly established at Washington and circulating the results of its investigation through the country.

It is quite true that Congress has no authority to lay down rules of action in matters of this sort for the States. It can only do so in the District of Columbia. And I am sorry to say that if your experts were to investigate the hygiene of the departments at Washington you would find them to fall far short of the rules which your society and your law here lay down for preserving the health and preventing the spread of tuberculosis. We have much to learn there from you, and I am hopeful, by the constant assault that the American Medical Association and other earnest associations of physicians are making upon the National Government, that within a few years we shall have recognized authority in Washington whose direction shall be followed out at least in the District of Columbia.

Almost the closest assistant that I had in the War Department, and who is still with me in the service of the Government—a great, stalwart man—was reported to me suddenly one day as having tuberculosis. I had authority over him, because he was a soldier, and I ordered him to

Fort Bayard, N. Mex. He went out there, he was put to bed and kept in bed for six months, and in that dry atmosphere, after nine months' treatment, he came back to me and the country a whole, healthful man. And that has happened in a number of instances under the direction and control of Doctor Bushnell, at Fort Bayard, N. Mex.; and, therefore, I speak with confidence as to the curability of this disease. We can not all go to Fort Bayard, N. Mex., however much the New Mexicans might like to have us there to justify their entry to Statehood; but they have demonstrated there the possibility of cure, and I doubt not that under the directions of Doctor Trudeau and the other authorities the rules have been developed to such a point that if followed out closely, progressing into each community, we shall reach the stage in 1915, or later, that we contemplate, where this dreadful scourge of mankind shall be conquered, as we have now conquered malaria and as we have now conquered the yellow fever.

I introduced this bill providing for a department and not for a bureau. The reason for a department instead of a bureau is perfectly obvious and perfectly unanswerable.

I reiterate and indorse the five substantial reasons given by Charles A. L. Reed, chairman of the legislative committee of the American Medical Association, and invite special attention to the cogency of the reasons given.

It is generally agreed that these bureaus should all be brought together as one working body. To bring established bureaus under a new "bureau of public health" would be to lower the dignity of the present bureaus by making them the subordinate bureaus of a new bureau, which would be offensive to every bureau so subordinated.

To bring these bureaus under a department would not lower the prestige of a bureau thus coordinated with other bureaus under the department, and would, I believe, generally meet the approval of the government officers employed in the various bureaus so coordinated, giving them a new dignity by being a distinct branch of a department of public health, through which they could enlarge their efficiency and find better expression and publicity of work done for the public health.

We have had bureaus affecting the public health for one hundred years. They are scattered in eight departments. They have been disconnected and without coordination. They have even been jealous of each other, the one nullifying and hampering the work of another. They have been without a responsible head because of this subdivision and because the chief of the most important of these bureaus, the Surgeon-General of the Public Health and Marine-Hospital Service, can not express an opinion or give information until he has consulted the Secretary of the Treasury—a system that is absolutely ridiculous.

The Secretary of the Treasury was not selected as a Cabinet officer because of his knowledge of the public health, but because he was an expert on finance. At present our Cabinet expert on finance directs government activities in controlling bubonic plague, and the board of trade and a few commercialized physicians of San Francisco would be more important in his eyes in all human probability than the chief of one of his subordinate bureaus; at all events this was true as to a previous Secretary.

BUBONIC PLAGUE ON THE PACIFIC COAST.

The most dangerous epidemic known to the world has been the bubonic plague, a germ disease capable almost of explosive epidemic. "After an incubation of from four to seven days with headache, vertigo, and mental depression there comes a chill, a raging fever, great prostration, occasional vomiting of bile and blood; the glands in the neck, under the arms, at the elbows, in the groins, under the knees, all over the body, become red and swollen, tender, and extremely painful. They turn dark, become filled with pus. If not opened, burst spontaneously. The disease is sometimes attended with abscesses, boils, and carbuncles. About this time the agony of life and the sting of death are both overcome by a merciful unconsciousness," and the mass of human putrid flesh ceases to breathe and the heart is stilled.

This was the "black death" of London, killing about 70,000 people with incredible speed—a thousand dying a day. At Marseilles 87,000 died; 200,000 in Moscow.

It is the most dreaded and dangerous of all international epidemics. In the Bombay outbreak, of 220,000 cases 164,000 deaths occurred. It is a disease which infests rats, squirrels, rabbits, and all animals that carry fleas, and large areas may be infected before the human form violently develops. It is the first disease mentioned in international sanitary agreements.

When the bubonic plague broke out in San Francisco in 1900—one of our importations from the Orient, known in former times as the black death or the plague—the city board of health of San Francisco quarantined the Chinese district. The United States circuit judge, on June 15, 1900, influenced by the commercial spirit of San Francisco, declared the city quarantine illegal, gratuitously observing in his opinion:

If it were within the province of this court to decide the point, I should hold that there is not now and never has been a case of plague in this city.

If this high authority (?) on bubonic plague should also have decided, "if within the province of his court, that there never

would be a case in San Francisco," his judgment in the one case would be as illuminating as in the other.

Bubonic plague was then (1900) in the city. It is now scattered over the Pacific coast at points a thousand miles apart, and is requiring enormous sums of money to stamp it out; and it has not been stamped out, but is now endemic and spreading through the infection of ground squirrels and rats, which continually infect each other and spread the germs of the disease over enlarging areas and at any time may break out in our thickly congested centers with tragic results that may stagger the Nation.

This opinion of the United States circuit judge (1900) was followed with an immediate federal quarantine of the State of California, which was the duty of the government officers in charge under the obligation of the United States to the several States of the Union and to the nations of the world. The Marine-Hospital Service officials declared this quarantine.

The governor of California and the commercial bodies of San Francisco immediately suppressed the Marine-Hospital Service through the Secretary of the Treasury, compelled the Surgeon-General to yield, proved a false case, and made it temporarily stand as the truth before the country. They furnished evidence and proved that there was no bubonic plague in San Francisco, notwithstanding the fact bubonic plague was there in sober truth. In any other State the same thing, in all human probability, would have occurred, for men act alike under like temptation.

I do not refer to, and I hope it will not be conceived that I have any desire on earth to criticize, an individual. It is not the individual, either official or unofficial, of whom I speak. The point I wish to emphasize is that this bureau of public health was not strong enough to stand up against the power of a sovereign State demanding that its commerce should not be interfered with by the publicity of the full truth of the presence of the plague. Commercialism triumphed over the interests of the public health because the agencies of the public health were too weak.

We should not endure such a system any longer, and the bureau chief who opposes the improvement in this service for fear of losing some personal prestige exhibits a spirit that demonstrates he is no longer capable of rendering the country the highest public service.

The Marine-Hospital Service finally persuaded the Secretary of the Interior to cause an inquiry in January, 1901, through experts of the highest class, Prof. Simon Flexner, of the University of Pennsylvania; Prof. F. G. Novy, University of Michigan; Prof. L. F. Barker, University of Chicago. This unanswerable authoritative report was made on February 26, 1901, finding numerous cases of bubonic plague in the heart of San Francisco. The United States quarantine law of February 15, 1893 (sec. 4, 27 Stats. 451), required its immediate publication. I am advised that it was suppressed until April 19, 1901, and until it had been given publicity by the Occidental Medical Times, the Journal of the American Medical Association, the Medical News, and the Sacramento Bee.

Again the commercial interests of San Francisco had triumphed over the bureau and compelled the Surgeon-General, the head of the bureau, by an order of his superior officer, the Secretary of the Treasury, to agree to suppress this report, contrary to the obvious moral and sanitary duty of the United States. From that time bubonic plague has widened the area of its terribly dangerous infection from Los Angeles to Seattle, passing from rat to rat and squirrel to squirrel and from these animals to an occasional human being through the agency of the common flea. Various experts of the Marine-Hospital Service, who immediately after the report of 1901 discovered the infection outside of San Francisco and reported the truth, were by some strange fatality shortly after their several reports removed from such duty faithfully performed and sent to the ends of the world—to Honolulu, to Ecuador, and so forth. The reward of their faithful service seems to have been a humiliating removal at the demand of their commercial opponents. It is a most interesting history, the details of which might with propriety be given to the Senate as showing the destructive power commercial interests can exert over the faithful servants of a subordinate bureau.

