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PROVIDE FOOD AND MEDICAL SERVICES ON AN EMERGENCY BASIS

GOVERNMENT
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HEARING
BEFORE THE
COMMITTEE ON AGRICULTURE
HOUSE OF REPRESENTATIVES
NINETIETH CONGRESS
FIRST SESSION
ON
S. 2138
OCTOBER 5, 1967
Serial X

Printed for the use of the Committee on Agriculture



U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1967

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PROVIDE FOOD AND MEDICAL SERVICES ON AN EMERGENCY BASIS

THURSDAY, OCTOBER 5, 1967

HOUSE OF REPRESENTATIVES,
COMMITTEE ON AGRICULTURE,
Washington, D.C.

The committee met, pursuant to notice, at 10 a.m., in room 1301, Longworth House Office Building, Washington, D.C., Hon. W. R. Poage (chairman) presiding.

Present: Representatives Poage (presiding), Gathings, Abernethy, Stubblefield, Purcell, O'Neal of Georgia, Foley, Resnick, de la Garza, Vigorito, Jones of North Carolina, Nichols, Montgomery, Brasco, Belcher, Teague of California, Mrs. May, Goodling, Miller, Burke, Mathias, Mayne, Zwach, Kleppe, Price, and Myers.

Also present: Christine S. Gallagher, clerk; Hyde H. Murray, assistant counsel; L. T. Easley, staff consultant, and Fowler C. West, assistant consultant.

The CHAIRMAN. The committee will please come to order.

We have met this morning to consider S. 2138. We have asked representatives from several departments to meet with us and present their views.

(A copy of the bill referred to, S. 2138, reads as follows:)

[S. 2138, 90th Cong., first sess.]

AN ACT To authorize the Secretary of Health, Education, and Welfare and the Secretary of Agriculture to provide food and medical services on an emergency basis to prevent human suffering or loss of life

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) notwithstanding any other provision of law, the Secretary of Health, Education, and Welfare and the Secretary of Agriculture are authorized to take such action as may be necessary on an emergency basis to provide nutritious food and medical services to any individual in any State whenever such action is required to prevent the loss of such individual's life, physical impairment, or to avoid suffering caused by lack of nutritious food or medical attention.

(b) Regulations and procedures for carrying out the provisions of this section in any State shall be jointly issued by the Secretary of Health, Education, and Welfare, the Secretary of Agriculture and the Governor of such State. Such regulations and procedures shall be adopted by the affirmative vote of any two of the above-named officials.

SEC. 2. The Secretary of Health, Education, and Welfare and the Secretary of Agriculture, in consultation and cooperation with other officials of the Federal Government, shall make a comprehensive study of the incidence and location of serious hunger and malnutrition and health problems incident thereto in the United States and shall report their findings and recommendations for dealing with these conditions to the Congress within six months from the date of enactment of this Act. The conduct of this study shall in no way interfere with or delay action under the first section of this Act.

SEC. 3. For the purpose of carrying out the provisions of this Act there are hereby authorized to be appropriated, for the fiscal year ending June 30, 1968, the sum of \$25,000,000, and for the next succeeding fiscal year, the sum of \$50,000,000.

SEC. 4. As used in the Act, the term "State" means the fifty States and the District of Columbia; and the term "Governor" shall, in the case of the District of Columbia, be deemed to mean the Commissioners of the District of Columbia.

Passed the Senate August 2, 1967.

Attest:

FRANCIS R. VALEO,
Secretary.

The CHAIRMAN. We have Mr. Rodney E. Leonard, Deputy Assistant Secretary for Marketing and Consumer Services from the Department of Agriculture with us.

We will be glad to have the views of the Department at this time.

STATEMENT OF RODNEY E. LEONARD, DEPUTY ASSISTANT SECRETARY FOR MARKETING AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE

Mr. LEONARD. Mr. Chairman and members of the committee, thank you very much for inviting me here today to represent the Department of Agriculture.

The measure on which we are here to present views is S. 2138, a bill we believe will give new dimensions to the capabilities to the Department of Agriculture to assure good nutrition to the people of this country, more particularly to those of low-income families. This committee has always been sympathetic to proposals of this nature because of the understanding and the knowledge that food is inevitably the first consideration, whether you are dealing with an underdeveloped country, trying to reach a takeoff point, or whether you are dealing with a family that needs food to help reach their own personal takeoff point.

Now, this proposal is very broad in concept, and we look upon it and its intentions to give the Department of Agriculture and Department of Health, Education, and Welfare a degree of added flexibility in reaching people in need of food and medical attention.

S. 2138 we think could be very useful as an addition to the on-going programs of the Department such as the food stamp program and the food distribution program, the family food assistance program, and other programs such as the school lunch program, the special milk program, and such.

Because of this we would welcome the added responsibility in the administration of these programs. As an example, the legislative history of this proposal in the Senate would authorize the Department in covering local costs of administering the food stamp program. Under present legislation, we do not now have that authority.

We are already undertaking to do this in commodity distribution in countries where the situation has demonstrated a need.

Administrative costs in both of these programs can be an inhibiting factor in making food assistance available to low-income families, particularly in rural areas.

The major thrust of the legislation is clearly stated to take such action as may be necessary on an emergency basis to provide sufficient food and medical service to any individual in any State when-

ever such action requires it to prevent the loss of such individuals' life, physical impairment, and to avoid suffering because of a lack of nutritional food and medical attention. In other words, if a family or an individual in a family is suffering for lack of an adequate diet, a physician may prescribe food just as he would prescribe medicine, and in a county that does have the food stamp program he might prescribe an additional amount that would be provided with food coupons.

In any county that has no food program or a commodity distribution, he might prescribe food in the form of a voucher for the family or a family member in which additional items would be provided that might be needed for a fully nutritious diet.

It is the view of the Department that the purpose of the bill can best be achieved by special medical determination that nutritional deficiencies exist.

I do not doubt that such a finding could be made in thousands of cases. For example, our commodity distribution program particularly is intended only to supplement the family diet; it does not provide for a variety of foods that on a month-in-and-month-out basis would wholly support an adequate level of nutrition.

Perhaps, the biggest problem of all that we have, is that too many families in the country—and this includes the low-income families—simply do not understand the importance of good nutrition and the fairly simple essentials that are required for a balanced diet.

So, one of the major contributions of this proposal can be in followup and followthrough. We have had limited experience in this area with a new group of employees within the Department which we call program aides in nutrition. We have been able to reach the low-income families, such as families that do not read brochures and pamphlets on the importance of certain amounts of proteins; families that do not listen to the household hints on the radio or gain a better understanding of nutrition from occasional programs on television. We still do not know enough about all of the components of good diet, but we do know that if a better diet is to be achieved, it will require an educational program to get across the idea. Program aides would be a great assistance in this regard.

This outreach will be particularly important in other respects. It is not just enough to insure that the family have access to food. If they just buy more starch, then they may be creating a dangerous illusion that they are being well fed. This simply does not follow.

So, we can use the subprofessional to do this kind of outreach work and make effective use of the limited number of professional people. We can teach basic concepts of good nutrition to the aide, who in turn will work among the low-income families under supervision.

This applies one of the lessons that the United States learned during World War II, when there were not enough skilled workers to maintain the huge war production effort.

So, to take care of the job, those with higher skills were assigned to do that which they could do best and others were given that part of the job requiring lesser skills. This is what we have in mind here. We can get an awful lot of mileage out of nutritional education dollars in this fashion.

The bill also provides that program regulations and procedures should be issued jointly by the Governors of the States, by the Secretaries of Health, Education, and Welfare and Agriculture, but an affirmative vote by any two of the three would mean that the regulations could be adopted.

From the administrative standpoint, I think that this would be a very complicated kind of arrangement. This would not be as complicated if we were able to adopt a general set of regulations which then could be applied, in modified form, perhaps through cooperative agreements with the States to fit unique circumstances in any particular State. Otherwise, I can visualize a situation where you would have 50 different sets of regulations. So, we feel it would be administratively much superior to authorize cooperative arrangements or agreements as we now have with most of the programs of the Department of Agriculture in the food area; particularly, where we have one or more cooperative agreements with every State.

The intent of the legislation is to make it possible for us to look at and to measure nutritional and health needs and do something about them, and I believe that the responsible State officials will take responsible and sympathetic attitudes toward this; that they will have proposals to offer as to how best to use the authority, and they will welcome the opportunity that the legislation offers, and, therefore, we ought to be able to work with each State as the particular situation arises.

Now, we are already working with the Department of Health, Education, and Welfare on procedures and techniques as to the nutrition survey that section 2 of the bill would require to measure the amount of malnutrition. In any event, we have conducted surveys periodically for some years. These are useful as rough benchmarks, as to the general adequacy of the Nation's diet. We have found, for example, the proportions of low-income families with nutritional insufficiencies, but we do not know enough about certain particular vulnerable groups, such as preschool children and the elderly.

As an example, there is some indication that the preschool children suffer permanent impairment as the result of dietary inadequacies. In this case, we do not know enough about either.

We have an ever-growing population that lives longer and longer. The average life expectancy has increased, but we do not know enough about the terminal effects of malnutrition and the elderly. People may not die from poor nutrition alone, but they may be very vulnerable to diseases as the result of lower resistance. We also know that among the older people, particularly those living in one or two person households, who have had little in the way of nutritional education during their lifetime, have little or no interest in preparing an adequate meal.

We know that to feel healthy and to feel well, you do need good food. We know that this is an area of work with the older person. We need to know much more about the nutritional status of people in this category.

These, then, are some of the reasons that the Department favors the enactment of this legislation.

We feel that it will offer opportunities to improve the health of the people in this country. It will be administered carefully and effec-

tively. We would propose that any funds that would be spent through this legislation would be additional expenditures in 1968, but we do not think that it would require further authorizations beyond those that have already been requested.

So, with those general remarks, I will be very happy to respond to any questions you may have.

The CHAIRMAN. As I understand, you envision this primarily as a research program in which we will study nutrition; is that right?

Mr. LEONARD. This would be one of the aspects in it.

The other would be the increased flexibility which it would provide within the food assistance programs that we now operate.

The CHAIRMAN. All right. Now, let us get down to exactly what you can do if this bill passes.

Assuming that it passed as it stands right now, what would be the first thing you would do, to make contacts with the universities to do this research?

What would it cost?

Who would direct it?

Mr. LEONARD. We would develop a research proposal in cooperation with the Department of Health, Education, and Welfare, using their staff. We would contract with some of the universities. We are working with a number of universities at this point. We are conducting various nutritional studies.

The CHAIRMAN. Let us get this: Where would those universities be? What would be spent in each university, roughly? You cannot tell exactly.

Mr. LEONARD. I could not tell you exactly.

The CHAIRMAN. Do you contemplate going to Harvard and to Massachusetts Institute of Technology?

Do you contemplate giving them on the order of a million or several millions of dollars, or do you contemplate going to some of these smaller schools and colleges and giving them \$25,000?

What are you talking about?

What do you have in mind?

I know that you cannot tell us just what you are planning to do, but it seems to me that the committee ought to have some idea as to what you have in mind before we act on this bill.

Mr. LEONARD. I will try to be as specific as I can.

In this area, this was not laid down, perhaps, specifically.

What we would propose to do would be to take the results from the 1965 food consumption survey, which will give us a very good picture of consumption patterns of food.

The CHAIRMAN. Why cannot you do that now?

Mr. LEONARD. Well, we are—

The CHAIRMAN. Without this bill.

Mr. LEONARD (continuing). Without this bill.

The CHAIRMAN. All right. That is what I am asking.

What can you do with this bill that you cannot now do? What will the bill do?

Mr. LEONARD. With the bill, within the timespan provided here we would select five or six areas for intensive research on nutritional problems, the adequacy of a nutritional diet among the low-income groups.

The CHAIRMAN. Do you not have that authority now?

Mr. LEONARD. We have the authority now. The point is to make some intensive surveys in which we are trying to get a better picture of the nutritional characteristics of the low-income families.

The CHAIRMAN. Do you not have the authority to study those things now?

Mr. LEONARD. Yes, yes, we do.

The CHAIRMAN. All right. You have said that you would not need any additional money. You have the money and you have the authority now. Why do you need the bill, then?

Mr. LEONARD. Mr. Chairman, we did not request the bill.

The CHAIRMAN. Well, I understand from your testimony that you are here in support of the bill.

Mr. LEONARD. Yes, we would support the bill.

I think you have to look at this from two points: (1) the research side of it—

The CHAIRMAN. That is what I am looking at right now. Let us look at the research part of it.

You have the authority to conduct the research now.

Mr. LEONARD. That is right.

The CHAIRMAN. You have the money to conduct the research now.

Mr. LEONARD. Right.

The CHAIRMAN. All right.

Now, then, let us look at the other part of the bill.

You have the authority and the money to do all the research. So that you do not need the bill from that standpoint. Just do not nod your head. Say "Yes" or "No".

Do you need it?

Mr. LEONARD. We do not.

The CHAIRMAN. From that standpoint—

Mr. LEONARD. From the standpoint of making additional surveys, no, we do not need the authority that the bill contains. We look on the bill as directing the executive department to make the surveys and to report results within a specified period of time.

In order to do that—we feel like we could do it—it would require special studies of selected areas. We feel that we could do this within the 6 months' time, combining that information with information we already are gathering and meet the requirements of the legislation.

The CHAIRMAN. But you told us that you would not spend any additional money.

Mr. LEONARD. We would spend additional money; we would not ask for additional authorization.

The CHAIRMAN. You would not ask for additional authorization, but you have the money?

Mr. LEONARD. We have the money.

The CHAIRMAN. You have the money. You have the authority. I do not know just what this Congress can give you if you have both the money and the authority now. That relates to research.

Mr. LEONARD. Yes.

The CHAIRMAN. Does this bill place any limitation on the people to be fed so you can feed only the indigent people?

Does not this bill allow you to feed anybody you want to feed?

Does not this bill allow you to feed me, for example, and to feed the population as a whole anywhere you want to feed them?

Mr. LEONARD. I expect that it would, yes.

The CHAIRMAN. Yes, sir. I know it would.

Mr. RESNICK. Will you yield?

The CHAIRMAN. Yes.

Mr. RESNICK. With all due respect: We all love Bob Poage, but I think that it states very specifically here that it shall provide nutritional food and medical services to individuals in any State whenever such action is required to prevent physical impairment or to avoid suffering caused by a lack of nutritional food and medical attention.

The CHAIRMAN. Let me put this in the record. My wife is out of town. I do not think that I am getting all of the nutriment that I ought to have. I hope that if this bill passed, it would not feed me. I want it clear on the record that nothing in this bill would keep them from feeding me, unless you do not feed me because of your perverse nature and because you do not like me.

Mr. LEONARD. You said this morning—

The CHAIRMAN. Last night. I have been eating pretty well. The Department of Agriculture has been taking real good care of me. I might want you to keep that up.

Mr. LEONARD. We intend to.

The CHAIRMAN. This bill would authorize you to do so, would it not?

Mr. LEONARD. There is nothing to say that it would prevent it.

The CHAIRMAN. That is right.

Now, then, let us look into these medical services. To whom would the medical services go?

Mr. LEONARD. I prefer to restrict my comments to the food side of this.

The CHAIRMAN. It has been pointed out that under the terms of this bill it requires food to be furnished and that you could pay for it under the terms of this bill, that the doctor could prescribe additional food.

Mr. LEONARD. Yes.

Mr. MYERS. Would you yield?

The CHAIRMAN. Yes.

Mr. MYERS. Who is going to serve the food to him?

The CHAIRMAN. I would like to know that, too. I would like to know about those things.

You say that the doctor could prescribe food under the terms of this bill; is that not right?

Mr. LEONARD. Yes, sir.

The CHAIRMAN. And the Department of Agriculture would pay for the food?

Mr. LEONARD. Yes.

The CHAIRMAN. Just give us the factual way that you are going to do that. How are you going to determine who is going to get this food?

How are you going to determine—as Mr. Myers asked—who is going to distribute it?

Who is going to take it to the recipient and where will it be delivered?

We find those things important, but I find no answer in the bill.

Mr. LEONARD. I think that you will have to look at it in terms of my opening statement. We would use this authority as providing added flexibility to the authority that we already have within our

food assistance programs, so this represents some added authority to deal with special problems when we are dealing with low-income families and this lack of adequate nutrition. The problem is to find a way to identify those in need and make a determination as to what that need is. It would be our view that in these cases where you have families that are destitute—families who are not able to obtain adequate food—we need a system to identify these families. We need a better system of identification than the one we have, and the medical determination part of this we believe is a good one.