I wish to put in the Record a statement of Surgeon-General Wyman, of the Public Health and Marine-Hospital Service, with regard to this matter, which I had no opportunity of obtaining until this morning. The following statement he dictated to my secretary at a few minutes before the Senate met this morning by permission of the Assistant Secretary of the Treasury:

With regard to the publicity in 1900 and 1901 during the prevalence of plague in San Francisco, Cal., there was no effort on the part of the bureau nor the department to suppress the facts nor to minimize them.

The Surgeon-General was in constant consultation with the Senators from California with regard to the situation, and also with the department, and there was no difference of opinion among any of the three branches with regard to the treatment of the subject. The facts were freely published in the weekly public-health reports, and while there was endeavor to suppress by newspapers in San Francisco, that was not the case with regard to the government publication. There was a time when the commission of three experts were sent out there and verified the existence of the plague, and it was known that their full report was on its way when it was evident a great sensation was expected, and the full report of the committee was not published immediately, although the essential facts were published. It was evident that a wide sensation beyond what was necessary and what was proper could have been made out of the report of this committee, and it was so handled that while the central facts were not delayed, still the sensational report which would inflict injury upon the State of California for an indefinite number of years was prevented.

The point I make is that wide publicity ought to have been given the truth in accordance with our international agreements; wide publicity ought to have been given so as to protect each State of the Union. I understand that the State of Texas desired the facts contained in that report and could not get them. I understand that other States called for that report and could not get it until it was printed in the public press by others than our public-health service.

Mr. GALLINGER. Mr. President—

The PRESIDING OFFICER [Mr. GUGGENHEIM in the Chair]. Does the Senator from Oklahoma yield to the Senator from New Hampshire?

Mr. OWEN. I yield to the Senator from New Hampshire.

Mr. GALLINGER. The Senator does not lay that charge against the supervising Surgeon-General of the Public Health and Marine-Hospital Service, does he?

Mr. OWEN. If the Senator will express what charge he means, I will answer him.

Mr. GALLINGER. The charge of the suppression of the fact of the existence of this disease in San Francisco.

Mr. OWEN. I am informed that the report of the three experts who were sent out for the purpose of this examination was not made public until after it had been given to the public press by the Sacramento Bee and other papers.

Mr. GALLINGER. If there was suppression, it must have been by the head of one of the departments.

Mr. OWEN. Oh, I think so.

Mr. GALLINGER. Yes; and not by the Supervising Surgeon-General.

Mr. OWEN. I do not think the Surgeon-General can be held responsible for it, and I do not hold him responsible.

Mr. GALLINGER. I happen to know that the Supervising Surgeon-General of the Public Health and Marine-Hospital Service was intensely interested in that matter.

Mr. OWEN. Oh, yes; but, notwithstanding his intense interest, this report was suppressed.

Mr. GALLINGER. It might have been suppressed, but not by the Supervising Surgeon-General.

Mr. OWEN. No; it was suppressed by our expert on finance—the Secretary of the Treasury—whereas it ought to have been in the charge of an expert on health—the secretary of public health—who could not be suppressed by a secretary of finance or of commerce.

Mr. GALLINGER. That may be; but I am very sure that the bubonic plague in San Francisco was pretty well taken care of by the Public Health and Marine-Hospital Service. There is no doubt about that.

Mr. OWEN. Their employees did the best they could; but I am advised the people out there, in the meantime, also had sufficient influence to send the experts who found the bubonic plague outside of San Francisco to Ecuador, to Honolulu, and to other distant points. I feel it my duty to say that this history ought to be exposed in the Senate, and I think a congressional inquiry ought to be made into it. It is a national scandal that the people of the United States broadcast should be exposed to the bubonic plague in this country and should have no proper department of health to protect them.

Mr. GALLINGER. Mr. President, I am afraid the Senator is drawing on the imagination of certain people who have imposed upon him.

Mr. OWEN. I think not.

Mr. GALLINGER. I am afraid he is.

Mr. OWEN. I do not think so.

Mr. GALLINGER. I think that—

Mr. OWEN. I am prepared to give the details in extenso if the Senator invites it, and I will place upon these records the whole story.

Mr. GALLINGER. I should certainly invite it, and I do invite it.

Mr. OWEN. Then I will immediately prepare this record, and I will place it before the Senate just as soon as it can be gotten together—probably in two days.

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Mr. GALLINGER. Mr. President, I trust that in making up that record the Senator will consult with the Supervising Surgeon-General of the Public Health and Marine-Hospital Service—

Mr. OWEN. With pleasure.

Mr. GALLINGER. And ascertain precisely what was done by that great bureau.

Mr. OWEN. With the greatest pleasure. I would despise myself if I should knowingly deal unjustly with any man. I have no purpose on earth except to serve the health of the people of the United States and to serve the cause of truth, as I understand it.

I did not quite finish with the statement of the Surgeon-General. I called him up two weeks ago, telling him what I wanted with regard to a "department of public health;" and I would have been glad to have consulted with him, but he had to wait until the head of his department came back before he could talk with me. How dignified and impressive is this Bureau of Public Health of the United States. Its chief—the Surgeon-General—can not discuss the questions affecting the Public Health Service with a Senator of the United States until our expert on finance comes home.

Well, Mr. President, immediate publicity of the expert report was prevented. California was not "advertised" as having bubonic plague by our health service when this report of February 26, 1901, was received. As mild a mention as possible was made of cases in an obscure way shortly thereafter, but only after the papers had given the expert report wide publicity. Now, reports are still coming showing cases of recurrent bubonic plague, and not much attention is given to them, although they occur from Southern California out to Seattle. It is a very important matter. It is a very deadly and difficult disease to suppress and it may easily infect this country from one end to the other before we know it. We were told by the newspapers that it was an inconsequential matter, a trifle, that the disease was merely local, and that it would soon be disposed of. We are now, after ten years, finding infected rats and squirrels at points a thousand miles apart on the Pacific slope.

The point I wish to emphasize is that the bureau dealing with public health was easily suppressed by commercialism and its supposed interests (putting in jeopardy the national health, the national honor, and the National Treasury), and required to withhold and suppress the truth in violation of section 4 of the quarantine laws of the United States.

They have spent over a million dollars in trying to extirpate it, and they have not been able to do so. It is still going on. I call the attention of the Senate to the expenditures of money for this purpose. In 1908 we expended for the suppression of plague, \$228,337.22; in 1909 we expended for the suppression of plague, \$337,403.13; for 1910 we appropriated \$750,000 and \$187,771 unexpended balance—in all, \$937,771—for the prevention of epidemics of cholera, typhus and yellow fever, smallpox, and bubonic plague (called also Chinese plague or black death). Nearly all of this appropriation was really desired for bubonic plague, which was the only epidemic seriously threatening the United States. Fortunately, we have \$724,000 of this on hand. So, from no danger, Mr. President, in 1901, 1902, and 1903, the danger grew to the request for an appropriation of over \$900,000 in 1910. There has been over a million dollars expended and the plague has not been suppressed. The bureau was prevented giving publicity to the truth, and Mazatlan, Mexico, was infected in consequence of no sufficient precaution.

Here is the most fatal disease of history, which we are told is "not dangerous." Ten years have passed since it was "not dangerous," and we have appropriated practically a million dollars to suppress this deadly peril "that is not dangerous," and that is not "advertised" because it might hurt somebody's commercial feelings.

OUR INTERNATIONAL OBLIGATIONS.

A department of public health is absolutely essential in order to deal with this matter and with similar questions with the full power and dignity of this Government and in order to faithfully and honorably comply with the state and international sanitary obligations of the United States.

The first article of the first title of the International Sanitary Convention of Paris, 1903, with Germany, Austria-Hungary, Belgium, Brazil, France, Spain, Great Britain, Greece, Italy, Luxemburg, Montenegro, the Netherlands, Persia, Portugal, Roumania, Russia, Servia, Switzerland, Egypt, and the United States, is as follows:

ARTICLE 1. Each government shall immediately notify the other governments of the first appearance in its territory of authentic cases of plague or cholera.

Particulars are required, constant information provided, and preventive measures showing the opinion of the experts of every

nation as to the extreme importance of protecting the world against bubonic plague.

Yet our Marine-Hospital Bureau was prevented from making the truth known, and even in its publications made its notice as obscure as possible for several years. The bureau understood the importance of publishing the truth; the bureau desired to tell the truth, but it was suppressed. I refer to this painful history not to criticize the unhappy, miserable, and weak bureau, but to point out the fatal weakness of a subordinated bureau as compared with the dignity and power of a department.

OBLIGATIONS TO AMERICAN REPUBLICS.

The first general International Sanitary Convention of the American Republics, held at the Willard Hotel, Washington, December 2-4, 1902, adopted resolutions of the delegates providing a provisional programme and emphasizing the sanitary convention adopted by the Second International Conference of the American States, held in the City of Mexico October 22, 1901, to January 22, 1902.

The convention of January 22, 1902, approved by the duly authorized delegates of the United States, Mexico, Bolivia, Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru, and Uruguay, pledged the representative governments to cooperate with each other toward maintaining efficient and modern sanitary conditions, and provided:

That each and all of their respective health organizations shall be instructed to notify promptly the diplomatic or consular representatives of the republics represented in this conference of the existence or progress within their several respective territories of any of the following diseases: Cholera, yellow fever, *bubonic plague*, and any other serious pestilential outbreak.

That it shall be made the duty of the sanitary authorities in each port prior to sailing of the vessel to note on the vessel's bill of health the transmissible diseases which may exist in such port at that time.

The Surgeon-General of the United States Public Health and Marine-Hospital Service was president of the convention at Washington of December 2, 1902. Mexico, not having been properly advised of the existence of bubonic plague at San Francisco, as agreed by the international convention of January 22, 1902, Mazatlan was infected, and because of such failure of the officers of the United States to honorably comply with this convention, was unable to take sanitary or quarantine precaution.

The apology made for our conduct in this matter by Edward Liceaga, president of the superior board of health of the Republic of Mexico (see report, 1903-4, on Public Health, p. 11), says:

The authorities of San Francisco, Cal., fearing that the quarantine restrictions would perhaps impose on their commerce a closure of foreign ports, had carefully concealed the existence of plague and had given clean bills of health to ships leaving that port.

This infection of Mazatlan in December, 1902, took place nearly a year after the United States was bound by the sanitary convention of January 22, 1902, at Mexico City, to give Mexico notice.

What apology shall we offer other nations for such a violation of our international obligations to Mexico? What shall we say to Peru, Colombia, Chile, and the other American Republics for this gross breach of public faith?

Will they be content when we say this matter was in the care of a subordinate little bureau, which was thoughtlessly overruled by a secretary of finance not in sympathy with such a subject-matter? What shall we say to the state boards of health of Texas, Indiana, Colorado, and other state boards that demanded the report of the experts of the Marine-Hospital Bureau, and were denied the full truth as to the bubonic plague in California?

Mr. President, a miserable bureau will not do! It has been tried in the balance and found wanting.

The importance of the subject-matter, the dignity and honor of the United States, its international agreements, and the health and welfare of the world demand a department and a secretary of public health.

TUBERCULOSIS.

Mr. President, Frederick L. Hoffman, statistician of the Prudential Life Insurance Company (Statistical Laws of Tuberculosis, American Medical Journal, 1904), estimates the commercial loss per annum to the United States from tuberculosis alone at \$240,000,000.

Collier's editorial ("Expressed in money," July 25, 1908) estimates the loss from tuberculosis alone at \$330,000,000 per annum, and says:

Is it any wonder, then, that the best physicians are heart and soul engaged in the study of its prevention?

Mr. Hoffman ("Physical and medical aspects of labor and industry," Annals of the American Academy of Political and Social Science, May, 1906) endeavors to establish the approximate measure of the social and economic value of life, and esti-

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mates that fifty active years of a working man's life represents a total of \$15,000. If death should occur at the age of 25, the economic loss to society would be \$13,695; at 35, \$10,395; at 50, \$4,405.

Mr. President, I doubt if any Member of the Senate would regard this measure of economic value as excessive, yet this estimate would make our preventable death loss equal an annual charge of over \$6,000,000,000.

The annual loss from tuberculosis is a hundred and fifty thousand lives to the United States at the average age of 35 years, a terrific social and economic loss.

Most of this loss could be avoided.

SAVING OF LIFE IN NEW YORK.

I submit a table of the department of health of the city of New York, showing the general death rate from 1886 to 1908, improving from 25.99 to 16.52 per thousand, nearly 10 to the thousand and an improvement of nearly 40 per cent. (Exhibit 2.)

The tuberculosis death rate has improved from 4.42 to the thousand to 2.29 to the thousand, a like improvement.

In Paris the death rate from tuberculosis is twice as great, but, Mr. President, death from tuberculosis in Greater New York alone in 1908 was 10,147 persons, and from all causes 72,072. (Exhibit 3.)

The vast improvement which has been made in the saving of life is clearly shown from the tables to which I call the attention of the Senate.

I submit, also, Table No. 3, showing a great improvement in the death rate of children under 1 year of age during the summer months, from 1891 to 1909, in which the death rate has been decreased one-half. (Exhibit 4.)

I submit Exhibit No. 5, the method of the department of health, in controlling tuberculosis.

I particularly desire to submit to the Senate for their physical inspection certain maps showing the number of cases of tuberculosis in certain down-town sections of New York City, in the Cherry and Market streets quarter and Cherry and Pearl streets neighborhood and the immense improvement obtained by a few years of effort. (Exhibits 6, 7, and 8.)

On Cherry street you will observe, in the center of the block, one house with 22 cases of tuberculosis reported between 1894 and 1898. The same house the next four years was reduced to 6 cases.

In the house adjacent to it there were 15 cases between 1894 and 1898 and 2 cases between 1899 and 1903. In the next house were 13 cases in the first period and 3 cases in the second period, showing the splendid results obtained in New York City by the effort of their sanitary authorities in four short years; but in this block between Cherry, Cathiden, Hamilton, and Market streets were 178 cases of tuberculosis, making the danger of infection to every person entering this block a matter of almost physical certainty.

New York has done glorious work in reducing the ravages of this terrible disease.

Such a section of a great city may be properly described as a charnal house, where the poor are denied a fair opportunity of life by the grinding processes of unthinking commercial energy and power, and are dying by thousands when they might be saved to the great economic gain of the United States, to the great financial and commercial advantage of this Nation. I do not make an appeal on the basis of humanity and patriotism alone, but I put it upon the cold basis that ought to appeal to the commercial instinct of the Nation, even if some men in the insane race for commercial and financial power and prestige seem to have forgotten the value of human life and of human happiness.

PRESENT COST OF HEALTH AGENCIES OF UNITED STATES.

The United States made appropriations for the present fiscal year for sanitary and health purposes in the following amounts, as nearly as I can ascertain:

Department of Commerce and Labor	\$533,000.00
Navy	1,827,428.00
War	6,400,734.00
Treasury	2,512,733.00
Interior	1,748,350.00
Agriculture	1,275,820.00
State	3,405.79
Bureau of Public Printer	7,270.00
District of Columbia	663,680.00
Total	14,972,320.79

A total of nearly fifteen millions. This does not include the service in the Philippine Islands, Porto Rico, nor Cuba, nor 114 physicians, nor 28 nurses among the Indians, nor the one hundred and odd clerks in the medical division of the Pension Office, nor the medical attention to sick prisoners, nor for the collection of medical statistics by the Census Bureau.

There appear to be over 12,000 persons employed in this service, not including those engaged in Porto Rico, Cuba, Panama, the Philippines, nor in the Agricultural Department.

These agencies ought to be considered in one department. It meets the best opinion in the United States.

The people of the United States are ready to support a department of public health and will indorse this general policy of concentrating all of the health agencies of government. "A department of public health" has been indorsed by the National Grange (Des Moines, 1909); by the American Federation of Labor, with about 2,000,000 members; by the American Medical Association, with about 80,000 physicians and surgeons affiliated; by the National Child-Labor Committee; by the Conferences of Governors; and in one form or another by every political platform.

The Republican platform for 1908 says:

We commend the efforts made to secure greater efficiency in national public-health agencies and favor such legislation as will effect its purpose.

The Ohio Republican platform of this year declared in favor of—

The organization of all existing national public-health agencies into a single national public-health department.

In Connecticut and other States similar declarations have been made.

The Democratic platform in 1908 in like manner states:

We advocate the organization of all existing national public-health agencies into a national bureau of public health, with such power over sanitary conditions connected with factories, mines, tenements, child labor, and such other conditions, connected within jurisdiction of Federal Government—and which do not interfere with the power of the States controlling public-health agencies.