The CHAIRMAN. How are you going to establish this system to determine who should receive this food?

We now have welfare departments in most every State.

We have caseworkers who investigate the needs of the citizens over the country, and they do make determinations as to who needs food and who needs medicine.

Who will you have to make this determination?

Mr. LEONARD. Well, for example, as I view it, in an urban area, you have clinics.

The CHAIRMAN. You have clinics, yes.

Mr. LEONARD. We have clinics set up already.

The CHAIRMAN. All right.

Mr. LEONARD. In most areas.

The CHAIRMAN. I just did not understand you.

Mr. LEONARD. If the family comes in there, or a mother comes in there, say a pregnant mother, with low income, say within the poverty category—

The CHAIRMAN. Now, you are speaking of low-income people. Why do you speak of low income?

There is nothing in the bill that says that it is to be confined to low-income people.

Mr. LEONARD. Nothing in the bill.

The CHAIRMAN. Would you favor putting something in this bill to confine these benefits to low-income citizens?

And if so, how would you define a "low-income citizen"?

Mr. LEONARD. This is our intention, to confine the nutritional aspect of this to low-income groups.

How you will define low-income groups will vary.

You can do it on a State basis.

You can use welfare standards.

The CHAIRMAN. Which would you suggest?

Mr. LEONARD. I would suggest using a national category.

The CHAIRMAN. You would set up a new agency to investigate these people? There are now about 4 days out of the week where someone investigates them. And you would put somebody there the other 2 days; is that right?

Mr. LEONARD. No, sir; no, sir. All I am saying is that if you want to set a standard, you set a minimum standard. The Congress can do that, which we would carry out.

The CHAIRMAN. You have to make the investigation? Would you make the investigation?

Mr. LEONARD. No, we would not.

The CHAIRMAN. How would you determine that Mr. Gathings is in need, and of what?

Mr. LEONARD. I would take a look at him and say "No."

The CHAIRMAN. You would?

Mr. LEONARD. I could take a look.

The CHAIRMAN. You can take a look. All right.

Who would you authorize to take the look?

You could not go out and do it personally? Who are you going to authorize to do it?

Mr. LEONARD. You would use the existing machinery in this case.

The CHAIRMAN. You would—what?

Mr. LEONARD. You would use the existing machinery in the case, the State welfare agencies, the State and county caseworkers.

The CHAIRMAN. You would use the caseworkers? That is what I asked you a while ago.

Mr. LEONARD. You asked if we would use our own caseworkers. We would not use our own. We do not have any.

The CHAIRMAN. You would use existing investigators. You would decide that on Monday they would conduct their present work and on Tuesday they would go investigate the same people for your purposes; is that right?

Mr. LEONARD. No. I think that you could set a standard, that the Federal system could apply. All you would be doing is setting up a scale or a standard that they could use to determine whether these people qualify.

The CHAIRMAN. You are not going to set the State standards, you just said. You wanted a uniform standard over the Nation. Consequently, you are not going to accept the existing standards of the States. Obviously, then the existing investigation will not satisfy your needs. You would have to have another and different set of investigations whether the work is done by the State caseworker or another caseworker. There will have to be another investigation made on a different standard; is that not right?

Mr. LEONARD. Really, all we are talking about is income standards, and in some States your income level is \$1,500 and in other States the level would be \$2,200. All I am saying is that we could set, for these purposes, these standards, and the Congress could determine, for the purposes of the act, the people who would be assisted under this act. We could say that the level would be \$3,000 a year income.

The CHAIRMAN. The Department could say that?

Mr. LEONARD. Yes.

The CHAIRMAN. The Department does not ask for such an amendment to this bill?

Mr. LEONARD. No.

The CHAIRMAN. Do you think that we should put a measuring stick in it?

Do you think we should put a standard in this bill?

Mr. LEONARD. No, I do not.

The CHAIRMAN. If you do not, then we leave it up to you and the Department of Health, Education, and Welfare, do we not?

Mr. LEONARD. Yes, sir.

The CHAIRMAN. I will ask the Department of Health, Education, and Welfare directly about this, but what is your judgment as to what that standard should be?

Mr. LEONARD. My judgment would be that we follow the pattern that we have already established in conducting the commodity distribution program and the food stamp program in which we would follow the State standards.

The CHAIRMAN. Then, you would not get any uniformity of standards.

Mr. LEONARD. No. You asked me what I was going to do. This is what I would want to do. I think, in carrying this out, I would follow the standards that I have currently.

The CHAIRMAN. Then, why do we need another caseworker for this program? If you can use the standards set up, those that already exist, and the caseworkers are working on this, why do you need to have any additional investigator or standards?

Mr. LEONARD. I do not think that you would have to, under either circumstance.

The CHAIRMAN. But you would then accept the standards, the State regulations, and the State standards?

Mr. LEONARD. Right.

The CHAIRMAN. And you would get, as you have said, 50 different sets of standards.

Mr. LEONARD. Right.

The CHAIRMAN. That is fine. That is not what I understood you to say in the beginning.

Now, then, do you think that this bill should have any details in it, or should it just be this broad grant of power that the bill extends to the Secretaries of Agriculture and of Welfare? They could establish any rules that came under this, could they not?

Mr. LEONARD. Yes, sir.

The CHAIRMAN. And could get anybody that they wanted to, to do this work?

Mr. LEONARD. Yes, sir.

The CHAIRMAN. And to have medical treatment anywhere that they wanted to get it? There is no limitation.

Mr. LEONARD. There is no limitation.

The CHAIRMAN. Now, let me ask you specifically: Would you extend this to privately owned clinics? Would you extend to privately owned clinics, the right to make the decisions as to who gets the additional food?

Mr. LEONARD. Yes, sir; I think we would and could.

The CHAIRMAN. Would you construe this bill, as it now stands, as allowing the doctor to provide medicine at Government expense?

Mr. LEONARD. I would not want to get into this section on the medical side of it.

As I understand it—

The CHAIRMAN. You are to give medical service, the bill says—medical attention.

Mr. LEONARD. Yes.

The CHAIRMAN. Would you construe that to include nursing?

Mr. LEONARD. Yes, sir.

The CHAIRMAN. Private nurses?

Mr. LEONARD. Yes.

The CHAIRMAN. Would you construe that to include the cost of building hospitals?

Mr. LEONARD. I think that there are other programs.

The CHAIRMAN. I know there are; there are other good programs. Would you include in this the cost of building hospitals?

Mr. LEONARD. Well, I think that you are getting into an area——

The CHAIRMAN. I am just asking for an interpretation of the bill.

Mr. LEONARD. My answer would be that you could.

The CHAIRMAN. I think you are right.

Would you construe this to include the cost of building nursing homes?

Mr. LEONARD. Yes.

The CHAIRMAN. I think you are right; I think you are exactly right.

Would you not then include the building of laboratories, research laboratories, and schools in which you could carry on this work, this research work?

Mr. LEONARD. Do you want my own personal view?

The CHAIRMAN. I want you tell us what you think this bill does.

Mr. LEONARD. I do not think it would go that far.

The CHAIRMAN. Why?

What limitation is there in it?

Mr. LEONARD. There is no limitation. I have just a sort of horseback feeling at this point that we are getting beyond the authority here.

The CHAIRMAN. That is the point: Just where does this authority stop?

Would you limit the authority at that point?

Mr. LEONARD. No. There is nothing in the bill which specifies where the limits are; however, I think that you would have to consider this, that in trying to make these determinations that the Congress has already passed programs specifically for all of these purposes.

The CHAIRMAN. That is right.

Mr. LEONARD. And we would really consider that those are the programs that meet those needs.

The CHAIRMAN. That is right. The Congress has passed specific food programs, at least two large ones, and you said that you would finance one of them out of this. You said that you would finance the operation of food stamps out of these funds, didn't you?

I would like for the gentleman to answer the question.

Mr. LEONARD. We would finance the food stamp programs under various conditions——

The CHAIRMAN. Under the authority granted here?

Mr. LEONARD. Under the authority granted here.

The CHAIRMAN. I want to talk about this later but I understand that the Secretary wants to talk to Mr. Leonard on the phone right now.

I wonder if we might not excuse you temporarily and ask one of the representatives of the other Departments to come forward to testify. We will call Mr. Leonard back for further questioning if desired. We will now call Mr. Ralph K. Huitt, Assistant Secretary for Legislation of the Department of Health, Education, and Welfare.

We will be glad to hear from you now, Mr. Huitt.

STATEMENT OF RALPH K. HUITT, ASSISTANT SECRETARY FOR LEGISLATION; ACCOMPANIED BY DR. GEORGE A. SILVER, DEPUTY ASSISTANT SECRETARY FOR HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. HUITT. We appreciate very much the opportunity to appear here this morning, Mr. Chairman and members of the committee.

I have with me Dr. George A. Silver, Deputy Assistant Secretary for Health and Scientific Affairs.

The CHAIRMAN. We are very glad to have Dr. Silver with us.

Mr. HUITT. We did not come prepared to make a statement, but I would just like to say, in an informal way, at the beginning, how we conceive this bill. I am not a lawyer, and I do not know whether some kind of construction can be put on it other than the construction we do, but taking the legislative history of this bill and what we think it is going to do, we construe this as a way to provide medical services for the poor in an emergency.

The Federal Government is spending an enormous amount of money on health, on programs which have been carefully devised by the Congress and which have been reviewed by the Congress periodically to take care of the health of people.

In 1966, for instance, of the moneys spent on health by the Federal Government, we estimate that there were \$1 billion targeted for the poor. With medicare and medicaid coming in, that has quadrupled, so that in 1968 we think that about \$4 billion of Federal money will go to take care of the health of the poor.

These are massive programs.

What is being talked about in this bill is quite small.

We think that this bill would take care of the poor people who fall out of the other programs, despite the money that is spent. From time to time they turn up, and when they do turn up, there is nothing we can do about it, because we do not have the authority to do it.

We have programs which must work in certain areas. There is a proven need that we cannot meet. We see the virtue of the bill as having flexibility. This gives us the authority that we do not now have; this gives us the authority to move in the case of emergency, to take care of people who, obviously, seem to need it.

We do not think that we need any more money. We do not know how much it would cost to provide this emergency service, but we do not think that there is any new authorization needed in terms of money. But we do think that we could use the kind of flexibility the bill would give us.

I think that we would not favor section (b) which provides for setting up regulations and procedures by the Department of Health, Education, and Welfare jointly with the Secretary of Agriculture and the Governor of the State. We think that the virtue of the bill lies in the flexibility to move and that this would be hindered by anything quite so cumbersome as that. We think that it would be much simpler to work out procedures which would make it possible for us to move quickly when something needs to be done.

I am not prepared this morning, and I do not think it would be well for me to try, to say exactly how we would go about carrying out the responsibility which would be placed on us by this bill. This is not our bill. I say that not to disassociate ourselves from it but simply to say that we do not wish to appear in the light of actually having made a survey ourselves, and saying that this is what is needed and what we will do about it. We believe that the 6 months' survey that the bill calls for is the kind of thing that is necessary, before we can tell you where the poor are who are not now being taken care of, what we think it might cost to provide these services, and what kind of changes in the bill might be necessary to make this service possible.

We are charged with the responsibility of coming back, we in HEW and Agriculture, within 6 months to make a statement of what we have found in the way of need and what our recommendations are for taking care of it.

So, I think it would be very poor service to everyone this morning if I tied the hands of the Secretaries in any way by attempting to do their job of administration before they get a chance to do it themselves.

We will be happy to answer any questions that we can, Mr. Chairman.

The CHAIRMAN. Mr. Belcher?

Mr. BELCHER. First, I think one of the things that the committee needs to know more than anything else is how this program is going to operate.

As I understand your statement, you are not in a position to say at this time; is that correct?

Mr. HUITT. Yes, sir; that is correct.

Mr. BELCHER. Thank you.

The CHAIRMAN. Mr. Teague?

Mr. TEAGUE of California. I understood from Mr. Leonard that he did not need any more money to put this program into operation. Therefore, do you have any objections to having the money section of the bill eliminated? It provides for an authorization of \$25 million for this year and \$50 million next year.

Mr. HUITT. No, we would not have any objection to that.

The CHAIRMAN. Mrs. May?

Mrs. MAY. Mr. Huitt, could you give us some examples that you refer to as the poor who fall outside the present programs?

You testified, I believe, that you were spending several billion dollars on on-going programs in your Department, but you were not sure where these people are that under present law you cannot reach in response to an emergency need.

Mr. HUITT. I would like to have Dr. Silver answer that question.

Dr. SILVER. I will say, Mrs. May, that we cannot identify the particular people, but we can identify the areas and the kind of needs on the basis of the information that is available to us. We know, for example, that there are areas of very high infant mortality; we know that where infant mortality exists it is very closely related to prenatal care services and the kind of delivery, the kind of hospital and the

professional person and the like, and the nutritional status of the mother and the child.

Mrs. MAY. The present authority under the ongoing programs, under that, you cannot give any help to pregnant mothers?

Dr. SILVER. We cannot give help in the form of diet at the present time. There are circumstances under which we cannot even provide the necessary medical services, the prenatal care, because we do not have the opportunity to go in and do it in areas, say, because of lack of effective research in delivery of medical services. There are not sufficient doctors, and there is no medical service available. We cannot provide transportation. We cannot open a clinic, where there are not people in the local community able and available to provide this care.

I was only using infant mortality as an example of the fact that there are areas of lesser availability.

We know also that there are areas with lesser availability for people who have acute illnesses, where they suffer an accident, a broken arm or a broken leg, and there may not be medical care sufficiently available at those points so that they can benefit from it. There is not anything that we can do directly, because practically all of the programs for which the Department of Health, Education and Welfare provide grants to agencies or to States are such that cooperatively the States and the Federal Government will help produce the men or construct the facility or develop the service. We do not have the direct potential that this bill offers.

Mrs. MAY. Would you have an idea from the studies that you have made—if you have made studies—approximately how many people there might be in this country who would now be lacking proper medical care because of the facts that you have just cited?

Dr. SILVER. I cannot give you an accurate number, but I can tell you that it is a large number, because, using again infant mortality data as an example, we have done extensive studies in the area of infant mortality, so that I feel confident that when I use those numbers to say that there are about 1 million women in the poverty group who deliver babies every year and only about 250,000 to 300,000 of them come under medical care and attention. So that there will be another 500,000 to 600,000 women who deliver babies each year under circumstances that we would not consider optimum. And it is among those that the infant mortality is high, maybe three or four times higher than in the rest of the population.

Mrs. MAY. And the studies have shown that there is a proven connection between those areas where the medical service is not available and the high infant mortality rate?

Dr. SILVER. Yes. Infant mortality is an indicator. It is the most sensitive indicator of the availability and suitability of medical care.

Mrs. MAY. Please continue with your statement.

Dr. SILVER. I am very interested and particularly concerned about the problem of infant mortality within the United States because we have such a bad record compared with other civilized countries, and because there is such a significant relationship between the high infant mortality rate among poor women and among the women of the minority groups, and I think that we have a special responsibility and obligation to correct that.

Mrs. MAY. And because of this high incidence in areas that lack medical care, you think that is one of the biggest factors?

Dr. SILVER. Yes, we know that there are two factors that are interrelated so intimately that it would be difficult to separate them out, but nutrition and medical service are two faces, basically, of the same coin. The same place where there is lack of sufficient food is the place where there is the lack of medical resources.

Mrs. MAY. How does the infant mortality rate in this area compare with that of South America or of Mexico or of some other country?

Dr. SILVER. When you say "this area," do you mean the District of Columbia or do you mean just the United States?

Mrs. MAY. The United States as to infant mortality.

You said that we had a very high rate of infant mortality in the United States. Could you give us an example of how this compares with Mexico or South American countries?

Dr. SILVER. The infant mortality rate in the United States is about, in 1965, 24.7. For every 1,000 babies born, 25 died in the first year of life. Those are the statistics. That puts us about 11th in the world with Sweden having the rate of about 13, and the United States about 25.

Now, compared with Mexico or South American countries, of course, this is quite good, because they have rates that run into the thirties and forties, but if you take areas of the United States, that is, certain areas, there will be a county, for example, in a certain State that will have a rate of 63 which compares, say, with one of the underdeveloped countries of the world, which is quite higher than that of Mexico.

Mrs. MAY. Where you find the high incidence on a county level, it has a definite connection with the lack of hospitals or doctors and the like?

Dr. SILVER. In this county where I mentioned the rate of 63, as much as 75 percent of the Negro women in that community may not be delivered in hospitals, and there is no doctor in attendance and they have no prenatal care.

Mr. RESNICK. Would you yield?

Mrs. MAY. Yes, sir.

Mr. RESNICK. I would like to know what county this is.

Dr. SILVER. It is Washington County, Miss.

Mrs. MAY. Have you made these conclusions as the result of ongoing studies that you have been making?

Are there now ongoing studies in HEW in this field to try and identify where this need exists for emergency medical care?

Have you had any studies made in the past?

Dr. SILVER. We have ongoing studies on the prevalence of certain diseases, the availability of medical service, and we have large infant mortality studies going on all of the time. It is not exactly the same as answering your question that we know exactly where there are places that people are in need of emergency service so that this bill would make it such that would enable us to go right in. We know of a dozen or more areas in States, portions of States, where such services would be suitable at the present, but we could not pinpoint them exactly without doing much more extensive and intensive studies.

Mrs. MAY. Have you, under the present law, the authority to make these studies now, if you should decide that it is very important to conduct this type of study?

Dr. SILVER. As I said before, we cannot make the study ourselves. No, we can give grants to the States or to various agencies to make these studies. We don't do them ourselves.

Mrs. MAY. I understand.

Dr. SILVER. We do not have any problem with the people refusing or objecting to making the studies.

Mrs. MAY. But you could initiate a study in this area so you could give the Congress facts to determine that there are so many thousands or millions of people who are not getting the emergency medical care and they are here (indicating) and here (indicating) and here (indicating), and that it would take an x number of dollars to give them medical care because they are not covered under present programs?

Dr. SILVER. You see, Mrs. May, we can tell you now where there are places where there is a lack of sufficient medical service, where there is very likely to be a person or a group of people who are in need of medical service.

Mrs. MAY. How can you tell us that; based on studies already made?

Dr. SILVER. Based on a combination of services, on studies of where there are available resources, where there are doctors and hospitals and hospital beds, and where there are not; what the infant mortality rate is; what the tuberculosis rate is.

Mrs. MAY. Did you supply this information when the bill was before the Senate?

Dr. SILVER. We were not asked to.

Mrs. MAY. I would like to suggest, Mr. Chairman, that it would be of help to this committee to have this information submitted for the record.

Dr. SILVER. I would like to say this: I know that I am not supposed to volunteer information, but I would like to volunteer one bit of information, that is: when I was asked whether there was a county where a study was made of the high infant mortality rate, I did not mean in answering to imply that this is the only place. I can tell you that there are sections of our urban city areas, such as New York City, where the rate is almost as high, or Chicago, or Baltimore. I do not want to leave the impression that may have been made otherwise.

Mrs. MAY. Since you do not have any specific figures on this, could your Department give us some figures from some studies you have made?

(The following information was submitted to the committee:)

COUNTY INFANT MORTALITY, 1959-60

THE HEALTH PROBLEM, ITS SIZE AND SITE

Variations in infant mortality among counties of the United States provide a means to locate geographically in relatively small areas, infant and maternal population groups exposed to high mortality risks. In a program to reduce infant mortality, it can be supposed that areas with high rates would have a certain priority, because these rates could probably be made to yield to known procedures. However, the rate is principally useful to identify the areas with a major health problem in the form of excessive mortality risks in infancy. The rate alone does not tell us the size of population exposed to the high risk. It may be 5,000 infants or 200. For purposes of program planning maternal and child health services it is essential to have a measure of the size of the population at risk, or population to be served as well as geographic identification of its residence.

For an indication of size of the infant population, and a measure of the impact of the high risk, we use an estimate of the excess of actual number of deaths over the number to be expected if an optimum rate had prevailed. In this analysis of county rates, we have used as the optimum (target) rate, the 10th percentile county rate; that is, the rate prevailing in the county at the upper limit of the first decile of a national array of counties.¹

The data available at this time for the analysis of county rates are for the years, 1956-60. Since changes in rate have been quite restricted, since the middle 1950's, the relevance today, of 1956-60 data is probably greater than would be the case if rates had declined notably in the last few years.

Certain limitations of county data need to be kept in mind. Information for counties with small population is less certain than that for more populous areas.²

County of residence may be incorrectly assigned, especially when the service facility and the residence are in different counties. Often there is a failure to exchange information if the birth and death occur in counties of different States.

The results of the present analysis of county infant mortality are summarized in two principal products, namely:

A. *Reference tabulation* showing for each county, by State, infant and prenatal rates by age and color, 1956-60 and 1950-55, with decile at each period, number of births, and percent nonwhite. Prepared by the George Washington University Maternal and Infant Health Computer Project.³

B. *County maps: Identifying counties with very high rates* (quintile V, i.e., deciles 9 and 10), middle range, and lowest rates (quintile I, deciles 1 and 2):

1-a—County infant mortality rates—quintile V only

1-b—County infant mortality rates—quintiles I-V

2-a—County postneonatal mortality rates—quintile V only

2-b—County postneonatal mortality rates—quintiles I-V

Identifying counties according to number of death in excess of expected assuming the 10th percentile county rate prevailed,

3.—Excess of infant deaths

4.—Excess of postneonatal deaths.

Counties with highest infant and postneonatal death rates: These counties comprise one fifth of all counties by definition, i.e., they are the counties in deciles 9 and 10 of the arrays of county infant and county postneonatal rates (maps 1-a and 2-a). It is noteworthy that the areas are quite similar in both maps indicating that the high neonatal rate counties do not differ greatly in location from the high postneonatal counties. The two maps serve thus to summarize for the three age groups (infant, neonatal, and postneonatal) the geographic locations where particularly high risks prevail. High rate areas of the mountain region correspond to a large extent to distribution of Indian and Spanish surname population.

Range of county rates: County rates in each quintile from low (I) to high (V) are shown in map 1-b for infant, and in map 2-b for postneonatal, mortality rates.

Excess of actual number over expected number of infant deaths, assuming the county-10th percentile rate, 18.3 per 1,000, prevails. Attachment 1 summarizes the distribution of counties, and of estimated excess infant deaths as shown in Map 3. In the 5-year period, there were an estimated 169,847 excess deaths (33,969 per year). Thirty-five percent of these were in 56 counties with 400 or more excess deaths in the period. These counties are listed in Attachment 2. For the most part they are large communities with high rates, the combination making for a large excess. The group of 275 counties with 100-399 excess deaths are widely scattered and seem to account for fewer large cities. The 318 counties with

¹ In the previous study on estimated excess of infant deaths (neonatal and postneonatal) based on percentiles in an array of State rates, the 10th percentile was also used, but then designated the 90th.

² The total number of counties and other small areas involved in this analysis was 3,130. This number included districts of Alaska, and 32 independent cities of Virginia.

³ The decile limits, in the respective arrays of county rates for these age groups are listed in tables 5-a, 5-b, and 5-c. Each decile is occupied by about 313 counties, since the total number of areas in these arrays was 3,130. In the central deciles (4-7), the rate span is narrower than at the lower and upper deciles, indicating smaller differences in rate among counties in the middle position, with fanning out at the extremes. Table 5-d is a reference showing for each State, the distribution of its county infant mortality rates according to the deciles of the national array of county infant rates. Similar tables are available for county neonatal and postneonatal rates.

no excess deaths, as estimated here, seem to be nonmetropolitan, that is without a city of 50,000 (1960). A detailed listing of inclusions in the several intervals will, in due course, be prepared. Certainly the 56 counties with 400 or more excess deaths and an aggregate of 59,304 jointly stand out as site for special consideration in planning, and similarly the group of 275 counties accounting for 29 percent of the total excess (48,563 excess deaths).

Excess of actual over expected postneonatal deaths, assuming the county-10th percentile rate, 3.9 per 1,000: See Attachment 3, and Map 4. The distribution of counties by number of excess postneonatal deaths is rather similar to that for excess infant deaths. However, there is a greater concentration of counties in the greater excess categories than for infant deaths; a total of 749 counties with 25 or more excess deaths (1956-60). Lists of individual counties in each category of excess are to be prepared. They will include information on urban places in the counties, their size, and their characteristics as feasible in time available.

From the data in our earlier study on excess neonatal deaths relative to the State-10th percentile rate (15.4 per 1,000, 1964), it seems probable that much of the excess mortality at this age relative to county-10th percentile rate (12.7 per 1,000, 1956-60), will have its location principally in the urban parts of the metropolitan counties, (see Attachments 4 and 5). In contrast, the excess of postneonatal deaths is probably to be found, for white infants principally in rural parts of nonmetropolitan counties. For nonwhite infants this excess is divided nearly equally between the large urban centers and the far outlying rural areas of nonmetropolitan counties.

Comment: Area estimates of excess mortality relative to a common base level are a practical axis by which to array counties (or other areas) in respect to extent of need.

Priorities for different sites can be based initially on "quintile of excess."

Further selection within "quintile" classes can be based on county ranking in respect to a composite "health service" index, itself based for example on ranks in respect to percent of families with income under \$3,000; ratio of population to physicians; percent hospital beds in unaccredited hospitals, or other traits, such as density, schooling, etc.

If a county identified as having extensive excess mortality is in fact the central city of a major standard metropolitan statistical area, individual neighborhoods within the city, wherein the major portion or more, of the excess may be generated, will need identification, geographically, in terms of census tracts. The breakdown of the large city into variant neighborhoods, is analogous to the identification of county differences within State.

For standard metropolitan statistical areas, 250,000 and over (1960), of which there are 100 with over half of the U.S. population, neighborhoods, characterized by low income families and families otherwise deprived, have been defined in a comparable way in terms of contiguous census tracts which occupy a fourth quartile position in a national array of the 21,000 census tracts of SMSA's of 250,000, according to an index reflecting income, "broken homes," little schooling, high proportion of unskilled labor, and dilapidated housing.

Identification of these neighborhoods is presently available.

Study of mortality and prematurity differentials between neighborhoods in the larger SMSA's is needed in order to identify within such cities the particular areas experiencing relatively high risk and presenting at the same time major needs for services.

Such studies in addition to utilizing census data, rest upon matched birth and infant death records. The merging of data from these separate sources would greatly increase the value of the information. For example, information concerning the mother can be brought into an analysis of outcome for the infant, and the link with census data allows the events in pregnancy and birth to be viewed in the light of socio-economic traits.

Such studies are done from time to time by State or city health departments, and by welfare councils. It is suggested that a model be developed to assist State and local agencies to conduct these studies along comparable lines on a continuing basis.

Supplementary tables: Recent statistics on infant mortality in the United States, in certain other countries, in cities of 500,000 and over, and on cause of neonatal and postneonatal deaths are attached to provide background for the detailed individual county data.

TABLE 1.—INFANT MORTALITY RATES IN THE 10 PERCENT OF U.S. COUNTIES WITH LOWEST LEVEL OF LIVING INDEX FOR RURAL POPULATION, 1960:¹ UNITED STATES AND 306 COUNTIES, 1956-60

[Exclusive of fetal deaths. By place of residence. Rate in number of deaths under 1 year per 1,000 live births]

Area	Percentile position of number of rural families with income under \$3,000 (1959) ²	Infant mortality rate per 1,000 (1956-60)		Percent of live births, nonwhite, 1956-60
		Rate	U.S. percentile group ³	
(1)	(2)	(3)	(4)	(5)
Alabama		32.5		37.9
Autauga	69	39.3	81-90	55.0
Barbour	89	47.6	91-100	64.8
Bibb	73	41.3	91-100	43.9
Bullock	63	57.8	91-100	83.1
Butler	89	29.5	61-70	57.8
Choctaw	85	40.1	91-100	62.0
Clarke	86	40.2	91-100	60.4
Coffee	86	22.4	21-30	26.5
Conecuh	82	38.4	81-90	62.8
Crenshaw	88	32.7	71-80	38.4
Dallas	96	40.8	91-100	63.1
Greene	73	38.5	81-90	88.2
Hale	88	45.7	91-100	82.4
Henry	70	40.1	91-100	64.6
Houston	94	33.8	71-80	36.2
Jackson	97	27.2	51-60	7.4
Lawrence	95	30.5	61-70	26.9
Limestone	97	39.3	81-90	25.0
Lowndes	81	43.8	91-100	89.3
Macon	87	41.5	91-100	87.6
Marengo	89	33.6	71-80	71.5
Monroe	89	31.8	71-80	65.8
Montgomery	90	34.5	71-80	48.6
Perry	96	38.8	81-90	79.4
Pickens	88	33.6	71-80	56.5
Pike	82	42.1	91-100	56.2
Russell	83	36.9	81-90	55.9
Sumter	89	40.0	81-90	87.6
Talladega	92	36.5	81-90	40.3
Wilcox	90	42.3	91-100	86.9
Arizona		33.2		15.5
Apache	91	56.4	91-100	83.1
Navajo	89	62.1	91-100	61.7
Arkansas		26.4		30.4
Chicot	56	32.3	71-80	67.2
Craighead	97	27.1	51-60	4.3
Crittenden	98	40.1	91-100	68.0
Cross	83	27.1	51-60	41.3
Desha	75	22.3	21-30	56.2
Drew	67	19.0	11-20	46.0
Greene	89	29.0	61-70	1
Jackson	82	40.5	91-100	21.5
Jefferson	98	30.7	61-70	51.0
Lafayette	53	26.7	51-60	61.4
Lawrence	87	25.2	41-50	9
Lee	88	30.7	61-70	70.5
Mississippi	99	39.2	81-90	33.2
Monroe	74	37.0	81-90	58.0
Phillips	96	29.7	61-70	66.2
Poinsette	94	35.2	81-90	13.2
St. Francis	95	34.0	71-80	65.9
Woodruff	83	33.2	71-80	56.0
Florida		31.3		27.6
Gadsden	92	60.6	91-100	75.1
Jackson	97	27.5	51-60	38.9
Madison	63	37.7	81-90	57.9
Georgia		31.4		35.7
Appling	53	26.1	51-60	31.3
Atkinson	35	52.2	91-100	40.2
Baker	27	39.2	81-90	71.9
Brooks	66	33.7	71-80	62.4
Bullock	80	25.1	41-50	51.3
Burke	84	39.8	81-90	77.2
Calhoun	45	31.7	71-50	79.4
Coffee	78	40.5	91-100	37.6
Decatur	67	33.1	71-80	47.4
Dooly	71	45.7	91-100	65.1
Early	72	41.3	91-100	70.7
Grady	69	42.9	91-100	51.8
Hancock	57	49.8	91-100	84.8
Harris	56	38.0	81-90	71.7

See footnotes at end of table, p. 23.

20 FOOD AND MEDICAL SERVICES ON AN EMERGENCY BASIS

TABLE 1.—INFANT MORTALITY RATES IN THE 10 PERCENT OF U.S. COUNTIES WITH LOWEST LEVEL OF LIVING INDEX FOR RURAL POPULATION, 1960:¹ UNITED STATES AND 306 COUNTIES, 1956-60—Con.