The Committee of One Hundred of the American Association for the Advancement of Science and the American Medical Association, with 80,000 members, advocate a plank in a national platform in sentiment as follows:

Believing a vigorous, healthy population to be our greatest national asset, and that the growth, power, and prosperity of the country depends primarily upon the physical welfare of its people and upon their protection from preventable pestilences of both foreign and domestic origin and from all other preventable causes of disease and death, including the sanitary supervision of factories, mines, tenements, child labor, and other places and conditions of public employment or occupation involving health and life, we advocate the organization of all existing national public-health agencies into a national *department of public health*, with such powers and duties as will give the Federal Government control over public-health interests not conserved by and belonging to the States, respectively.

THE CONSERVATION OF LIFE, HEALTH, AND EFFICIENCY.

Mr. President, I believe in the conservation of our natural resources—of our coal fields, oil and gas fields, water powers, forests, and mines; the development of our natural resources in establishing good roads and improving our waterways.

The conservation of these great natural resources of our national wealth are of great importance, but the conservation of the life and efficiency of our people is of far greater importance, and should not be destroyed or impaired by unthinking commercialism. The conservation of the vitality and efficiency of our people is a problem of the first magnitude, demanding immediate intelligent attention.

Why conserve coal fields and not coal miners?

Why conserve plant life and not human life?

Why conserve animal life and not child life?

We conserve our water powers and forests and forget our people.

We have a great department conserving animal life and plant life and no department conserving human life.

This can not continue.

I earnestly invite the Senate to consider Senate bill No. 6049 and the Report on National Vitality, by the Committee of One Hundred on National Health, which has been published as a Senate document and which gives in a compact form the essential principles relative to this matter, an abstract and summary of which I insert as Exhibit 1.

Under a department of public health these problems can be worked out with far greater efficiency. The cooperation of the authorities of the several States of the Union and of the municipalities of the several States, each one operated along the lines of constitutional propriety, can be established by a department of public health with much greater efficiency than through a subordinate bureau.

Indeed, under a subordinate bureau such cooperation is impracticable. The bureau has not sufficient dignity or power in an emergency. It has no national standing. It can not take the initiative, but must always stand subject to the orders of a Secretary too greatly influenced by mere apparent commercial and fiscal interest. A bureau of public health so controlled is pitiful, if not despicable, as an agency of an enlightened Nation.

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Mr. President, I present this bill (S. 6049) to the Senate with no pride of authorship, because I deserve no credit in that respect, and am perfectly willing to assist a bill drawn by any other Senator which shall better accomplish the purposes which I have at heart.

I realize that my colleagues are intensely preoccupied with the multitude of demands upon their time and attention.

But this is a question of vast national importance. In eight years we have increased our expenditures over the average of preceding years by the huge sum of \$1,072,000,000 for the army and navy (see speech of Mr. TAWNEX, chairman of the Committee on Appropriations (RECORD, Mar. 4, 1909, 3835), and are spending 70 per cent of the national income to cover the obligations of past wars and the preparation for possible future war, or about seven hundred millions per annum for such purposes. But for war on preventable diseases, now costing us infinite treasure in life, efficiency, and commercial power and prestige, we spend practically nothing and do not even employ the agencies we have in an efficient manner.

In the name of the people of the United States, and of the great State of Oklahoma especially, and in the name of the American Medical Association, whose 80,000 associates and members are the faithful and self-sacrificing guardians of the health of our people, and in the name of the Committee of One Hundred of the American Federation of Labor, of the National Grange, and of the various health boards of the 46 States of the Union and of the great body of learned men who unanimously desire improved sanitation and the application of the improved agencies of preventing disease, disability, and death, I pray the Senate to establish a department of public health, with a Cabinet officer at the head of it.

The principle of the bill meets the general approval of the public-health societies and of the medical associations of the United States, and there should be no difficulty in perfecting this bill and in impressing upon the country the importance of organized effort to control the ravages of tuberculosis, typhoid and malarial fevers, bubonic plague, and other preventable diseases, which inflict such enormous injury upon the people of the United States, impose such vast, but needless, human misery and pain, with so great financial loss and loss of prestige and power.

A commercial nation will not be unmindful of the commercial value of the saving of life and efficiency possible, which is easily worth \$3,000,000,000 per annum.

A humane nation will not fail to act when it is known that we could save the lives of 600,000 of our people annually, prevent the sickness of 3,000,000 of people per annum, who now suffer from preventable disease, and greatly abate the enormous volume of human pain, misery, and death.

I believe in the conservation of our natural resources, and I believe in the conservation of the life and health of our people, the protection of the children of this country from preventable diseases, from infected milk, from infected ice, and from other things which unnecessarily destroy their tender lives. I have submitted here, as evidence of what can be done, the substantial results shown to have been accomplished in New York City in the protection of child life. I have offered the tables as exhibits, asking those Senators who take an interest in the subject to look at them and see what they really mean.

Thousands of people are ignorantly and needlessly exposed to the poison of the mosquito and fly, to bad water, bad air, bad food. We ought to have every school-teacher in the United States with bulletins in his hands, teaching the lessons of simple public health, the lessons that will protect the children from the infected mosquito, that will protect the country family from the infected fly that causes typhoid fever. We ought to save the lives of those people, and we can not do it with a health bureau that has to ask the Secretary of the Treasury before the head of that bureau may make a comment on a public-health question.

It is unspeakably bad to have such a system of government. I think we ought to amend it; that we ought to amend it without delay, and that no pride of opinion ought to stand in the way.

I feel that I am a bad advocate because I can not speak as temperately as I ought to speak. I feel that I alienate the sympathy of men whose sympathy I desire, and that my zeal may lead them to question the accuracy and sobriety of my judgment. If Senators can only take the time to examine the facts, they will perceive I have not really stated the case as strongly or as well as it might easily have been done by others.

I trust, Mr. President, that the Senate may not fail to take action in regard to this matter at the present session.

Mr. GALLINGER. Mr. President, I do not agree with the Senator from Oklahoma that he is a bad advocate. I think he is a most excellent advocate. The Senator complains because the Supervising Surgeon-General of the Public Health and Marine-Hospital Service has to consult a Cabinet minister. That is due to an executive proclamation, I take it. But, is the Senator curing it? The Senator is going to make a department of the Government, called the department of commerce, labor, and health, and the "health" is to be a bureau under that department.

Mr. OWEN. Not at all.

Mr. GALLINGER. That is the way the Senator's bill reads.

Mr. OWEN. No, sir.

Mr. GALLINGER. Then I have read it incorrectly, and I will examine it again and in my own time call attention to it.

Mr. OWEN. I should be deeply obliged to the Senator if he would read the bill.

Mr. GALLINGER. I will. I have read it only casually.

Mr. OWEN. It provides for a department of public health, without regard to any other department, and makes it independent of any other department, because it is the most important agency in which the United States can be engaged.

Mr. GALLINGER. I think I am right.

Mr. OWEN. If we were going to abolish any of the secretaries, I would abolish the Secretary of War and the Secretary of the Navy and leave the military and naval administration of the Government with the trained men of the War College and with the military experts of life-long training and use these experts in time of war as the heads of these military bureaus by promotion on merit. The present Secretaries are advisers in the Cabinet merely of matters of civil administration in times of profound peace and hold their portfolios chiefly as an excuse for their existence in a Cabinet administering the affairs of a peaceful Nation and in no urgent need of their advice as experts in war.

Mr. FLETCHER. If the Senator will allow me to interrupt him for just a moment, this is a very important matter, and I certainly feel indebted to the Senator for the care with which he has examined it. The question in my mind is whether the present Public Health and Marine-Hospital Service could not be utilized to do the work and accomplish the purpose the Senator aims at by this bill. That service is quite well equipped; it has a number of efficient and capable officers, the necessary material and machinery, and it would seem that possibly—I inquire of the Senator whether or not he has considered that—divisions might be created and the authority be vested in those divisions, and in the present Marine-Hospital Service, to carry out precisely what the Senator intends to carry out by creating this special department.

Mr. OWEN. The effect of this bill is to take the Marine-Hospital Service and erect it into a department of public health, and bring into it all the other agencies affecting sanitation and public health in the departments where they are now scattered, so that there shall be one authoritative head on the question of public health.

I do not wish to belittle in any way the Marine-Hospital Service. It is a very useful bureau, and has been particularly so in the matter of yellow fever at New Orleans.

Mr. FLETCHER. In this connection I ask leave to have printed in the Record, following this discussion, a short article appearing in Florida Health Notes. I think it would be of some consequence if the Senate had the use of it.