[Exclusive of fetal deaths. By place of residence. Rate in number of deaths under 1 year per 1,000 live births]

Area	Percentile position of number of rural families with income under \$3,000 (1959) ²	Infant mortality rate per 1,000 (1956-60)		Percent of live births, nonwhite, 1956-60
		Rate	U.S. percentile group ³	
(1)	(2)	(3)	(4)	(5)
Georgia—Continued				
Jefferson	84	44.1	91-100	69.9
Jenkins	29	29.7	61-70	60.5
Laurens	87	41.0	91-100	48.1
Macon	51	46.1	91-100	72.7
Marion	28	42.3	91-100	73.8
Merriwether	78	26.3	51-60	63.6
Mitchell	59	49.2	91-100	65.0
Randolph	42	47.2	91-100	74.7
Screven	69	49.7	91-100	67.6
Stewart	44	45.7	91-100	81.9
Sumter	61	42.5	91-100	67.4
Talbot	40	54.4	91-100	82.3
Terrell	47	54.1	91-100	82.6
Tift	77	22.8	31-40	39.7
Warren	43	40.9	91-100	78.2
Washington	73	53.3	91-100	73.7
Worth	77	47.8	91-100	62.7
Kentucky		28.4		8.7
Beil	92	37.4	81-90	3.5
Breathitt	87	33.1	71-80	.2
Butler	65	34.0	71-80	.4
Carter	87	23.0	31-40	.1
Casey	87	34.3	71-80	.4
Clay	94	35.8	41-50	1.9
Clinton	68	42.7	91-100	.8
Estill	65	29.4	61-70	.3
Floyd	99	25.1	41-50	.5
Grayson	82	25.4	41-50	.5
Harlan	99	34.2	71-80	7.6
Jackson	76	25.0	41-50	.2
Johnson	86	35.4	81-90	.1
Knott	88	26.6	51-60	1.1
Knox	96	35.0	81-90	1.2
Laurel	95	27.9	61-70	.9
Lawrence	74	36.8	81-90	.1
Lee	48	34.4	71-80	.4
Leslie	67	25.6	41-50	.1
Letcher	95	31.1	71-80	1.7
Lincoln	86	39.8	81-90	5.3
Martin	55	46.0	91-100	.1
McCreary	76	43.3	91-100	.2
Morgan	72	32.5	71-80	.0
Owsley	40	30.8	81-90	.6
Perry	81	31.8	71-80	3.5
Pike	100	31.3	71-80	.9
Pulaski	98	32.9	71-80	2.1
Rockcastle	79	26.2	51-60	0
Wayne	82	23.1	31-40	2.9
Whitley	92	31.2	71-80	.4
Wolfe	48	29.5	61-70	0.
Louisiana		32.5		39.0
Assumption	80	43.4	91-100	47.1
Avoyelles	98	35.6	81-90	41.1
Bienville	78	42.4	91-100	65.5
Bossier	84	32.4	71-80	27.6
Catahoula	70	29.5	61-70	43.8
Claiborne	72	38.7	81-90	62.8
De Soto	87	34.1	71-80	68.5
E. Carroll	50	50.2	91-100	64.9
Evangeline	95	48.6	91-100	37.6
Franklin	94	31.6	71-80	52.2
Iberville	89	34.6	81-90	52.1
Madison	41	48.0	91-100	75.6
Morehouse	84	39.9	81-90	60.3
Natchitoches	95	36.6	81-90	51.4
Point Coupee	87	41.0	91-100	60.5
Red River	66	31.1	71-80	60.4
Richland	85	36.7	81-90	60.3
St. Helena	50	46.7	91-100	72.6
St. Landry	100	39.1	81-90	49.5
St. Martin	90	40.6	91-100	43.2
Tangipahoa	99	34.6	81-90	45.7
Tensas	74	36.8	81-90	73.6
West Carroll	82	35.6	81-90	35.9

See footnotes at end of table, p. 23.

TABLE 1.—INFANT MORTALITY RATES IN THE 10 PERCENT OF U.S. COUNTIES WITH LOWEST LEVEL OF LIVING INDEX FOR RURAL POPULATION, 1960: 1 UNITED STATES AND 305 COUNTIES, 1956-60—Con.

[Exclusive of fetal deaths. By place of residence. Rate in number of deaths under 1 year per 1,000 live births]

Area	Percentile position of number of rural families with income under \$3,000 (1959) ²	Infant mortality rate per 1,000 (1956-60)		Percent of live births nonwhite, 1956-60
		Rate	U.S. percentile group ³	
(1)	(2)	(3)	(4)	(5)
Mississippi		39.3		54.9
Amite	83	47.4	91-100	67.6
Attala	86	43.4	91-100	59.6
Benton	51	39.6	81-90	34.6
Bolivar	100	43.2	91-100	78.4
Calhoun	88	33.3	71-80	47.8
Carroll	73	39.4	81-90	79.2
Chickasaw	75	40.8	91-100	52.5
Choctaw	62	29.6	61-70	49.9
Claiborne	50	52.1	91-100	84.1
Clarke	86	35.3	81-90	53.7
Clay	59	39.4	81-90	59.3
Coahoma	97	47.4	91-100	78.5
Copiah	92	40.5	91-100	67.2
De Soto	92	39.5	81-90	75.8
Grenada	59	47.0	91-100	63.1
Holmes	96	50.4	91-100	83.8
Humphreys	83	50.9	91-100	81.6
Jasper	85	38.2	81-90	69.3
Jefferson	67	41.0	91-100	89.7
Jefferson Davis	79	45.0	91-100	65.0
Kemper	77	26.3	51-60	78.2
Lafayette	74	38.3	81-90	50.9
Leake	92	46.9	91-100	57.4
Le Flore	97	50.4	91-100	77.1
Madison	94	40.6	91-100	83.1
Marion	83	34.2	71-80	42.4
Marshall	89	31.1	71-80	81.2
Monroe	91	30.7	61-70	47.7
Neshoba	88	46.2	91-100	44.3
Noxubee	87	39.5	81-90	83.7
Oktibbeha	79	33.1	71-80	60.7
Panola	98	40.6	91-100	71.8
Pike	92	42.4	91-100	57.5
Quitman	91	48.6	91-100	74.8
Scott	89	44.7	91-100	51.6
Smith	81	29.3	61-70	42.0
Sunflower	99	45.9	91-100	79.3
Tallahatchie	96	54.5	91-100	78.1
Tate	84	34.4	71-80	77.2
Tunica	90	54.8	91-100	88.6
Warren	66	44.9	91-100	54.3
Washington	95	45.3	91-100	60.6
Wilkinson	77	46.9	91-100	79.1
Winston	81	40.3	91-100	54.9
Yalobusha	62	35.8	81-90	64.8
Yazoo	92	48.6	91-100	70.3
Missouri		25.0		13.4
Bulter	93	37.0	81-90	9.3
Dunklin	97	33.0	71-80	5.8
Mississippi	64	42.8	91-100	30.7
New Madrid	98	38.7	81-90	27.7
Pemiscot	97	44.1	91-100	35.2
Stoddard	96	29.7	61-70	10.0
North Carolina		31.7		32.6
Anson	90	42.6	91-100	60.4
Beaufort	97	38.5	81-90	48.1
Bertie	95	38.1	81-90	72.3
Bladen	97	40.4	91-100	53.2
Caswell	84	37.0	81-90	58.6
Columbus	100	42.2	91-100	45.1
Duplin	100	39.3	81-90	47.9
Edgecombe	97	35.4	81-90	63.1
Franklin	96	42.0	91-100	61.9
Greene	86	45.9	91-100	64.5
Halifax	99	47.0	91-100	67.8
Hertford	79	37.6	81-90	70.9
Hoke	65	41.8	91-100	71.4
Johnston	100	31.5	71-80	30.4
Jones	60	42.9	91-100	60.9
Lenoir	95	36.7	81-90	46.8
Madison	89	33.7	71-80	6.6
Martin	92	38.4	81-90	60.4

See footnotes at end of table, p. 23.

22 FOOD AND MEDICAL SERVICES ON AN EMERGENCY BASIS

TABLE 1.—INFANT MORTALITY RATES IN THE 10 PERCENT OF U.S. COUNTIES WITH LOWEST LEVEL OF LIVING INDEX FOR RURAL POPULATION, 1960:1 UNITED STATES AND 306 COUNTIES, 1956-60—Con.

[Exclusive of fetal deaths. By place of residence. Rate in number of deaths under 1 year per 1,000 live births]

Area	Percentile position of number of rural families with income under \$3,000 (1959) ²	Infant mortality rate per 1,000 (1956-60)		Percent of live births nonwhite, 1956-60
		Rate	U.S. percentile group ³	
(1)	(2)	(3)	(4)	(5)
North Carolina—Continued				
Nash.....	99	39.7	81-90	50.5
Northampton.....	34	42.3	91-100	78.4
Pender.....	88	36.0	81-90	57.8
Person.....	34	32.5	71-80	45.2
Pitt.....	99	35.4	81-90	55.3
Robeson.....	100	43.3	91-100	70.1
Sampson.....	100	38.6	81-90	48.3
Scotland.....	77	41.2	91-100	52.3
Vence.....	85	38.3	81-90	54.7
Warren.....	89	39.0	81-100	76.5
Wilson.....	97	35.3	81-90	51.4
New Mexico.....		35.6		10.2
McKinley.....	75	57.3	91-100	68.2
Mora.....	33	64.4	91-100	4
Rio Arriba.....	88	39.2	81-90	9.4
Taos.....	83	56.0	91-100	6.8
Oklahoma.....		25.8		13.4
Adair.....	85	33.5	71-80	43.6
Choctaw.....	73	31.4	71-80	35.7
McCurtain.....	94	40.0	81-90	32.0
McIntosh.....	66	29.7	61-70	36.1
Okfuskee.....	57	50.9	91-100	36.0
Pushmataha.....	68	37.8	81-90	18.2
Sequoyah.....	82	23.7	31-40	15.6
South Carolina.....		33.4		43.0
Allendale.....	47	28.6	61-70	67.1
Bamberg.....	57	38.3	81-90	67.6
Barnwell.....	58	31.3	71-80	46.3
Berkeley.....	96	31.5	71-80	66.0
Calhoun.....	73	37.0	81-90	81.9
Chesterfield.....	96	46.8	91-100	44.4
Clarendon.....	95	42.9	91-100	80.8
Colleton.....	93	30.5	61-70	59.9
Darlington.....	98	50.9	91-100	55.0
Dillon.....	93	43.2	91-100	59.7
Dorchester.....	85	30.0	61-70	54.7
Edgefield.....	67	39.6	81-90	72.9
Fairfield.....	80	33.9	71-80	71.9
Florence.....	100	46.5	91-100	52.5
Georgetown.....	81	35.2	81-90	61.1
Hampton.....	83	36.4	81-90	64.0
Horry.....	100	35.9	81-90	33.5
Jasper.....	65	31.4	71-80	70.1
Kershaw.....	90	36.7	81-90	43.2
Lee.....	88	39.7	81-90	77.8
Marion.....	88	38.5	81-90	64.0
Marlboro.....	91	62.3	91-100	59.0
Orangeburg.....	100	39.2	81-90	71.0
Williamsburg.....	99	43.4	91-100	76.0
Tennessee.....		29.4		21.9
Bledsoe.....	54	48.6	91-100	2.3
Campbell.....	93	46.2	91-100	8
Claiborne.....	94	32.4	71-80	2.1
Cocke.....	90	35.8	81-90	2.9
Cumberland.....	83	28.4	61-70	1
Fayette.....	97	44.9	91-100	78.8
Fentress.....	79	43.2	91-100	0
Hancock.....	61	21.4	21-30	.7
Hardeman.....	89	35.9	81-90	57.7
Haywood.....	91	41.8	91-100	76.4
Lake.....	65	49.0	91-100	29.5
Lauderdale.....	93	43.9	91-100	51.0
Monroe.....	89	27.1	51-60	5.0
Overton.....	80	34.7	81-90	.8
Scott.....	82	40.8	91-100	1
Tipton.....	93	36.9	81-90	49.8

See footnotes at end of table, p. 23.

TABLE 1.—INFANT MORTALITY RATES IN THE 10 PERCENT OF U.S. COUNTIES WITH LOWEST LEVEL OF LIVING INDEX FOR RURAL POPULATION, 1960:¹ UNITED STATES AND 306 COUNTIES, 1956-60—Con.

[Exclusive of fetal deaths. By place of residence. Rate in number of deaths under 1 year per 1,000 live births]

Area	Percentile position of number of rural families with income under \$3,000 (1959) ²	Infant mortality rate per 1,000 (1956-60)		Percent of live births, nonwhite, 1956-60
		Rate	U.S. percentile group ³	
(1)	(2)	(3)	(4)	(5)
Texas.....	-----	29.4	-----	14.7
Burleson.....	71	37.0	81-90	37.0
Cameron.....	97	40.9	91-100	.5
Falls.....	87	46.8	91-100	47.4
Freestone.....	70	29.6	61-70	50.8
Gonzales.....	73	38.9	81-90	21.0
Grimes.....	59	27.4	51-60	49.2
Harrison.....	89	22.2	21-30	49.0
Hidalgo.....	100	36.2	81-90	.3
Lee.....	44	34.8	81-90	37.3
Red River.....	80	33.0	71-80	33.2
Robertson.....	71	34.6	81-90	49.0
San Jacinto.....	43	38.3	81-90	62.6
San Patricio.....	77	42.4	91-100	2.1
Shelby.....	87	28.3	61-70	32.1
Starr.....	69	19.7	11-20	.1
Washington.....	78	34.3	71-80	46.3
Wharton.....	92	28.2	61-70	22.9
Willacy.....	47	44.5	91-100	.5
Virginia.....	-----	30.4	-----	25.5
Brunswick.....	83	35.3	81-90	69.7
Buchanan.....	97	40.2	91-100	.1
Buckingham.....	62	34.7	81-90	60.3
Dickenson.....	84	34.1	71-80	1.4
Greenville.....	55	35.6	81-90	65.0
Halifax.....	98	32.9	71-80	53.6
Lee.....	98	40.4	91-100	.5
Mecklenburg.....	95	32.7	71-80	57.6
Southampton.....	88	48.0	91-100	69.4
Tazewell.....	96	29.4	61-70	4.5
Webster.....	74	41.4	91-100	.1
Wise.....	97	32.9	71-80	2.8
West Virginia.....	-----	26.3	-----	5.2
Braxton.....	79	19.9	11-20	.6
Clay.....	61	25.6	41-50	.4
Lincoln.....	88	31.6	71-80	.1
McDowell.....	100	37.4	81-90	22.3
Mingo.....	96	32.7	71-80	5.0
United States.....	-----	26.4	-----	15.3

¹ The index of level of living of rural population, 1960 is based on 5 factors as follows:

- (1) Number of rural families with less than \$3,000 family income, 1959.
- (2) Percent of rural families with less than \$3,000 family income, 1959.
- (3) Percent of rural persons 25 years old and over with less than 7 years schooling completed, 1960.
- (4) Percent of occupied rural housing units in deteriorating and dilapidated condition, 1960.
- (5) A ratio of rural persons under 20 years old and 65 years old and over to rural persons 20 through 64 years old, 1960.

The index for each county is an equally weighted composite of the county ranks in U.S. arrays of counties for each of the 5 factors. The 10 percent of U.S. counties included in the table are those with respective indexes in 91-100 percentile positions, in the U.S. array of all counties according to the value of the 5-factor composite index. The 91-100 percentile positions are occupied by the counties with the largest concentrations of rural population with low income, little schooling, poor housing, and high dependency ratios.

² Percentile position of the specified county in the U.S. array of all counties according to number of low-income families in rural areas. High percentiles signify relatively large numbers of such families.

³ The individual county infant mortality rates were ranked in a U.S. array of counties from low to high. Relative position in the array is stated in 10 percentile groups, each including 10 individual positions; 1-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70, 71-80, 81-90, 91-100. Relatively high rates are in percentile groups 51-60 and higher.

Sources of data: U.S. Department of Agriculture, Economic Research Service, Economic Development Division, Human Resources Branch; U.S. Department of Commerce, Bureau of the Census; U.S. Department of Health, Education, and Welfare, Public Health Service, National Center Health Statistics; and George Washington University, maternal and child health computer project (Children's Bureau program research grant, H-133).

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TABLE 2.—INFANT MORTALITY RATE UNITED STATES AND SELECTED COUNTRIES, 1965—RANK ORDER OF RATES IS BASED ON DIFFERENCES IN RATE WHICH ARE STATISTICALLY SIGNIFICANT AT THE 5-PERCENT LEVEL

[Rate is number of deaths under 1 year per 1,000 live births, exclusive of fetal deaths]

Rate per 1,000 live births		Country ¹		
Rate	Rank order of the rate ²	Name	Cumulative number of countries	Per capita gross domestic product, 1964, U.S. dollars
(a)	(b)	(c)	(d)	(e)
13.3	I	Sweden	1	\$2,095
14.4	II	Netherlands	2	1,431
16.4	III	Norway (1964)	3	1,882
17.6	IV	Finland	4	923
17.8		Switzerland	5	2,071
18.5		Australia	6	1,807
18.5		Japan	7	718
18.7	V	Denmark	8	1,684
19.5		New Zealand	9	2,046
19.6		United Kingdom	10	1,698
22.0	VI	France	11	1,579
23.6	VII	Canada	12	2,106
24.1	VIII	Belgium	13	1,462
24.5		Federal Republic of Germany	14	1,766
24.7		United States	15	3,002
25.2		Ireland	16	895

¹ Countries selected according to the following criteria: (a) Estimated population of 1,000,000 or more, July 1, 1965; (b) W.H.O. definitions said to be in use in vital statistics system; (c) per capita gross domestic product of \$710 or more, 1964 (U.S. dollars).