The PRESIDING OFFICER. Without objection, it is so ordered.

The article referred to is as follows:

NATIONAL HEALTH ADMINISTRATION.

Possibly there may be "something doing" in Congress this winter in regard to an assembling under one head of the various bureaus now in control of government health matters, to be designated as "The Bureau of Public Health." President Taft, in his annual message to Congress, is quoted by the press of the country as recommending such a procedure by saying:

"There seems to be no good reason why all the bureaus and offices in the General Government which have to do with the public health or subjects akin thereto should not be united in a bureau to be called 'The Bureau of Public Health.'"

If Surgeon-General Wyman will consent and Congress will so legislate, there really does not seem to be any valid reason, come to think of it, or objection to adopting President Taft's suggestion by utilizing the present Public Health and Marine-Hospital Service for this purpose.

The Notes thinks that this service, with an already too long a title, has been in fact the Public Health Bureau of the country for several years, and could, without any violent upheaval of routine, be made the National Bureau of Public Health, and could be so reorganized as to embrace in its administration all factors connected with the public-health management of the country.

The Public Health and Marine-Hospital Service in the scope of work which for the past ten or fifteen years it has been doing has outgrown, so to speak, to a large degree, its original purpose, namely, that of caring for the sick and disabled seamen of the merchant-marine service

of the country, so that its present hyphenated title is incongruous in that two distinct purposes, purely medical and a sanitary administrative, are coupled with each other when each are distinct in aim and intention.

Without confusion or any very radical change it seems to the Notes that a bureau of public health could be so constituted that the medical feature of marine-hospital management could be made one of the divisions of the organization rather than the principal feature of the organization itself, and that, too, without in the least detracting from or impairing the efficiency of the medical aid and assistance as now given the merchant-marine service of the country.

The Notes thinks that a bureau of public health could very wisely, as to efficiency and in extent of public-health service to be given to the country, be organized as one head having several divisions of distinctive health administration, each with its sanitary chief, who, by the way, need not be a commissioned officer of the present Public Health and Marine-Hospital Service, but who has been selected for his knowledge and experience in a particular or especial line of health work. And right here the Notes desires to express another thought: That the public-health service of the country should be a civil function of government administration just as is the customs service or the judicial, and not one of a military management.

For instance, a division of domestic and maritime sanitation should embrace all questions of investigation and management of quarantines, whether on land or by water;

A division of general hygiene and sanitation could deal with the pure-food laws and with inquiries into the causes of disease of man or animal, epidemics, endemic or sporadic outbreaks, together with the pollution of streams, and framing regulations preventing the same;

A division of scientific research and experimentation would control all laboratory investigation of disease in every form which might present itself, whether in man or animal; assisting state boards of health in the health work of the States academically and financially, and affording instruction to state and municipal health officers in the national laboratory at Washington; and

A division of medical maritime service which would include the medical assistance to the merchant marine as is now conducted.

Other divisions of public health work could be provided for, and the scheme can be enlarged as experience and time show the necessity for additions, but the distinctive feature of the plan should be preserved by having separate divisions for each special line of work.

Accordingly, instead of creating an entirely new bureau with new officials and perhaps men untried by experience, the decidedly better plan, as the Notes thinks, is to build upon what the country now has, and which has been looked upon as the public health department of the United States by utilizing its present personnel and its knowledge of the ability and experience of material to be gathered together from all over the country, for in the work which it has been prosecuting along sanitary lines for fifteen or more years the present Public Health and Marine-Hospital Service has gained by experience alone a vast amount of knowledge both of conditions, measures, and men which it would take a bureau newly starting out an equal number of years to obtain.

The Notes hopes that the present Congress may be influenced by President Taft's wise suggestion, but desires also that in the formation of this new bureau of public health that the present Public Health Service may be merely rearranged or reorganized on the above-outlined plan.

Mr. GALLINGER. Mr. President, I wish to correct an observation I made a moment ago, and I want the Senator from Oklahoma to hear it. I was mistaken as to the text of the bill. I had read in another document the suggestion that this was to be a compound department, and that health was to be but one element of it. I think the Senator's bill clearly establishes a department of public health.

Mr. OWEN. Without question.

Mr. GALLINGER. Mr. President, I have just two or three additional observations to make about this matter.

The Senator from Oklahoma has made a very illuminating argument, and I have been pleased to listen to him. It is possible that the Senator's contention is right and that this ought to be done, and yet I think it is something we can well pause and consider very deliberately. We have a bureau called the Public Health and Marine-Hospital Service, which is officered by some of the most accomplished medical men of the world, a bureau that has done very remarkable service. It has taken cognizance of yellow fever, of the bubonic plague, and of all the troublesome diseases that have alarmed mankind at different stages of the world's history, and it has been managed with rare skill and success.

In addition to that, we have, I believe, in every State of the American Union a state board of health, and if they are all as efficient as is the state board of health in the little State which I in part represent here, they are doing very remarkable work and are not neglecting any of the things that the Senator from Oklahoma has so eloquently pleaded for.

Mr. President, I have been interested in the Senator's statement that in some way—he has not told us just how, or how long a time it is going to take—he is going to make the average of human life fourteen years longer than it is now. That is interesting to me and interesting to some of my associates here, who would like to have it accomplished right off, if it can be done. I think the average duration of human life is about thirty years. The Senator from Oklahoma will correct me if I am wrong.

Mr. OWEN. It varies very much, from twenty-one years in India to fifty-two years in Sweden. It varies very much, according to the care taken in preserving the health, particularly that of children.

Mr. GALLINGER. Undoubtedly the average of human life has been increased of late years, but when I was trying to gain some information of a medical nature I remember that thirty years was stated as the average of human life. So, instead of living thirty years the average human being in the United States is going to live forty-four years. It is a dream, pure and simple.

Mr. OWEN. The Senator ought not to say it is a dream without having inspected the data upon which it is founded. I have given (supra) a table of every class of disease by which human beings are afflicted, with the percentages made up by the best experts in the world, as to what can be accomplished as to each particular one in prolonging life, and show the addition of these gains altogether makes fourteen years of increased life.

Mr. GALLINGER. And the head of that body of experts is a professor in a university in the United States, who never studied medicine a minute in his life.

Mr. OWEN. If you refer to Professor Fisher, of Yale, he is a man of wonderful learning, but the tables were prepared by men among the ablest men in the medical profession.

Mr. GALLINGER. Yes.

Mr. OWEN. The data in this has been brought about by those who are learned in the science of health, and he has collated the information and the data of the American world on the question of vitality. He is the professor of political economy in Yale University, and his learning I do not think can be minimized.

Mr. GALLINGER. Oh, no; not on political economy—

Mr. OWEN. It deals with this question as a matter of vital statistics.

Mr. GALLINGER. And a good deal of which is probably false political economy. But very likely his political economy is right and mine wrong.

Mr. OWEN. I can not refuse my assent to that suggestion.

Mr. GALLINGER. I thank the Senator. Human life has been extended considerably by existing medical forces in this country. It no doubt can be still further extended; but that we are going to add 50 per cent to the average of human life in this country anywhere within a reasonable time is, to my mind, more than doubtful, to say the least.

Mr. OWEN. If the Senator will study the Aristocracy of Health, and if he will consult Horace Fletcher, he will live to be 150 years old; and no one will rejoice at that more than I.

Mr. GALLINGER. My observation has been that almost every man in this country who has been a crank on the matter of correct living has died young. Dio Lewis died young; Graham died young; and I am not sure but that Horace Fletcher, who is chewing his food 36 or 38 times before he swallows it, will die young.

Mr. OWEN. And how does the Senator from New Hampshire feel to-day?

Mr. GALLINGER. I feel very well.

I meant to say in speaking of the Marine-Hospital Service and the state boards of health that by legislation we have coordinated those medical forces, to use a term with which we are familiar in this body, and the state boards of health are now regularly, at stated times, in consultation with the Public Health and Marine-Hospital Service, looking to the interest of the public health throughout the length and breadth of our land.

In addition to those forces we have that great fund which Mr. Carnegie has so generously placed at the disposal of the scientific people of this country, and his foundation is employing some of the leading experts in the world in investigating subjects of public health and the proper remedy for certain diseases. So the matter is not being neglected.