² Rates not differing significantly from a statistical standpoint, at the 5-percent level, have the same rank order number.

TABLE 3.—INFANT MORTALITY RATE UNITED STATES AND SELECTED COUNTRIES, 1965—RANK ORDER OF RATE IS NUMERIC SEQUENCE WITHOUT REGARD TO STATISTICAL SIGNIFICANCE OF DIFFERENCES IN RATE

[Rate is number of deaths under 1 year per 1,000 live births, exclusive of fetal deaths]

Rate per 1,000 live births		Country ¹		
Rate	Rank order of the rate	Name	Cumulative number of countries	Per capita gross domestic product, 1964, U.S. dollars
(a)	(b)	(c)	(d)	(e)
13.3	I	Sweden	1	\$2,095
14.4	II	Netherlands	2	1,431
16.4	III	Norway (1964 rate)	3	1,882
17.6	IV	Finland	4	923
17.8	V	Switzerland	5	2,071
18.5	VI	Australia	6	1,807
18.5	VI	Japan	7	718
18.7	VIII	Denmark	8	1,684
19.5	X	New Zealand	9	2,046
19.6	IX	United Kingdom	10	1,698
22.0	XI	France	11	1,579
23.6	XII	Canada	12	2,106
24.1	XIII	Belgium	13	1,462
24.5	XIV	Germany, Federal Republic of	14	1,766
24.7	XV	United States	15	3,002
25.2	XVI	Ireland	16	795

¹ Countries selected according to the following criteria: (a) Estimated population of 1,000,000 or more, July 1, 1965; (b) W.H.O. definitions said to be in use in vital statistics system; (c) Per capita gross domestic product of \$710 or more, 1964 (U.S. dollars).

TABLE 4.—INFANT MORTALITY RATE UNITED STATES AND SELECTED COUNTRIES, 1963-65—RANK ORDER OF RATES IS BASED ON DIFFERENCES IN RATE WHICH ARE STATISTICALLY SIGNIFICANT AT THE 5-PERCENT LEVEL

[Rate is number of deaths under 1 year per 1,000 live births. Exclusive of fetal deaths]

Rate per 1,000 live births		Country ¹		
Rate	Rank order of the rate ²	Name	Cumulative number of countries	Per capita gross domestic product, 1964, U.S. dollars
(a)	(b)	(c)	(d)	(e)
14.3	I	Sweden	1	\$2,095
15.0	II	Netherlands	2	1,431
16.7	III	Norway (1964)	3	1,882
17.6	IV	Finland	4	923
18.8	V	Denmark	8	1,684
19.0		Australia	6	1,807
19.1		Switzerland	5	2,071
19.4		New Zealand	9	2,946
20.6	VI	Japan	7	718
20.7		United Kingdom	10	1,698
23.6	VII	France	11	1,579
24.9	VIII	Canada	12	2,106
24.9		United States	15	3,002
25.6	IX	Belgium	13	1,462
25.6		Federal Republic of Germany	14	1,766
26.2		Ireland	16	895

¹ Countries selected according to the following criteria: (a) Estimated population of 1,000,000 or more, July 1, 1965; (b) WHO definitions said to be in use in vital statistics system; (c) Per capita gross domestic product of \$710 or more, 1964 (U.S. dollars).

² Rates not differing significantly from a statistical standpoint, at the 5-percent level, have the same rank order number.

TABLE 5.—AVERAGE ANNUAL PER CAPITA INCOME (1963-65) AND INFANT MORTALITY RATE, 1965—UNITED STATES, AND EACH STATE IN HIGH, MIDDLE, AND LOW PER CAPITA INCOME GROUPS OF STATES

[By place of residence. Rate is number of deaths under 1 year per 1,000 live births, exclusive of fetal deaths]

Per capita income group of States	Average annual per capita income, 1963-65		Infant mortality rate (Rate per 1,000 livebirths)	Ratio to U.S. rate (100)
	Dollars	Rank		
United States.....	\$2, 593	-----	24. 7	10
High (17 States).....	-----	-----	-----	-----
District of Columbia.....	3, 535	1	23. 3	94
Nevada.....	3, 262	2	32. 0	130
Connecticut.....	3, 251	3	24. 8	100
Delaware.....	3, 175	4	21. 9	89
California.....	3, 129	5	24. 3	98
New York.....	3, 127	6	22. 1	89
New Jersey.....	3, 090	7	23. 4	95
Illinois.....	3, 081	8	22. 2	94
Alaska.....	3, 043	9	25. 6	104
Massachusetts.....	2, 902	10	38. 1	154
Maryland.....	2, 834	11	22. 2	90
Michigan.....	2, 789	12	24. 7	100
Hawaii.....	2, 767	13	23. 6	96
Washington.....	2, 747	14	21. 3	86
Rhode Island.....	2, 660	15	21. 4	87
Ohio.....	2, 659	16	22. 5	91
Indiana.....	2, 638	17	22. 3	90
Middle (17 States).....	-----	-----	-----	-----
Oregon.....	2, 611	18	22. 5	95
Pennsylvania.....	2, 592	19	24. 1	98
Colorado.....	2, 584	20	21. 1	85
Wisconsin.....	2, 544	21	23. 3	94
Kansas.....	2, 509	22	24. 3	98
Missouri.....	2, 493	23	21. 9	89
Minnesota.....	2, 492	24	20. 4	83
Wyoming.....	2, 468	25	25. 4	103
Iowa.....	2, 457	26	20. 3	82
New Hampshire.....	2, 440	27	22. 1	89
Nebraska.....	2, 429	28	20. 6	83
Montana.....	2, 319	29	21. 1	85
Arizona.....	2, 287	30	22. 6	91
Florida.....	2, 284	31	25. 0	101
Utah.....	2, 279	32	25. 4	103
Virginia.....	2, 259	33	28. 3	115
Texas.....	2, 217	34	18. 7	76
Low (17 States).....	-----	-----	-----	-----
Idaho.....	2, 191	35	26. 6	108
Vermont.....	2, 151	36	26. 0	105
Oklahoma.....	2, 130	37	28. 8	117
Maine.....	2, 120	38	24. 5	99
New Mexico.....	2, 112	39	21. 9	89
North Dakota.....	2, 091	40	23. 1	94
Georgia.....	2, 014	41	22. 6	91
South Dakota.....	1, 999	42	26. 9	109
Louisiana.....	1, 948	43	21. 2	86
Kentucky.....	1, 923	44	28. 9	117
North Carolina.....	1, 921	45	22. 7	92
West Virginia.....	1, 899	46	30. 5	123
Tennessee.....	1, 887	47	25. 3	102
Alabama.....	1, 787	48	30. 5	123
Arkansas.....	1, 737	49	26. 8	109
South Carolina.....	1, 707	50	28. 0	113
Mississippi.....	1, 509	51	30. 8	125
			25. 7	104
			31. 3	127
			40. 6	164

Sources: U.S. Department of Commerce, Office of Business Economics, Regional Economics Division, Survey of Current Business, August 1966. U.S. Department of Health, Education, and Welfare, National Center for Health Statistics.

Mr. HUITT. May I comment here?

Mrs. MAY. Yes.

Mr. HUITT. The business of locating health problems and proposing legislation to take care of them is an ongoing function of the Department. And where we respond to large areas of need, we would expect to propose legislation in the regular way. I would think that this kind of legislation would still be needful because, regardless of how much health services we have, there will occasionally be somebody who has been missed, and, if a Governor or someone points out a case of an

emergency that falls outside the regular service—this bill would be quite small in terms of money—it would give us the authority to do something in an area about that particular problem.

Mrs. MAY. I do not know that I represent the thinking of all of the members of this committee here, but I think you have been doing an excellent job in many other areas. So now, maybe we should have a study of this particular area, of those people who are outside your regular service, or regular project?

Mr. HUITT. I think that the information we have would be of help—the people that we have located, the categories of people we have located which are covered in legislation passed by the Congress. But I think that there will never be a time in this country where we will know what all of the need is and where there will not be occasional emergencies of someone who has been missed one way or another who might be in desperate need.

Mrs. MAY. The present programs just do not take care of these?

Mr. HUITT. And we have no general mandate to go and seek out everyone who needs health care. We have Children's Bureau programs. We have other programs. We have medicare and medicaid, and so forth, but at the same time it may be that occasionally problems will turn up with people who are in great need. We do not have any general authority in emergencies to provide the kind of care that is needed until these people can be put into the regular programs one way or another.

Mrs. MAY. As you said, this is a good intention. It is still a little hard for me to understand, however. I would just like to know why people fall in between these programs?

Mr. HUITT. I think that it is fair to say that we do not have health programs and educational programs and air pollution programs or water pollution programs, or any other program which is really adequate to meet all of the needs there are in this country. The resources of the country are limited. The programs are limited. We locate those problems and the Congress tries to do something about them, but there is no pretense on our part that we take care of the health of all of the people. This is not our job. Nor that we educate all of the people, this is not our job. What Congress has to determine is what role the Federal Government will play in a large educational program carried on by the States and the localities, and the large health programs carried on by the States and the localities and the private sector, and so on and so forth. And what this bill simply says is that given all of the health care, either private or public, if someone is in desperate need, then there should be some public source that could go to the aid of those people.

Mrs. MAY. Up to now, in these programs, there has not been an attempt to provide medical care on an emergency basis by your Department?

Mr. HUITT. That is correct.

Mrs. MAY. That is all. Thank you.

The CHAIRMAN. Mr. Resnick?

Mr. RESNICK. I find your testimony very difficult to believe, when you say that you do not need the money. I followed the Secretary's testimony very carefully, and at that time it was fairly well established that there were large groups of people who did not have food, who did

not have medical attention, and the testimony, if I recall correctly, of Secretary Gardner and Secretary Freeman, was to the effect that the Federal Government neither had the funds nor the authority to do anything about it.

The situation, as I understand it, is that local communities refuse, because of lack of funds or inability to do the job, to help these people who are without medical attention and without food.

And, as we are set up right now, the Federal Government cannot do a thing about it. You have neither the funds nor the authority.

Is that what the testimony of Secretary Freeman and Secretary Gardner was?

Mr. HUITT. Let me answer this. In the total budgetary situation of the Department we are not at this time asking for any funds to get this program underway.

Mr. RESNICK. I would like to make the observation here that you are not asking to get the program underway, and I would like to make the observation that you, too, were not requesting this bill, but you are supporting it.

Mr. HUITT. Yes.

Mr. RESNICK. In other words, if it does not happen to come out of this committee, you could not care less. Either you are for it or against it.

Mr. HUITT. This legislation is not an administration bill. It did not come out of the Department. We do support it. If it is passed by the committee, with the funds we have on hand we will undertake to get it underway.

Mr. RESNICK. Eighteen months ago, I made a report on the situation as I saw it when I went down south. I believe that conditions now are a little bit worse and that the economic situation has deteriorated and that more and more people are unemployed. Are you saying to me that you do not want or need this bill because you have the funds and the authority to do this job?

Is that what you are saying?

Mr. HUITT. I said that we support the bill, that we have not the authorization, that we need the authority to do this. I am saying that we intend to get the program underway with the funds that we already have. In other words, we are funding it or will fund it with the money we now have.

Mrs. MAY. Will you yield?

Mr. RESNICK. I will be very happy to yield to the gentlewoman.

Mrs. MAY. On page 4 of the Senate report on this bill, the sixth paragraph down, I think probably explains what Mr. Huitt is saying to us. It says, referring to the study:

* * * furthermore, the committee expects the departments concerned to use funds other than those authorized by this bill to finance the study. The funds authorized by section 3 of the reported bill should, therefore, be devoted entirely to carrying out the emergency assistance provisions of the bill.

What does this language mean, Mr. Huitt?

Mr. RESNICK. If the gentlelady will yield.

Mrs. MAY. Yes.

Mr. RESNICK. Perhaps, we need clarification.

Which funds do you mean?

In other words, do you have the funds to do the job, to do the study, or do you have the \$25 million or the \$50 million lying around which you can scrape up, with which to provide this emergency assistance?

There are two sets of funds now. One set is for research and study and the other is actual implementation of the program.

Mr. HUITT. I am saying that we support the bill and we will undertake doing what is called for by the bill. I am saying that where emergency situations present themselves, we will find a way to do something about them.

Mr. RESNICK. If I may interrupt you, why haven't you done it up to now if you have the money and the people?

I wrote to the Surgeon General 3 months ago. I got into an argument with one of the distinguished Governors of one of our States on a difference of opinion, and I wrote to the Surgeon General—I wrote to your department. I asked for this survey. I never got an answer.

Now, if you have the money and you know the problem exists, why do you not do the job?

Mr. HUITT. We have no authority. I am talking about the services.

Mr. RESNICK. I am talking not about the survey. Let's forget about the survey. If you have the funds and if you have the people, why have you not done the survey?

There is enough testimony to show that the problem exists.

Dr. SILVER. If you are talking about the health part of the survey—

Mr. RESNICK. I am speaking now about the nutritional part of the survey.

Dr. SILVER. The nutritional part of the survey we have had underway for about a year now, a pilot study on the nutrition of children, and we are moving ahead with that one, and we think that over a period of time—it may take several years—we will have a very specific and intensive knowledge of the nutritional status of the American children. We have never had authority to do an extensive survey of the nutritional status—

Mr. BRASCO. Will you yield?

Mr. RESNICK. I will, in a moment.

You are just denying what the Secretary just said. On one hand, either we have got the funds and the authority to make these surveys or we do not. You say that you do not; he says that we do.

Now, make up your minds. Several years from now another generation of children will have been raised in hunger, I think I read, and I think somebody else made the point that evidence is becoming increasingly clear that when the child is nutritionally deprived in its youth, no matter how much you feed it after, his physical being and learning ability is impaired forever; is that correct?

Dr. SILVER. I agree.

Mr. RESNICK. Do you not have a sense of urgency about this?

Dr. SILVER. There is a sense of urgency about this.

My feeling is—I do not think there is any contradiction between what Mr. Huitt has said and what I am saying. We do not have the authority to have a national study on nutrition as we have authority to have a national health examination study which is being carried on.

Mr. RESNICK. When will your health survey be done?

Dr. SILVER. The health examination is on a constant basis, and it is a small study that goes on constantly.

Mr. RESNICK. When will you publish the results?

Dr. SILVER. These have been published on a regular basis. We can supply the committee with copies of them.

Mr. RESNICK. I, for one, would like to have a copy of that.

Dr. SILVER. May I finish, or Mr. Huitt?

Mr. HUITT. The survey talked about is a 6 months' survey. What we would do is to try to meet the requirements of this bill. The kind of research that Dr. Silver is talking about is ongoing research which is being done extensively and in depth on a number of these problems. I would say to you that this 6 months' survey cannot be original research, because you cannot do in 6 months much that is worth doing. What we will do in the 6 months is to take into account the organizational structure of the Department, the kinds of things that could be applied to this, the kind of research that has gone on already, and come back and say to the Congress: "This looks to us like what we would do under this bill."

Mr. RESNICK. I want to ask you a very specific question now. Assuming that this bill does not come out of this committee—and I think that is a fairly good assumption—what are you going to do about the problem?

Mr. HUITT. I would say that the question of whether this ought to be an administration bill—

Mr. RESNICK. I am not interested in that, Mr. Secretary. I am not interested in it as an administration bill or what bill. I could not care less. I am asking you a specific question. What are you going to do about this problem?

Are you going to start the survey, with the people and the funds that you have available?

Dr. SILVER. We already have a survey underway of nutrition and children in several States, and we will have the information about the nutritional status of a sample of the population in this country within a year or so.

Mr. RESNICK. We called for a 6 months' report. That was put in for a specific purpose, because the charge was made, and I am among those that made it as well as others including some State officials, that there are starving people in America today, not nutritionally, not malnutrition, but starving people, in plain English. Six months was put in the bill for a specific purpose, so that the American people could know what was wrong.

Am I misinformed, or are all of these other people misinformed, or are the States involved misinformed?

You are talking here about a year or so. That could go on for 2 or 3 years. You are telling me that you are treating this urgently?