Mr. President, this subject is an interesting one, but it is a propaganda that may well be looked into very carefully. The Senator from Oklahoma speaks of the Committee of One Hundred. I have been invited several times to join the celebrated Committee of One Hundred, but I did not do it, and hence I am not a member of it. So I can not speak by the book, but am merely stating some general facts. The Committee of One Hundred is going to do great things for the health of the people of the United States. That committee has spent up to the present time \$44,236 in exploiting this particular subject, and it is now appealing for funds to reimburse it. Professor Fisher, a very distinguished gentleman and scholar, without any special knowledge of medical subjects, is promoting this propaganda. Professor Fisher, under date of the 23d day of December, 1909, sent out a letter in which he says:

Our legislative subcommittee and executive subcommittee have held frequent meetings. We believe that it is not possible to overcome the opposition unless a campaign fund of from twenty to twenty-five thousand dollars can be raised at once. This will be used for printing, stationery, telegrams, etc., the effect of which will be that Congressmen,

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especially pivotal Congressmen, will not dare to displease their constituents by opposing President Taft's programme. It will also be used to reach our American Health League—which contains many thousand health enthusiasts—to start up our "authors' league" of 1,000 health writers, to stimulate our press council of 100 leading editors, and to supply them and the members generally with ammunition in the way of literature; also to reach the labor organizations and the grange and all our allies.

In the same letter Professor Fisher says this:

I am writing to you among the first, knowing that you keenly appreciate the importance of overcoming the selfish opposition to a project which, once started, will surely expand within a decade so that millions upon millions of government money will be put into this most needed form of national defense. Letters received from Congressmen in response to our effort to poll them on this question show that many of them, and especially those who control procedure, need something more than the President's message to urge them to action; in short, that they must have letters and telegrams from their constituents.

I am not going to find any special fault with Professor Fisher for carrying on this propaganda, but I do not want it to go out to the country that this is a spontaneous movement. It is calling for the expenditure now of large sums of money, and the return, according to Professor Fisher's letter, is to be that the Government will pour millions upon millions of dollars into the laps of those people who are to take possession of health matters in our country in place of the instrumentalities we now have at our command. It may be all wise, it may be all well, the Senator from Oklahoma may speak by the book, but I suggest that in view of the facts patent to many members of the medical profession who have not yet been converted to the view the Senator so ably presents, we can afford to pause and very carefully investigate all the facts bearing on the question.

Mr. OWEN. Mr. President—

The VICE-PRESIDENT. Does the Senator from New Hampshire yield to the Senator from Oklahoma?

Mr. GALLINGER. I was going to present a conference report. Of course, I yield to the Senator from Oklahoma.

Mr. OWEN. It is merely to make a brief answer.

Mr. WARREN. Will the Senator from Oklahoma yield to me for a moment?

Mr. OWEN. I shall not take over two minutes, and then I will be off the floor.

I simply wish to say in introducing Senate bill 6049 that I had no connection whatever with the Committee of One Hundred. I did not know anything about their plans or methods when I introduced this bill. In fact, they were pursuing a different policy, if I understand it. I can not in two minutes dispose of the suggestions made by the Senator from New Hampshire, but I will do so at a later time, and will answer abundantly the suggestions which he now makes.

I will merely say at this time that my action in introducing this bill was on my own motion, without consultation with anybody, except that I had considered this matter for many years, as I have already explained. I call attention to the fact that every political party has expressed itself in this behalf; and I pointed out exactly what their words are; and the American Medical Association, I understand, for twenty years has been trying to accomplish some results in this matter.

There is no reason on earth why private citizens interested in this matter should not take an active interest in it, and the Committee of One Hundred should not be treated with contumely, and should not be made to appear as carrying on an offensive or improper propaganda. The American Medical Association nineteen years ago (1891) by a committee—Dr. Jerome Cochran, chairman—urged this policy of a department of public health. If it be a sin to carry on a propaganda to pass more efficient laws for the protection of human life in this country, let me be counted a chief among sinners. I should regard it as discreditable to Congress that any propaganda should be necessary. Congress should rejoice at this great opportunity of service pointed out by the Committee of One Hundred. I shall put into the Record the name of each one of the Committee of One Hundred, with his standing, to see who these "cranky" patriots may be, who sin against the laws of patriotism by advocating the improved methods of protecting the public health, and herewith submit the name, occupation, and organization of the members of the Committee of One Hundred:

COMMITTEE OF ONE HUNDRED OF THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE ON NATIONAL HEALTH.

Rev. Lyman Abbott, New York City; Miss Jane Addams, Chicago, Ill.; Felix Adler, New York City; James B. Angell, Ann Arbor; Hon. Joseph H. Choate, New York City; Charles W. Eliot, Cambridge; Archbishop Ireland, St. Paul; Hon. Ben. B. Lindsay, Denver; John Mitchell, Indianapolis; and Dr. William H. Welch, Baltimore, vice-presidents.

Irving Fisher, president; Edward T. Devine, secretary; Title Guarantee and Trust Company, treasurer, 176 Broadway, New York City, executive officers.

COMMITTEE OF ONE HUNDRED.

Dr. A. C. Abbott, M. D., assistant health officer of the city of Philadelphia, Pa.; president board of health; professor of hygiene, Philadelphia, Pa.

Rev. Lyman Abbott, editor Outlook, New York City.

Samuel Hopkins Adams, author, New York City.

Miss Jane Addams, philanthropist, Hull House, Chicago, Ill.

Felix Adler, professor of Hebrew, Columbia University; established New York Society for Study of Ethical Culture, New York City, N. Y.

William H. Allen, Ph. D., director bureau of municipal research; social worker; author of Health and Efficiency, New York City.

President James B. Angell, president emeritus University of Michigan; diplomatist; Regent Smithsonian; ex-United States minister to China; Ann Arbor, Mich.

Dr. Hermann Biggs, chief medical officer, health department, New York City; professor University and Bellevue Hospital Medical College, New York City.

Dr. Frank Billings, leading physician of Chicago, Ill., professor Rush Medical College, ex-president American Medical Association, Chicago, Ill.

John Shaw Billings, librarian public libraries, New York City, professor of hygiene, University of Pennsylvania, census expert vitality statistics, New York City.

Miss Mabel T. Boardman, president American Red Cross, Washington, D. C.

Edward Bok, editor Ladies' Home Journal, Philadelphia, Pa.

Mrs. Ballington Booth, president Volunteers of America, Montclair, N. J.

C. Loring Brace, social worker, New York City, N. Y.

Bishop C. H. Brent, bishop Philippine Islands, Manila, P. I.

Dr. Joseph D. Bryant, ex-health commissioner New York City, ex-president American Medical Association, private physician to Grover Cleveland, New York City.

Luther Burbank, expert on plant life, Santa Rosa, Cal.

Andrew Carnegie, ironmaster and philanthropist, New York City.

Prof. James McKean Cattell, editor Science and Popular Science, professor of psychology, Columbia University, New York City.

Prof. R. H. Chittenden, Ph. D., LL. D., director, Sheffield Scientific School, Yale University, referee board, department of agriculture, New Haven, Conn.

Hon. Joseph H. Choate, lawyer, diplomat, ex-ambassador to England, New York City, N. Y.

Dr. Thomas D. Coleman, A. M., M. D., distinguished physician, Augusta, Ga.

Prof. John R. Commons, professor of political economy, University of Wisconsin, authority on labor legislation, Madison, Wis.

Dr. Thomas Darlington, ex-commissioner and president board of health, ex-president of the American Climatological Society, New York City.

Edward T. Devine, editor of the Survey, professor of Columbia University, New York City.

Mrs. Melvil Dewey, president Association of Home Economics, Lake Placid, N. Y.

Dr. A. H. Doty, quarantine officer State of New York, New York City, N. Y.

Thomas A. Edison, inventor electric light, phonograph, etc., Orange, N. J.

Charles W. Elliot, president, emeritus, Harvard University, Boston, Mass.

Rev. W. G. Elliot, jr., prominent clergyman, Portland, Oreg.

Dr. Livingston Farrand, executive secretary of the American Society for the Study and Prevention of Tuberculosis, New York City, N. Y.

Hon. Charles J. Faulkner, ex-United States Senator from West Virginia, Washington, D. C.

Dr. Henry B. Favill, physician, president Municipal Voters' League, professor of Rush Medical College, Chicago, Ill.

Dr. George J. Fisher, head of the directors of the Young Men's Christian Association, New York City.

Prof. Irving Fisher, president, professor of political economy, New Haven, Conn.

Horace Fletcher, author on the science of living, New York City.

Austin G. Fox, distinguished attorney, New York City.

Lee Frankel, head of the welfare department of the Metropolitan Life Insurance Company, New York City.

Dr. John S. Fulton, secretary of the International Congress of Hygiene Demography; to be held in Washington at the invitation of the United States Government, Washington, D. C.

President H. A. Garfield, president of Williams College, Williams-town, Mass.

William R. George, George Junior Republic, where the boys are taught self-government, Freeville, N. Y.

Prof. Franklin H. Giddings, professor sociology, Columbia University, New York City.

E. R. L. Gould, Ph. D., president City and Suburban Homes Company, New York City.

Rev. Percy S. Grant, clergyman, New York City.

Dr. Luther H. Gulick, educator, president American Physical Education Association, author, New York City.

President A. T. Hadley, president Yale University, New Haven, Conn.

President G. Stanley Hall, president Clark University, authority on adolescence, Worcester, Mass.

Miss Hazard, president Wellesley College, Wellesley, Mass.

Prof. C. R. Henderson, professor sociology, University of Chicago, Chicago, Ill.

Mrs. John B. Henderson, author of Aristocracy of Health, Washington, D. C.

Byron W. Holt, New York Reform Club, New York City.

Prof. L. Emmet Holt, secretary of the Rockefeller Institute, authority care and feeding of children, diseases of infancy, etc., New York City.

Dr. J. N. Hurty, secretary state board of health, ex-president American Public Health Association, Indianapolis, Ind.

Right Rev. John Ireland, archbishop, St. Paul, Minn.

Prof. M. E. Jaffa, professor, University of California, chemist and expert on foods, Berkeley, Cal.

Jeremiah W. Jenks, professor of political economy, Cornell University, ex-government expert, Ithaca, N. Y.

Dr. P. M. Jones, editor State Medical Journal, San Francisco, Cal.

President David Starr Jordan, president Leland Stanford University, California.

Prof. Edwin O. Jordan, professor bacteriology, University of Chicago, Chicago, Ill.

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Dr. J. H. Kellogg, superintendent, Battle Creek Sanitarium, Battle Creek, Mich.

Prof. S. A. Knopf, author and leading authority on tuberculosis, New York City.

Dr. George M. Kober, dean Georgetown Medical College, professor of hygiene, chairman of the President's Home Commission, Washington, D. C.

James Law, professor of veterinary medicine, Cornell University; ex-chairman United States Cattle Commission, etc., Ithaca, N. Y.

Samuel McCune Lindsay, director New York School of Philanthropy, New York City.

Hon. Ben R. Lindsay, judge juvenile court, Denver, Colo.

Dr. Jaques Loeb, professor of physiology, University of California, Berkeley, Cal.

Hon. John D. Long, ex-Secretary of the Navy, Boston, Mass.

S. S. McClure, editor of McClure's Magazine, New York City.

Dr. J. N. McCormack, lecturer of the American Medical Association, Bowling Green, Ky.

Hiram J. Messenger, actuary of the Travelers' Life Insurance Company, Hartford, Conn.

John Mitchell, labor leader, New York City.

Dr. Prince A. Morrow, president of the Society for Sanitary and Moral Prophylaxis, New York City.

Dr. Richard C. Newton, writer, Montclair, N. J.

Prof. M. V. O'Shea, professor of science and art of education, University of Wisconsin, Madison, Wis.

Walter H. Page, editor World's Work, New York City.

Robert Treat Paine, president American Peace Society, Boston, Mass.

Henry Phipps, philanthropist, New York City.

Dr. C. O. Probst, secretary State Board of Health, Ohio, and president of the American Public Health Association, Columbus, Ohio.

Dr. Charles A. L. Reed, chairman of the legislative committee of the American Medical Association, Cincinnati, Ohio.

Mrs. Ellen H. Richards, sanitary chemist, Massachusetts Institute of Technology, author on the Art of Right Living, Boston, Mass.

Prof. F. C. Robinson, professor, Bowdoin College, ex-president American Public Health Association, Brunswick, Me.

Dr. D. A. Sargent, director of the Harvard gymnasium, Cambridge, Mass.

William H. Schieffelin, wholesale druggist, New York City.

Prof. Henry R. Seager, professor of political economy, Columbia University, New York.

Hon. George Shiras, 3d, distinguished attorney at law, ex-member of Congress, Washington, D. C.

Dr. George H. Simmons, editor Journal American Medical Association, Chicago, Ill.

William F. Slocum, president Colorado College, Colorado Springs, Colo.

Dr. Charles D. Smith, ex-president state board of health of Maine, Portland, Me.

James Sprunt, cotton exporter, Wilmington, N. C.

Melville E. Stone, director of Associated Press, New York.

Nathan Straus, philanthropist, in respect to public baths and purifying the milk supply of New York City, New York City, N. Y.

J. E. Sullivan, president Amateur Athletic Union, New York City.

William H. Tolman, author, director of the Museum of Safety and Sanitation, New York City.

Dr. Henry P. Walcott, president of the Massachusetts state board of health and president International Hygiene Demography, Boston, Mass.

Dr. William H. Welch, president-elect of the American Medical Association, professor of pathology, Johns-Hopkins University, etc., president of the advisory board of hygienic laboratory, Marine-Hospital Service, Baltimore, Md.

Prof. F. F. Westbrook, dean of the medical school, University of Minnesota, and member of the advisory board, Minneapolis, Minn.

Talcott Williams, editor and author, Philadelphia, Pa.

Robert S. Woodward, director of the Carnegie Institute, Washington, D. C.

Calvin Hendrick, sanitary engineer, Baltimore, Md.

[S. 6049, Sixty-first Congress, second session.]

In the Senate of the United States, February 1, 1910. Mr. OWEN introduced the following bill, which was read twice and referred to the Committee on Public Health and National Quarantine:

A bill establishing a department of public health, and for other purposes.

Be it enacted, etc., That there is hereby established a department of public health under the supervision of the secretary of public health, who shall be appointed by the President a Cabinet officer, by and with the consent of the Senate, at a salary of \$12,000 per annum, with like tenure of office of other Cabinet officers.

SEC. 2. That all departments and bureaus belonging to any department, excepting the Department of War and the Department of the Navy, affecting the medical, surgical, biological, or sanitary service; or any questions relative thereto, shall be combined in one department, to be known as the department of public health, particularly including therein the Bureau of Public Health and Marine-Hospital Service, the medical officers of the Revenue-Cutter Service, the medical referee, the assistant medical referee, the surgeons and examiners of the Pension Office; all physicians and medical officers in the service of the Indian Bureau or the Department of the Interior at old soldiers' homes, at the Government Hospital for the Insane, and the Freedman's Hospital and other hospitals of the United States; the Bureau of Entomology, the Bureau of Chemistry and of Animal Industry of the Department of Agriculture; the hospitals of the Immigration Bureau of the Department of Commerce and Labor; the emergency relief in the Government Printing Office, and every other agency of the United States for the protection of the health of the people of the United States, or of animal life, be, and are hereby transferred to the department of public health, which shall hereafter exercise exclusive jurisdiction and supervision thereof.

SEC. 3. That the official records, papers, furniture, fixtures, and all matters, all property of any kind or description pertaining to the business of any such bureau, office, department, or branch of the public service is hereby transferred to the department of public health.

SEC. 4. That the secretary of public health shall have supervision over the department of public health, and shall be assisted by an assistant secretary of public health, to be appointed by the President, by

and with the advice and consent of the Senate, at a salary of \$6,000 a year, with such duties as shall be prescribed by the secretary not inconsistent with law.

Sec. 5. That the secretary of public health shall be authorized to appoint such subordinates as may be found necessary. There shall be a chief clerk appointed, at a salary not to exceed \$3,000 a year, and such other clerks as may from time to time be authorized by Congress.

Sec. 6. That the officers and employees of the public service transferred to the department of public health shall, subject to further action by Congress, receive the salaries and allowances now provided by law.

Sec. 7. That it shall be the duty and province of such department of public health to supervise all matters within the control of the Federal Government relating to the public health and to diseases of animal life.

Sec. 8. That it shall gather data concerning such matters; impose and enforce quarantine regulations; establish chemical, biological, and other standards necessary to the efficient administration of said department; and give due publicity to the same.