Dr. SILVER. No; I am trying to tell you that there is a difference between identifying starving people and identifying the nutritionally deprived segments of the population.

This is a research study which we are undertaking, to identify the starving people in the United States. I believe that information you desire, we would have to go about it quite differently.

Mr. RESNICK. I agree that this is the thrust of the bill.

Dr. SILVER. I agree.

Mr. RESNICK. I believe that this is the thrust of the bill.

Dr. SILVER. I agree. I would say that is the reason.

Mr. RESNICK. The thrust is not to feed our distinguished chairman or even me or even people in poverty, but to feed the people who are actually going without food.

We have a lot of funny games and bureaucratic talk. I am absolutely astounded as to why we have a bill come up here such as this without support. If I wanted support for it, I think I would look for support in other quarters. I am astounded. It just leads me to the feeling that you could not care less whether this bill passed or not. You could not care less if you considered it as an administration bill or anyone else's bill. I don't think it's of concern to hungry people all over the United States whose bill this is.

Either it is a good bill or it is a bad bill.

Either it should be passed, or it should not be passed.

That is the heart of the matter.

Mr. BRASCO. Will you yield?

Mr. RESNICK. I will be very glad to yield to the gentleman.

Mr. BRASCO. I would like to ask this question: When the doctor speaks of a nutritional survey, is that a survey that would contemplate what goes into the making of a good diet?

When you talk about a nutritional survey, are we talking within the context of this bill, to go out and identify those people who would qualify for this emergency research in the area of obtaining food and necessary medical service?

Dr. SILVER. There are three different questions: one is what makes up an adequate diet. That is fairly well established. We have a volume on that from the National Research Council. We know what different people ought to be eating and drinking.

Mr. BRASCO. From a nutritional survey standpoint, it does not contemplate that.

Dr. SILVER. We know what you ought to be eating for good nutrition and at different ages, what a lactating mother should have and what a young child should have.

The second question is: Are there people who are not getting this adequate diet?

Mr. BRASCO. My question was not that. When you speak of nutritional surveys, would that be a survey—and you have already answered that—defining what goes into the making up of a nutritional diet? You have already said "No." Obviously, the survey would be to pinpoint the need. Is that correct?

Dr. SILVER. That is right.

Mr. BRASCO. Could that be done within the 6 months' period, to compile all of the existing information that you have in your agency to date? That could be done; is that not correct?

Dr. SILVER. There is practically no information in the United States about the nutritional status of the population. We have very little evidence. We have little samples here and there, but no evidence. We do not have any specific evidence.

Mr. BRASCO. Would not this study concerning the infant mortality rate be of some service?

You talk about statistical information of the United States as a whole, so I assume that you are not just picking them out of the air.

Dr. SILVER. No; we have it county by county, this data.

Mr. BRASCO. Throughout the United States?

Dr. SILVER. Right.

Mr. BRASCO. You are talking about a situation where the infant mortality coincides not only with the lack of medical service but the lack of a nutritional diet?

Dr. SILVER. We do not have that.

Mr. BRASCO. It seems to me that quite a lot of work could be done in this area.

Dr. SILVER. It depends on how you would want to go about handling the problem. For example, if you want to make an assumption that a county that has a very high infant mortality rate is, on the face of it, a county in which the people are nutritionally deprived.

Mr. BRASCO. Did you not say that?

Dr. SILVER. Yes; but then you cannot pinpoint the people who have to be fed. Not every person in that county is going to be nutritionally deprived.

Mr. BRASCO. At least, you know the breakdown in the particular county where you would have to begin to look.

Dr. SILVER. Right.

Mr. BRASCO. It seems to me that would be a good starting point.

Dr. SILVER. Yes; exactly.

Mr. BRASCO. I am not arguing with you.

Dr. SILVER. You are absolutely right; this is the way.

Mr. BRASCO. You have done more work than you have led some on the committee to believe. You are sort of leading with your chin.

Dr. SILVER. Maybe I have given that impression. If so, I am not really aware of it myself.

Mr. BRASCO. One last question.

We have heard some comments that the chairman directed at Mr. Leonard that there are absolutely no guidelines in this particular bill. Would you not agree that the part to provide medical service to an individual, whenever such action is required, to prevent the loss of the individual's life, physical impairment, et cetera, et cetera, is a qualification? Is it not?

Dr. SILVER. Yes.

Mr. BRASCO. That is a qualification; is it not?

Mr. HUITT. Yes, sir; we interpret that in the whole legislative history of the bill.

Mr. BRASCO. And I doubt if the chairman would allow the condition to run for any reason into that particular category.

At least, in my opinion, that qualification is a guideline.

In any event, you do agree that that is a limitation?

Mr. HUITT. Yes.

Mr. BRASCO. Then you said that you were not prepared at this point to discuss the operation of the bill but, as I understood, if the program is to be implemented, it is the job of the agency concerned to identify the need and to provide this on an emergency basis, and you would then take steps so that the individual would be provided for on this emergency basis and would be integrated then into what programs are

in existence that happen to be missing him? Is that not the whole thrust of this thing?

Mr. HUITT. As I understand it; yes, sir.

Dr. SILVER. I am sorry that I did not make that statement myself.

Mr. BRASCO. Thank you.

Mr. FOLEY. Mr. Huitt and Dr. Silver; is it not true that we really do not know much about malnutrition? Is it not true that we know more about the malnutrition problems of some other countries than we know about our own?

Dr. SILVER. That is true.

Mr. FOLEY. Have we not done more studies or surveys of malnutrition in other countries than we have in the United States?

Dr. SILVER. Yes; we have.

Mr. FOLEY. What agency of the Federal Government is most acquainted with the problem of malnutrition?

Dr. SILVER. In this country?

Mr. FOLEY. Yes.

Dr. SILVER. The Department of Agriculture has completed a study, sir, on food consumption which is a good index, I think, of what the nutritional status would be. And the 1965 data will be available in the next few months.

Mr. FOLEY. Are you saying that the Department of Agriculture is the agency of the Federal Government most equipped to do malnutrition studies?

Dr. SILVER. No, sir. I am sorry. I misinterpreted your question. The agency best equipped to do a malnutrition study would be the U.S. Public Health Service.

Mr. FOLEY. Which is an agency of the Department of Health, Education, and Welfare?

Dr. SILVER. Yes.

Mr. FOLEY. Are we fairly sure of the facts, from what information is available to us, that there are people in the United States who are not receiving adequate diets and medical assistance?

Dr. SILVER. I think we can assume that.

Mr. FOLEY. Is that assumption fairly well grounded?

I mean, is it a complete guess, or is there some basis of evidence?

Dr. SILVER. There is some basis for it. There have been samples made among children, different population groups in different parts of the country, small samples but samples that indicate, for example, the prevalence of anemia which is supposed to be associated with malnutrition, and, also, evidence that they are underheight which is another proof of malnutrition.

Mr. FOLEY. To the extent that this bill would provide the authorization to the Department to meet the problems outlined in the bill, would you think the bill, if enacted, would close the gap in some of the programs which are not now reaching individuals for which they were designed?

Dr. SILVER. I would agree with Mr. Huitt that it would go a long way toward closing the gap, but I do not think it would completely close the gap, because of the complexities of the reasons why people are falling between the cracks. It is not just one reason—the lack of sufficient resources, and the like.

Mr. FOLEY. Do we know why these programs are not working in all cases?

Dr. SILVER. We know many of the reasons why; yes, sir.

Mr. FOLEY. Do you think that this emergency program to provide medical care might identify some additional ones—

Dr. SILVER. Yes.

Mr. FOLEY (continuing). And indicate to us what action might or must be taken if we intend to close all the gaps?

Dr. SILVER. I do.

Mr. RESNICK. Will you yield?

Mr. FOLEY. I have concluded.

The CHAIRMAN. I recognize Mr. O'Neal.

Mr. O'NEAL. I will direct my questions to Mr. Huitt.

It seems to me that one of the key words in this bill, and probably one of the problems with the bill, is the word "emergency," and I would like to find out just exactly how you define this word "emergency"?

I will say first of all what it means to me. I have not looked it up in the dictionary, but to me it means a new situation; it means an unexpected sort of a development, something that is temporary as well as critical. It means something that is not chronic or of long standing, so far as the community situation is concerned.

Would you comment and let us see whether you agree with me or have some other interpretation?

Mr. HUITT. I think that I would go with you, sir, except in this one qualifying part. There may be a chronic situation which comes to light suddenly and unexpectedly. Maybe people who have been living some place, who are poor, who are not well fed, who are not taken care of, are discovered by someone and then are called to the attention of the appropriate people as to their condition, so that the condition may be chronic but it is an emergency in the sense that it is discovered for the first time.

Mr. O'NEAL. What you are saying really is the word "critical" instead of "emergency," are you not?

Mr. HUITT. I think that "critical" would do as well.

Mr. O'NEAL. You are interpreting the word "emergency" to mean "critical" rather than my suggested use of the word.

Mr. HUITT. Let me make this distinction: There are many problems in the country that are critical, that we know about, that we have known about for a long time. Some of these we cannot meet because we simply do not have the resources to meet them. If we start out, for instance, to take care of this infant mortality that Dr. Silver talked about, we do not have the doctors, the nurses in sufficient numbers—we do not have enough people in the country to take care of this, out of hand. Now, these problems may be critical. We are talking here, though, about something which turns up and in which the people are hungry, with the risk of death or physical impairment. This too is critical. This is an emergency and urgent.

Mr. O'NEAL. Am I right then that you are putting more emphasis on the critical side in this semantic discussion rather than on the real emergency side?

Mr. HUITT. I am certain that the emergency is critical.

Mr. O'NEAL. I am certain that it is.

Mr. HUITT. Yes.

Mr. O'NEAL. But with all of our programs put together, as has just been said, we are spending billions of dollars today.

Mr. HUITT. Yes.

Mr. O'NEAL. To prevent starvation and to prevent starvation among those who cannot help themselves.

Mr. HUITT. Yes.

Mr. O'NEAL. The theory is that the Government steps in to help those who cannot help themselves.

Mr. HUITT. Yes, sir.

Mr. O'NEAL. Now, certainly, you will agree that there are many borderline cases in these programs where we spend billions of dollars—maybe there are many people who could help themselves? Would you agree to that?

Mr. HUITT. Yes.

Mr. O'NEAL. And yet these programs do not meet the very neediest of all?

Mr. HUITT. Not in every case. They reach many needy people but there are some that are missed.

Mr. O'NEAL. This is the fault of the programs in that they do not meet the very neediest of all.

Mr. HUITT. I do not know how a program can be devised or how service can be set up in a country of this size which will not miss some people.

Mr. O'NEAL. It is the idea of this bill, is it not, to reach those "some" people you are talking about?

Mr. HUITT. Yes, sir; that is correct.

Mr. O'NEAL. Could you do it by changing the existing regulations or the existing laws that do not let you reach the worst cases?

Mr. HUITT. We think that that is what this bill is designed to do.

Mr. O'NEAL. To give you carte blanche authority to fill in the gap?

Mr. HUITT. To give us the authority to fill in the gaps when people are in trouble.

Mr. O'NEAL. And in a chronic situation rather than a temporary, unexpected critical situation involving the individual?

Mr. HUITT. Let me understand. If I understand the gist of your question, we do not interpret this bill as any mandate to us to go into areas where we would like to go but where we do not have the authority to go. I would not interpret this as a bill that would allow us to build hospitals and nursing homes or to enter into any kind of activity to take care of problems for which we ought to make plans and ought to come and get authority. I take this to be a bill which will give us the flexibility to take care of the emergency situations, critical situations, in which people are in imminent danger in terms of health.

Mr. O'NEAL. Because of longstanding situations?

Mr. HUITT. It may very well be. In fact, it would almost surely be. Yes, if a man has locked himself up in a house for 3 days and has gotten hungry, this is not the kind of thing we are talking about. We are talking about people who are in real trouble because of poverty and the like.

Mr. O'NEAL. As I understand it, you really do not mean "emergency," as applied to these people?

Mr. HUITT. We do mean "emergency."

Dr. SILVER. May I give you an example, Mr. O'Neal, that I think compromises both of the statements, and that would be a situation where there was no physician and no hospital and the nearest place would require some transportation to be provided, and the transportation was not available. A child broke his arm. The care of the broken arm is the emergency, but the situation in which he finds himself with the broken arm and with no possibility of getting help is chronic.

Mr. O'NEAL. As I understand your interpretation of the word "emergency," this could be a foot-in-the-door situation that could supersede all of these welfare programs.

Dr. SILVER. We have programs that are building up to take care of situations like that, but these programs are on the way. They are not there yet. We have the help which will make it possible for the States to move in the health services, into these areas of greatest need, to provide formula grants to the States and the States work with the Department of Health, Education, and Welfare, to provide the necessary funds. We have Children's Bureau programs building up toward prenatal service for the pregnant women, and the delivery of them under modern scientific methods. We are building toward them, but until we reach the point that everybody is going to be covered by them, there are going to be people falling in between the cracks.

Mr. O'NEAL. How long would you expect to feed an individual under an emergency program, the rest of his life, perhaps?

Mr. HUITT. I would certainly say not. I would say that the question of how long is one that falls within the regulations.

Mr. O'NEAL. What would you expect to happen to end the emergency?

Mr. HUITT. I think, sir, that this is the kind of thing that has to develop out of the experience of making regulations and procedures and that kind of thing. I could not say here.

Mr. O'NEAL. Long enough to get him on welfare? Is this to feed him for a few weeks or months or until a certain time when you can get him on the other programs?

Mr. HUITT. I cannot give you the details of the administration of a program that does not now exist under an authority we do not have.

Mr. O'NEAL. I yield back.

The CHAIRMAN. I promised Mr. Jones next.

Mr. JONES of North Carolina. You referred here in several cases to the Washington County, Miss., situation, which, I take it, is probably a typical one pertaining to the problems that you spoke about.

Dr. SILVER. It resembles many of the places that have this kind of need; yes, sir.

Mr. JONES of North Carolina. One or two questions, if I might. Does that county have a local public health service?

Dr. SILVER. All of the counties have local health services. I do not know whether they are full time or not. I am not sure. We have had a Public Health Service program in conjunction with the State, going on there for about a year now; so that they probably have adequate public health service now; yes.

Mr. JONES of North Carolina. If I might read this for the record, to get your reaction as to what it might be:

Dr. Korowski has been in Washington County approximately one year and is on a pilot project developed jointly by the United States Public Health Service and Mississippi State Board of Health and the University of Mississippi Medical Center.

I do not believe, frankly, that this is a prejudiced report which I have, because Dr. Korowski is not a native of Mississippi. He is not a southerner.

Dr. Korowski is not a Southerner, being from Nebraska and East St. Louis, Illinois.

He made a speech recently, and these are some of the facts. Here is apparently some difference.

In the 1960 Census, Washington County had approximately 83,000 people, 47 per cent of whom had yearly income below \$2,000. This per cent would be a good deal less now because of the economic change in the county and the food stamp program. There are, however, no statistics available on this. The people in the 47 per cent group have a mean education of approximately the third grade level. They cannot read and they cannot write and they cannot function in a modern society. There are approximately 1400 deliveries a year, a third of which are made by midwives. Dr. Korowski has been quite interested in infant mortality and has a report on file in the Mississippi State Board of Health of his study over the past year. This report revealed that of every 1,000 live births in Washington in 1965, 25.1 white children and 62.2 Negro children died before their first birthday. The average in the United States for the white children was 22.9 and 43.2 for the Negro. Dr. Korowski was able to study 19 Negro infant deaths for that year and only one of these deaths could be attributed to malnutrition and starvation, and even in this case it was not a matter of food getting to the parent.

In their files they were able to obtain 3,517 cases of children from one month of age to 18 years. Of this group only 39 were judged to have any nutritional problems.

So, apparently, some study has been made, even in this deplorable area such as Washington County.

That leads me to the second question.

This is an important bill. It is also important, I think, in another area.

The present authorization asks for \$25 million for the first year, and the second year \$50 million, and by 1972 we would be up somewhere between \$200 million and \$300 million for the program. Where are you going to be able to find, sir, the necessary medical staff, the doctors, et cetera, to implement this program?

Dr. SILVER. I do not know that we are going to be able to find the necessary doctors to implement the program.

Mr. JONES of North Carolina. They have fled from these areas; they do not choose to practice in them.