Sec. 9. That the secretary of public health shall establish a bureau of biology, a bureau of chemistry, a bureau of veterinary service, a bureau of sanitary engineering, reporting such proposed organizations to Congress for suitable legislation relative thereto.

Sec. 10. That all unexpended appropriations and appropriations made for the ensuing year shall be available on and after July 1, 1910, for the department of public health, where such appropriations have been made to be used by any branch of the public service transferred by this act to the department of public health. It shall be the duty of the secretary of public health to provide, on proper requisition, any medical, sanitary, or other service needed of his department required in another department of the Government.

Sec. 11. That any other department requiring medical, surgical, sanitary, or other similar service shall apply to the secretary of public health therefor wherever it is practicable.

Sec. 12. That all officers or employees of the Government transferred by this act to the department of public health will continue to discharge their present duties under the present organization until July 1, 1910, and after that time until otherwise directed by the secretary of public health or under the operation of law.

Sec. 13. That all laws or parts of laws in conflict with this act are hereby repealed.

Wednesday, May 25, 1910.

Mr. OWEN. Mr. President, while awaiting the return of the Senator from Wisconsin [Mr. LA FOLLETTE] I wish to make a few comments on the bill (S. 6049) establishing a department of public health, and for other purposes.

Mr. President, I have been amazed, and I suppose that every Senator on this floor has been, to receive many telegrams from "homeopaths," "osteopaths," "eclectics," "chiropractics," and practitioners and believers in Christian Science and suggestive therapeutics, and from other good citizens, protesting against a department of public health apparently upon the unfounded notion that the bill introduced by me (S. 6049) proposed or made possible some interference by the Federal Government with the practice of medicine and constituted a possible invasion of the medical freedom of the citizen to employ whom he pleased when sick. None of the protests point out the language of the bill by which this could possibly happen, and for the obvious reason that no such language exists in the bill. None of these protests suggest any amendment to correct either an error of omission or commission in the bill. They simply protest against an interference with the medical freedom of the citizen, with which the bill contemplates no interference, with which the Federal statutes can not interfere within any State.

I understand that during the last week a large number of so-called "taxpayers and voters" associations have been organized with many members in several States of the Union for the purpose of opposing a department of public health.

I am informed that the sudden and surprising interest of the "taxpayers and voters" of the United States who are organized in this artificial manner and the active interest alleged or manifested of the "homeopaths" and of the "osteopaths" and of the "eclectics" and of the great variety of those who have special views with regard to the various methods of healing the sick has taken place within seven days, and like a flash of lightning telegrams are coming in from Maine to California. The chairman of the Committee on Public Health and National Quarantine of the Senate received a very large number of them. Such sudden universality of disapproval of a department of public health on such an unsound theory is astounding; it is more—it is extremely suspicious; it is obviously artificial. It is perfectly apparent that somebody is spending a very large amount of money on this sudden propaganda; it can hardly be doubted that somebody, in gross error, is advising the "homeopaths," the "osteopaths," the "eclectics" that their right to practice medicine is about to be invaded by the Federal Government.

The agency through which this propaganda is being carried on against a department of public health is carrying the flag of "medical freedom."

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And an active and authorized representative of this organization in the Washington Post is quoted as saying (Friday morning, May 20, 1910):

I believe the creation of a Federal department of health would mean the abridgment of long-cherished rights of the people, which would mean the taking away of the enjoyment of one of the most sacred rights for which man has had to contend—the right to select the practitioner of his choice in the hour of sickness. If such a bill became law, hundreds of practitioners would be thrown out of practice—men who have succeeded in curing persons who have been given up by physicians. It would particularly affect Christian Science healers and osteopaths. In their line, both these classes of practitioners undoubtedly have done a world of good, and they should not by unfair legislation be outlawed. It should make no difference whether we believe in Christian Science, osteopathy, or any other practice, the people should have the privilege of choosing their own practitioners. They should not be prohibited from so doing by legislation.

This is an astonishing and utterly impossible interpretation of the bill which I introduced in the Senate of the United States proposing a department of public health.

The bill itself merely brings the various bureaus affecting the public health in one body, under one head, without changing the character of the activities or authorities of such existing bureaus, to wit:

All departments and bureaus belonging to any department (excepting the Army and Navy) affecting the medical, surgical, biological, or sanitary service, or any questions relative thereto, shall be combined in one department.

The greatest of these bureaus dealing with the public health is the Bureau of Public Health and Marine-Hospital Service, but various public hospitals, the Bureau of Chemistry and of Pure Foods and Drugs, and Bureau of Meat Inspection, including some 16 laboratories of the Federal Government, are to be transferred to one department by this proposed bill.

Nobody has heretofore protested against the existence of these bureaus or their functions.

Nobody has declared them unconstitutional.

Nobody has charged that they in anywise have interfered with the homeopaths, osteopaths, eclectics, Christian Scientists, or any other school of healing.

Nobody has contended that they would do so, or has desired that they should be abolished for fear that they would interfere with the local practitioners in the gentle art of healing.

No man who has any knowledge of constitutional law would believe it possible that the Federal Government could invade the police powers of the State, or in any way interfere with the liberties of the citizen or of the local practitioner.

The Supreme Court has repeatedly passed upon this question, and held that the States, under their police powers, exclusively control such matters. All lawyers are familiar with these principles. The leading cases I insert in the RECORD for the convenience of those who may not be familiar with the matter:

United States v. De Witt (9 Wall., 41); Slaughterhouse cases (16 Wall., 36); United States v. Reese (92 U. S., 214); United States v. Cruikshank (92 U. S., 542); Munn v. Illinois (94 U. S., 113); Civil Rights case (19 U. S., 3).

All citizens know that the States exclusively control the issuance of licenses to practice medicine.

Nobody every heard of the Federal Government considering such a matter or pretending to have any interest in it.

Every Member of the Senate and of the House of Representatives knows that the Federal Government has nothing to do with the local practitioner nor the hostilities which may exist between different schools of medicine, if any such do exist.

I wish, however, to put in the RECORD my assurances to the members of the medical profession, of whatever school of healing, a few facts which I trust may abate any apprehension on this score.

First. Senate bill 6049, proposing a department of public health, was drawn by me without the knowledge of any school of medicine or of any medical association. I was greatly pleased to find that many members of the various medical schools and associations, including homeopaths and eclectics, approved the bill.

I have been pleased to observe the wholesale cordial support of osteopaths and men of all schools of healing for a department of public health. The bill contains no provision either directly or indirectly interfering with any school of healing, whether osteopaths, homeopaths, eclectics, Christian Scientists, or in those who reject all medicine. It could not accomplish such a purpose if it had the intent, as the Federal Government has no such police powers within the State, the States alone issuing licenses to control the practice of medicine and religious and personal freedom being a constitutional right in which everybody believes.

As the author of this bill I wish to say that I believe the more a man knows about the laws of health the less drugs he takes. I have employed homeopaths and osteopaths and allopaths as well to treat myself and the members of my family. I have studied the doctrine of suggestive therapeutics and of Christian Science with great interest and respect, and cordially indorse Horace Fletcher as the best doctor of them all. I stand firmly for medical freedom and for the right of the citizen to select his own medical or spiritual adviser.

The department of health, proposed by me, has for its object the prevention of sickness, and, therefore, taking business away from all doctors.

The members of the profession whose hearts are constantly wrung by the grief and sorrow at the bedside of sickness and death naturally desire to prevent bad health and illness, even if it be to their financial loss, as it evidently is, and every member of the noblest of professions will stand for the department of health when its purposes and its constitutional limitations are well understood.

The absurd theory that any medical association could, by any possibility, take charge of the health activities of the Gov-

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ernment of the United States and interfere with the medical freedom either of citizen or practitioner is preposterous.

It is to the honor of all the members of this sympathetic and self-sacrificing profession that they are so largely interested in preventing disease and thus diminishing the need for their own employment. All disciples of every school of healing, I should think, should engage in a generous rivalry to put an end to disease and prevent tuberculosis, typhoid and fellow fevers, bubonic plague, pneumonia, and the many diseases which are known to be preventable.

This is about all a department of health can hope to assist in, and it can only do this by cooperating with the States on constitutional lines in educating the people on the elementary laws of health and well-ascertained facts relating to the prevention of the wholesale sickness and death of our people.

It is beyond belief that any of our good citizens engaged in curing the sick would seriously oppose the reasonable exercise of either the State or National activities within their constitutional limits for the prevention of the illness and death of our people.