Dr. SILVER. I agree with you on that.

One of the basic problems in moving toward the improving of the health of rural people is going to be to develop some systematic method by which you can extend the reach of services by developing physicians assistants and using a lot of subprofessional people for advice and guidance and support and providing transportation for these people to places where medical facilities do exist.

I do not think it is logical and sensible to think about trying to staff these practices with the same sort of medical service you have in the advanced academic areas of the United States.

Mr. JONES of North Carolina. Well, sir, are you aware of the fact—at least I am informed—that Mr. Shriver has explored this particular area of inadequate medical facilities in rural poverty pockets and has a definite program of this very same thing, practically the same thing, so far as the medical part is concerned?

Dr. SILVER. We have a cooperative agreement with the Office of Economic Opportunity, and we work very closely with the office in helping to develop joint cooperative projects.

Mr. JONES of North Carolina. Thank you, sir.

The CHAIRMAN. Mr. Purcell?

Mr. PURCELL. My question will be directed more to you, Mr. Huitt, than Dr. Silver.

First, and I think I know the answer to this:

Does the Food and Drug Administration come under your Department?

Mr. HUITT. Yes, sir.

Mr. PURCELL. And Public Health Services?

Mr. HUITT. Yes.

Mr. PURCELL. Isn't Dr. William Stewart, the Surgeon General, the head of the Public Health Service?

Mr. HUITT. Yes.

Mr. PURCELL. As I understand, he testified with regard to this bill before the Senate and said that the Federal Government does not know the extent of hunger or malnutrition anywhere in the United States. Is this your understanding?

The record will not show the shake of your head.

Dr. SILVER. Yes; I believe that was Dr. Stewart's testimony before the Senate committee.

Mr. PURCELL. In connection with this problem we have here, I contacted two organizations that have worked along this line. I wrote to Dr. Frederick Stare, chairing the Department of Nutrition at Harvard University, asking him several questions. Also, I wrote to Columbia University. I am informed by Dr. Stare that he knows of no indepth study or any across-the-board information regarding the nutritional level in the United States that would be meaningful to this problem we are now facing.

He states that there is now what is called the nutritional program, which was under the direction of Mr. Richard Pringle, and, as I understand it, Mr. Pringle had knowledge in making surveys in other countries, because he recently transferred from an international research organization to the National Institutes of Health, and then to the National Center of Disease Control Bureau of Disease Prevention. It must have been a pretty good sized door necessary to put his title on if he had all of that, but, at any rate, there is some expertise in your Department, those who have had experience in this exact thing in other areas of the world, is this correct?

Dr. SILVER. Yes. There is another agency which has concerned itself with a study of nutrition in children, and that is the Children's Bureau of the Department of Health, Education, and Welfare, and that is where our pilot project has been operating now for about a year.

Mr. PURCELL. In this letter that I have referred to—I presume it would be shortsighted to assume that lack of proper nutrition occurs only in children. The older people have also been referred to here, so that we do not want to limit our program just to children.

Dr. SILVER. Correct.

Mr. PURCELL. If the result of this bill coming into being amounted to really nothing more than directing that a survey be made, at least giving impetus to going into the subject, then, in 6 months you, as well as the Department of Agriculture, could give the Congress whatever information you had at that time acquired, could you not?

Mr. HUITT. The survey, as I think we were saying a while ago, has to do with locating the pockets of poverty and trouble and coming up with recommendations as to what we ought to do under this bill to meet those problems.

Certainly, that survey would take into account all of the research that has been done on nutrition and those kinds of problems that are relevant to it.

This survey would not and could not be, in the length of time that is given, too much in detail. The survey would be, I think, both an attempt to apply the research to the problems as they turn up and to report on the experience of the first 6 months of the bill, because you will note that we are not directed to wait until the survey is made to meet the emergencies as they come up.

Mr. PURCELL. Assume that the bill did not do anything except to direct you to coordinate with the Department of Agriculture in making the survey.

The purpose of my question assumed that.

Dr. SILVER. I tried to respond to Mr. Brasco concerning something in the same connection, because I think that it will depend on the kind of information, on the depth of the information that you require.

For example, we might do a simple study of height and weight of children which will give you a picture of what the nutritional pattern was in the United States, as to the height and the weight, say, being indicative of the nutritional status of the children.

If you want to identify who is malnourished, you would have to do a much more intensive study. You cannot do a sample. You have to do a laboratory examination of the blood; you have to test for protein content. These things are not only expensive and time consuming but they require resources in the way of knowledgeable people and available laboratories, you know, in order to get it accomplished. It depends upon how much you want done.

Mr. PURCELL. I am told, and am convinced, that no one, no place, no legal entity, has the information available for our country that we have available for other countries, as to the measure, or weight and height, et cetera, of individuals. But surely there is some kind of a survey that could be made. A doctor or a scientist would like to know everything about the extent of malnutrition, but there is, in my judgment, some degree of urgency here. For whatever reason we have found, there are people who are hungry. However, my own personal feeling is that we need to know just what we are supposed to do before we start doing it. We just cannot afford to take what money we have available and go out and see what emergencies we can find. But if we find out first what the trouble is and then with that knowledge that

we can draw upon, we can better assign you or the Department of Agriculture or whoever it is to the problem that then exists and is identified.

I am trying to ask you if it would not be helpful to assign you to a survey on a priority basis, thereby emphasizing our intent that this survey should be expedited at the expense of any similar action, temporarily to coordinate with the Department of Agriculture, to go out and take whatever time is necessary but report back, at least, within 6 months and to tell us what you have found up to then? I am hopeful that you would do something more than that. I am no researcher, I know that, but I also know you cannot do all of this in 6 months. But there are techniques available.

Dr. SILVER. I believe we could give you an answer in 6 months, as to the locations where there were people who were malnourished, or where there were concentrations of such people.

Mr. PURCELL. Would not this be helpful?

Then, if these people exist in numbers at all, then it would be helpful to you and to us in the designing of a program that would better fit the needs; that is, taking care of these and those that are being taken care of by other programs.

Dr. SILVER. I am not quite certain which part I should answer, Mr. Purcell. I would feel that there is evidence about certain kinds of needs that can be met right now, and then there is more extensive information that could be made available later.

Mr. PURCELL. I agree with you, but we do not need to know the color of the eyes or the size of the feet, and all of that, about everybody. I learned from a very superficial examination that in Wichita County, Tex.—I presume that you have never heard of it.

Dr. SILVER. We have.

Mr. PURCELL. Good for both of you. I learned that there is apparently a lack of proper attention there, and it is a fairly prosperous area. So I think that there are things that we can learn. If you will send me out, I can look at some people and tell you whether they are hungry or not, or whether they are pot-bellied or not. I can come back and tell you that I found some people that need something—that they need food. This will help more than we have right now, in the way of information, would it not?

Mr. HUITT. I agree with you completely. And I think that in this survey of the needs, that we ought to keep it in mind that the Public Health Service is not the only health service in operation in the United States. We have a structure of nine regional offices which work in the 50 States. The States, too, have health agencies which work closely with us. There are county health services, and there are ways of finding these places where people are in bad trouble.

You say that local people know about it and have known about it for some time. It does not require extensive research to discover that.

Mr. PURCELL. Now, as I understand it, you have some kind of complicated thing going on over there in the Food and Drug Administration, seeking to make everybody prove that artificial vitamins are beneficial. It seems to me that you have wasted a lot of effort in that kind of thing. If you would let some of that kind of thing rest for a while, since you are getting bounced on by everybody, and have these people find out what the status of malnutrition of our people is, instead

of more technical matters that do not have quite such a broad import, work in this other area would be of greater benefit and much more desirable.

The CHAIRMAN. Let us go off the record.

(Discussion was had outside the record.)

The CHAIRMAN. Back on the record.

We will meet at 1:30 o'clock this afternoon. We will recess at this time.

(Whereupon, at 12 noon, a recess was taken until 1:30 p.m. this same day.)

AFTERNOON SESSION

The CHAIRMAN. The committee will please come to order.

I understand that Mr. Zwick of the Bureau of the Budget has an important meeting in a few minutes and would like to appear first.

We will move you just as fast as we can, Mr. Zwick.

Some of our members are out attending a press conference about this bill, rather than attending the committee meeting. But, then, I think that you get the idea that the bill seems to be such that some feel there must be some publicity in connection therewith.

So, we will proceed and will be glad to hear from you now, Mr. Zwick.

STATEMENT OF CHARLES J. ZWICK, ASSISTANT DIRECTOR, BUREAU OF THE BUDGET

Mr. ZWICK. Thank you very much, Mr. Chairman. I appreciate your putting me on first. People are used to waiting for the meetings of the Bureau, and I will be happy to stay as long as necessary.

I have no prepared statement. I do want to make several points that reinforce what has already been said by the representatives from the Department of Agriculture and the Department of Health, Education, and Welfare.

The administration strongly supports the intent of this bill. We think that it is desirable to have the emergency authority to provide medical and food help in critical situations. We welcome the added flexibility provided in the bill and believe it would be very useful.

We do have a problem with section 1(b) of the bill which prescribes "Regulations and procedures for carrying out the provisions of this section in any State shall be jointly issued by the Secretary of Health, Education, and Welfare, the Secretary of Agriculture, and the Governor of such State."

In addition to the problems already mentioned this morning, that we would get a set of inconsistent rules and regulations among the States, we believe that this provision is unnecessary. The President has directed all agencies to work closely with local and State officials in operating programs in the States. Moreover, we believe this provision to be inconsistent with the intent for quick, decisive reaction in an emergency situation. We are not talking about a major new program. We are talking about an authority which will allow the administration to react quickly to an emergency situation. Therefore, we think that section 1(b) is inconsistent with that authority.

I believe those are the only comments I have.

The CHAIRMAN. As I understand, you feel it gives the Governor too much control?

Mr. ZWICK. No, sir.

The CHAIRMAN. Did I not understand that you felt that this might result in a duplication of rules?

Mr. ZWICK. No, I think that we do cooperate in many ways with the Governors and the local officials. If we have an elaborate procedure whereby we would have to negotiate rules and regulations after we have discovered a situation which we want to correct quickly, undue delay would result in many cases.

The CHAIRMAN. You have been running into undue delays?

Mr. ZWICK. I think, again, I would not argue that. We have found it easy to work with State officials.

The CHAIRMAN. I mean, in regard to these other things. I ask if, in your opinion, this bill gives the Governor too much authority?

Mr. ZWICK. No.

The CHAIRMAN. No? You say that it does not give the Governor too much authority, but you do not want to give him that much authority.

Mr. ZWICK. No, sir. I did not say the latter. I said that section 1(b) appears to be inconsistent with the intent of rapid reaction. I believe that the President is quite clear in his intent to improve Federal cooperation with local and State officials.

The CHAIRMAN. Would you support the bill with 1(b) in it?

Mr. ZWICK. We would prefer to support the bill without 1(b). The intent of the bill clearly overrides the issue of 1(b).

The CHAIRMAN. You would support the bill, then?

Mr. ZWICK. Yes, we would.

The CHAIRMAN. What is the authorization?

Mr. ZWICK. The authorization in the bill is \$25 million in fiscal year 1968, and \$50 million in fiscal year 1969.

The CHAIRMAN. It costs \$50 million the second year, and what will it cost the next year?

Mr. ZWICK. I think it is highly uncertain how much money would be involved. The purpose of this bill, as I understand it, is to permit the Executive to react quickly to emergency situations. Once they have been identified, we have other programs that would move in then and take over. I would not expect that this would be a program which would grow, as I believe one of the members suggested this morning. We would expect to use this as an emergency measure, moving quickly, to help people who need help, and then transfer those people to other programs. We would not expect this program to become much larger than is now specified in the bill.

The CHAIRMAN. The Senate estimates that the cost will be about \$325 per individual, do they not? That is on page 4, way down nearly to the last, in the report of the Senate on this bill.

Mr. ZWICK. Yes, that is right. Yes, sir.

The CHAIRMAN. And they estimate that there may be as many as 4 million people in on this.

Could you give us an idea of how much it will cost?

Mr. ZWICK. That is obviously more than \$50 million. I repeat our views.

The CHAIRMAN. It is well over a billion rather than \$300 million.

Why do you say it is obviously over \$50 million. It is well over a billion dollars a year.

Mr. ZWICK. I think the main point, Mr. Chairman, is that we would expect to reach more of these people through other programs.

The CHAIRMAN. Well, would you say—

Mr. ZWICK. When we talk about the cost of it.

The CHAIRMAN. Are you saying that the Senate report is incorrect then?

Mr. ZWICK. No.

The CHAIRMAN. You are not saying that it is incorrect?

Mr. ZWICK. No, I am not saying that it is incorrect.

The CHAIRMAN. It is probably correct?

Mr. ZWICK. It is probably correct.

The CHAIRMAN. Probably correct?

Mr. ZWICK. Yes.

The CHAIRMAN. That is a little over \$1,300 million in a year.

Mr. ZWICK. Only if we were to reach all of these people under the authority of this bill.

The Senate report does not say that you should reach all of these people through this program alone.

The CHAIRMAN. It does not say that you will reach them.

It says, "Thus, for example, estimates of the numbers of American citizens in serious need of food vary from as few as 400,000 to more than 4 million."

Mr. ZWICK. Yes, sir.

The CHAIRMAN. And, so, we have a possible cost, according to the Senate report, better than a billion and a quarter dollars a year.

How does the Bureau of the Budget feel about this expense?

Mr. ZWICK. The administration has been very clear on the issue of meeting the needs of the people who are hungry and of those who are suffering from malnutrition. We do not think, and I do not think, that the Senate report, as I read it, Mr. Chairman, means that this program would grow to the proportions that you suggest.

The CHAIRMAN. You do not think that it will grow to that, but there is a possibility of it, is there not?

Mr. ZWICK. Yes. We do have the food stamp program; we have the commodity distribution program; we have special feeding programs. We have a whole variety of programs to meet these situations.

The CHAIRMAN. It does carry the possibility of creating a contingent liability which might amount to as much as a billion and a quarter dollars a year?

Mr. ZWICK. This bill clearly does not. It authorizes \$25 million in fiscal year 1968 and \$50 million in fiscal year 1969.

The CHAIRMAN. For the first 2 years, and it does not set any amount after that.

Mr. ZWICK. That is correct.

The CHAIRMAN. But if the program is to be carried out, the cost could amount to as much as the Senate report suggests?

Mr. ZWICK. If economic conditions do not improve in this Nation and we do not move these people to our training programs and other programs which we have, it could amount to that much, and I believe that the administration would be in favor of meeting its responsibilities.

The CHAIRMAN. And there is no commitment here, because there is not any bill passed as yet. But you are suggesting that the Bureau of the Budget is willing to accept whatever obligations this may impose?

Mr. ZWICK. There are two issues here. I would like to be very clear on them. One is the bill. I think that the authorization in the bill is quite clear, \$50 million in fiscal year 1969 and \$25 million in fiscal year 1968.

The second issue is whether or not the administration is willing to accept the responsibility of helping people who are in need of emergency food or medical care. I think the answer to this is clearly "Yes." How we will meet that obligation, through this bill or through other authority we now have, such as training; job-creation programs is a third issue on which I am not prepared to give you a detailed answer right now.

The CHAIRMAN. This then would be your answer as to the way to reduce the budget?

Mr. ZWICK. No, sir.

The CHAIRMAN. Well, let us understand this:

You understand that this bill authorizes the construction of hospitals?

Mr. ZWICK. Sir, I think that the intent of the bill, both as spelled out in the first few lines of the bill and the whole legislative history, is that this is an emergency vehicle. If I administered the bill, I would not use it to construct hospitals.

The CHAIRMAN. You would not construct them; but would you have the authority?

Mr. ZWICK. There is no prohibition here, but any administrator must look both to the general intent of the bill and to the legislative history, and I believe that the legislative history on this is quite clear.

The CHAIRMAN. To the Bureau of the Budget.

Mr. ZWICK. That is correct. I do not think that we would allow the building of hospitals under the authority of this bill.

The CHAIRMAN. All right.

Would you allow them to pay doctors and nurses?

Mr. ZWICK. Yes.

The CHAIRMAN. Would you allow them to build nursing homes?

Mr. ZWICK. I repeat again, the intent of the bill and the legislative history makes it quite clear that the purpose is different than that, and we would be very cautious about allowing money for that.

The CHAIRMAN. Would you, in spite of the fact that the bill as presently written does not contain it, propose a means test, some kind of a means test or would you oppose such a test?

Mr. ZWICK. This is a question of working with the State and the local officials, how we are in fact going to implement this program. I cannot answer that question.

The CHAIRMAN. You can answer whether or not the Bureau of the Budget would cut off the money—if it were used for those who cannot meet a means test.

Mr. ZWICK. No, sir, I cannot.

The CHAIRMAN. I think that the Bureau of the Budget would not do so.

Mr. ZWICK. I do not think that follows, sir.

The CHAIRMAN. Would you accept a certification of the needy individuals from existing State agencies under existing regulations?

Mr. ZWICK. That is one possible way of doing it.

The CHAIRMAN. I know that it is a possible way. I understand that, but that is not my question. Would the Bureau of the Budget accept that as a proper test?

Mr. ZWICK. Certainly, that would be one way of doing it. I do not think that is the only way of doing it.

The CHAIRMAN. Now, I do not think that it is either; but I am asking you whether you would accept it.

Mr. ZWICK. If local officials certified that these people needed help, yes, we would accept that.

The CHAIRMAN. Under existing local regulations?

Mr. ZWICK. Yes, that would be one of the things we would accept.

The CHAIRMAN. I come back to the proposition of not whether it is one way, but whether you would accept it.

Mr. ZWICK. Yes, it is.

The CHAIRMAN. Why do we need any interference on the part of the Federal agencies, because the State agencies are going to determine under existing regulations who is going to be helped? Why would we need to establish any Federal bureaucracy to administer it then?

Mr. ZWICK. I am not aware that the bill calls for any interference by the Federal Government.

The CHAIRMAN. Maybe it is not interference. I asked just why we needed any Federal employees whatsoever to administer this if we are going to accept the State's certification of the people who would receive the money.

Mr. ZWICK. As I understand it, Mr. Chairman, there are situations in which both the Federal agencies and the State and local agencies have been able to identify critical needs but have not been able to fund necessary measures under existing authorities. This authority would allow that funding. So, I am not quite sure what you are driving at.

The CHAIRMAN. I do not think you have followed me. I think we ought to have some clear-cut answers here. I just want to know what you propose to do. I want to know whether you contemplate having the Federal Government go into the field and hand out assistance or whether you contemplate distributing food and medicine through the existing State agencies or some other agencies.

Mr. ZWICK. I believe that Secretary Huitt said this morning that we are not in a position to define in detail how this would be administered.

The CHAIRMAN. In other words, after we pass the bill we will then try to find out what will happen. Is that your suggestion?

Mr. ZWICK. It is quite clear on the record that President Johnson has directed all Federal agencies to work with and through the State and local officials. That mandate is clear. There is nothing that is abstract about that. We have mechanisms for doing it.

The CHAIRMAN. It is not abstract, of course, except it has not been carried out.

Let us get it clear, if you will. I am not going to say anything further. But do you understand that this bill gives the Federal Government the right to give money without regard to the need to any citi-

zen of the United States whenever the Secretary of Agriculture and the Secretary of Health, Education, and Welfare conclude that such money might prevent the loss of such individual's life, prevent physical impairment of such individual or might avoid suffering caused by the lack of nutritious food?

Mr. ZWICK. I think that the opening statement of the bill is quite clear, Mr. Chairman.

The CHAIRMAN. I did not ask you about that.

I asked you if you understood that this bill would allow those things.

Mr. ZWICK. On an emergency basis, to prevent human suffering and loss of life, yes, sir.

The CHAIRMAN. And to give medical attention.

Mr. ZWICK. The opening statement of the bill is to provide food and medical services on an emergency basis, to prevent human suffering and the loss of human life. That is the intent of the bill.

The CHAIRMAN. This is not part of the legislation. You are reading the report. I did not ask you what the bill said, or what the report said. I asked you what your interpretation is.

Mr. ZWICK. We administer bills by the intent, as we read the legislative history, and by the legislation itself.

The CHAIRMAN. We are trying to find out what you think the intent is.

Mr. ZWICK. I think that it is quite clear that the intent is that this additional authority to be given to the administration to be used in temporary situations, emergency conditions, to meet rapidly and quickly needs that have been discovered.

The CHAIRMAN. You think then that this bill deals only with an emergency situation?

How long can an emergency continue?

You are the man who controls the money. How long an emergency can continue? Can it continue a lifetime?

Mr. ZWICK. I would not think that would be a reasonable interpretation.

The CHAIRMAN. I asked for a reasonable interpretation. That is all I asked. What is a reasonable interpretation?

Mr. ZWICK. Emergencies could, I imagine, last up to months, but I cannot imagine their lasting years.

The CHAIRMAN. You cannot imagine an emergency lasting a year. I recognize Mr. Gathings.

Mr. GATHINGS. Mr. Zwick, when did it come to your attention the first time that these people were hungry and needed food?

Mr. ZWICK. Under this bill, when it comes to our attention we would be able to react to it immediately.

Mr. GATHINGS. Where is the problem today, Mr. Zwick?

Mr. ZWICK. I suggest that the witnesses from the Department of Health, Education, and Welfare and the Department of Agriculture could give you much more precise answers on these questions.

Mr. GATHINGS. Have you arrived at the conclusion as to whether or not 400,000 American citizens are involved here who need food, or, as the report says, somewhere between 400,000 and 4 million? What is your estimate?

Mr. ZWICK. I was not sure of those statistics. I accepted them as being probably correct. That is as far as I will go.

Mr. GATHINGS. What caused this problem?

Why is there legislation pending?

Mr. ZWICK. I think that the legislation is here, as I said earlier, because both the Federal agencies and State and local governments have identified situations where they could use funds to carry out a program but they could not under existing authority. This additional flexibility, for both State and local governments, and for the Federal Government, is believed by all to be useful in meeting their responsibilities.

Mr. GATHINGS. Did it start last year, in January of 1967, or did it start in the middle of 1966? What caused these people to be suffering as this bill would attempt to alleviate?

Mr. ZWICK. The issue of alleviating the suffering is an issue we are becoming aware of as an increasingly wealthy Nation becomes increasingly aware of its responsibility to these people.

Mr. RESNICK. Will you yield?

Mr. GATHINGS. Yes.

Mr. RESNICK. I would be very happy to send this information to you, gentlemen. I would just like to point out that this problem came about through nobody's particular fault. We have mechanized agriculture. Many people are involved in these matters. They were making their living in agriculture.

Mr. GATHINGS. I can ask some of these other witnesses about this. That is all, Mr. Chairman. Thank you.

The CHAIRMAN. Mr. Foley?

Mr. FOLEY. Thank you, Mr. Chairman.

Mr. ZWICK, you say that you do not know precisely the number of people who might be in need and you have accepted generally the dimensions contained in the Senate estimate.

If, in fact, the bill would go to a cost as high as a billion dollars, would it not be because the upper limits of the Senate estimate were in fact accurate?

Mr. ZWICK. That is correct, and, also, because we have not been able to fund other programs now on-going.

Mr. FOLEY. Yes. And if the cost reached that figure, it would mean that those 4 million people in the Senate estimate were not being cared for, or could not be cared for, under any other Federal or State program.

Mr. ZWICK. That is correct.

Mr. FOLEY. And if that were the case, would it, in your judgment, be a serious social problem?

Mr. ZWICK. It certainly would.

Mr. FOLEY. Up to this point, not recognized as such, not recognized to be so great a problem?

Mr. ZWICK. Not so great a problem, but certainly we have been funding a whole set of programs.

Mr. FOLEY. Such as what?

Mr. ZWICK. The food stamp program, for example.

Mr. FOLEY. If it is the case that 4 million people need food and are not receiving food under any existing program and cannot receive

food under any existing program, a problem of great dimensions exists which has not been recognized either in Congress or in the administration up to this point?

Mr. ZWICK. I think that is correct.

Mr. FOLEY. I am not suggesting that that is the case, I am saying "if it is."

Mr. ZWICK. That is right, sir.

Mr. FOLEY. We would be facing a major social problem.

Mr. ZWICK. That is correct.

Mr. FOLEY. And the administration, even if the costs were \$1 billion, would commit itself to meet that problem.

Mr. ZWICK. That is correct.

Mr. FOLEY. In fact, the administration has committed itself to doing its maximum effort to relieve gross malnutrition and hunger in the United States?

Mr. ZWICK. That is correct. In fact, I pulled together, for a talk several days ago, statistics which I think are relevant here:

Between 1964 and 1968, 60 percent of the increase in the administrative budget went for expenditures in the human resources area. The proportion of the budget going for these programs has increased from 17 percent in 1964 to 30 percent in 1968, so that I think that there can be no doubt about the major thrust of this administration's policy in the human resource area.

Mr. FOLEY. At the present time, is it your opinion that no one knows with any certainty exactly how many people in the United States are in need of food in an emergency way and where they are located? Does any one single individual know about that?

Mr. ZWICK. To my knowledge, no. That is exactly why we need this legislation. We need to get a much better feel for this. I think, as Dr. Silver was saying this morning, that we know that there are cases and we know the general areas where they exist, but we do not have an adequate imprint, if you will, of the economy so that we can lay it out in hard programming details for a sensible program.

Mr. ABERNETHY. Will you yield to me?

Mr. FOLEY. Yes.

Mr. ABERNETHY. Where do the 400,000 to 4 million people figures come from?

Mr. ZWICK. I accepted those figures from the Senate report.

Mr. ABERNETHY. I am just trying to find out where it came from.

Mr. ZWICK. I cannot answer that question.

Mr. ABERNETHY. That is all.

Mr. FOLEY. I yield to the gentlelady.

Mrs. MAY. I just want—

The CHAIRMAN. I want to break in here and make this statement. I hesitate to do so, because there is never a time when somebody does not get their feelings hurt when I say it.

I do not believe we can have this procedure where members having the floor yield the floor to others for questioning. I am saying this, because I understood that is not what you were yielding the floor for right now. But the time comes, and we have had it this morning and we have had it every day here, where, I think, members are requested to yield. That it is perfectly all right to yield the floor to somebody to ask questions for clarification, but to yield the floor for

somebody else to take the witness over destroys any orderly way of conducting this hearing. I am going to ask—and I am not referring to you in this—I have to do it now or it will come up later perhaps at the wrong time—I am going to ask the members not to yield the floor to other members except for questions.

Mr. FOLEY. Would it be helpful, Mr. Chairman, if those of us who ask for a member to yield, would direct the question to the Chair?

The CHAIRMAN. It would. That is the rule.

Mrs. MAY. I misunderstood. I am not asking him to yield.

Mr. FOLEY. I have one or two additional questions.

Mr. MONTGOMERY. If I may, would it be possible at sometime to have a 5-minute rule on the members?

The CHAIRMAN. I think that maybe we should—maybe we should.

Mr. MONTGOMERY. I suggest that.

The CHAIRMAN. Proceed.

Mr. FOLEY. Mr. Zwick, speaking for the Bureau of the Budget, you are willing to support both the survey and any emergency procedures that are necessary to reach this kind of need we have discussed?

Mr. ZWICK. That is correct.

Mr. FOLEY. Thank you.

The CHAIRMAN. Mrs. May?

Mrs. MAY. As I understand the import of your statement, the administration supports the intent of this bill?

Mr. ZWICK. Right.

Mrs. MAY. And that you feel it is desirable to have this emergency legislation authority to reach what might be up to 4 million people who are in need of this emergency help? How long have you or the Bureau been aware that there was this emergency situation existing, that our present programs did not reach?

Mr. ZWICK. I can only give you the record of President Johnson while he has been in office. He has indicated such by extending human resource programs ever since he has been President.

Mrs. MAY. But you have said that you need this program, that in spite of the other programs you need this.

Mr. ZWICK. Yes.

Mrs. MAY. Why do you ask for this program?

Mr. ZWICK. Mrs. May, we do not claim to be the only people who think up good programs. Obviously, we are supporting the program. I think, as was stated this morning, that it is irrelevant whether it is an administration bill, or a majority or a minority bill.

Mrs. MAY. You have programs that, as you say, are not meeting the needs of these people. Those programs have been developed in the Department of Agriculture and in the Department of Health, Education, and Welfare, and they have dual availability of thousands of members of their staffs, they have expertise in this field, and you have financial expertise, and you have no answer as to why they did not ask for this legislation before?

Mr. ZWICK. I think the answer is quite clear. It has only been recently that the Nation has taken on this commitment. We have moved forward as we have identified needs. Typically, an agency identifies a need and tries to answer that need. As I understand it the thrust of this bill is to provide that additional administrative flexibility to move in on an emergency basis.

Mrs. MAY. I understand all of that.

Mr. ZWICK. I am saying—

Mrs. MAY. I agree with what you are saying. I just wondered why this administration did not recognize this and why they have not made recommendations.

Mr. ZWICK. I have no answer to that.

Mrs. MAY. Now, you have indicated here that you view this as an emergency type of program until we move these people on to other programs. What would those other programs be?

Mr. ZWICK. All the way from the feeding programs on up. I am more familiar with the school lunch program, the food stamp program, the direct commodity distribution program, health, and other direct assistance programs. In addition our longer term programs, such as retraining, education, and job opportunity, hopefully, in time will move these people into a self-reliant status.

Mrs. MAY. Why do we not now put these people who are needing this help into these programs? Why have they not been taken care of?

Mr. ZWICK. These groups have not been reached for one of a number of reasons. It could be due to lack of information.

Mrs. MAY. Has there been any effort on the part of the administration, in administering these programs, to get the answer to this question?

Mr. ZWICK. Yes. However, I think that Dr. Silver would give you a more precise answer than I would be able to give you. Mr. Leonard can give you this information for Agriculture.

Mrs. MAY. You realize that if there are 400,000 to 4 million people in an actual emergency need status, as mentioned in the report on this bill, as I understand it—

Mr. ZWICK. The bill does not.

Mrs. MAY. But under appropriations in this bill, \$25 million would provide only \$6.25 per person.

Mr. ZWICK. Mrs. May, I do not think the Senate report says that. It says that you may have a group that large to be reached. This would be a temporary measure. If you do, in fact, have a problem of that dimension, it is a major social problem which the Nation will have to face up to.

Certainly, you would not try to face up to it through S. 2138. You do need S. 2138 only as an emergency interim authority.

Mrs. MAY. If these people are in dire emergency need the appropriation of \$25 million would not do much. That is quite an amount, of course. That is all, Mr. Chairman.

The CHAIRMAN. Thank you.

Mr. Resnick?

Mr. RESNICK. Mr. Zwick, as I read the report and the purpose of this bill, it is not to give only money to individuals but also to assist various counties, various States, to get their welfare programs in shape so that they can take advantage of the programs that already exist.

Mr. ZWICK. That is correct.

Mr. RESNICK. Do you agree with me that regardless of who proposes this legislation, it is good and very vital and necessary?

Mr. ZWICK. That is correct.

Mr. RESNICK. I would also like to ask this: Do you support the position of the previous witnesses that the \$25 million is not necessary?

Mr. ZWICK. Our position is at this point we can get the money that we foresee we will need through the redirection of funds appropriated for ongoing programs. If, indeed, it became obvious that we could not meet it through reprogramming, we would not hesitate to come back and ask the Congress for the necessary appropriations.

Mr. RESNICK. As I understand it, over in the Senate it was specifically stated in the legislative history that no other moneys for this program existed other than the moneys appropriated. This I understand, is what the Senate has said.

Mr. ZWICK. I am somewhat puzzled by that comment. I had thought that no administration witness had testified on this bill in the Senate.

Mr. RESNICK. Well, I would hope that you would check that.

Mr. ZWICK. I will.

(The following information was submitted to the committee:)

Page 6 of the Senate report reads as follows:

EXPENDITURE OF AUTHORIZED FUNDS

In order to obviate the necessity for a specific appropriation of the funds authorized to carry out the provisions of S. 2138, the committee deleted a requirement in the bill as introduced which would have limited the expenditure of funds to appropriations specifically appropriated to carry out the provisions of this act.

By striking this provision, the committee intends to assure that in the absence of or preceding a specific appropriation, other funds appropriated to the Department of Health, Education, and Welfare, the Department of Agriculture, and other agencies may, within the authorization limits of section 3, be expended to carry out the provisions of S. 2138.

Mr. RESNICK. There will be no money if no money was appropriated for this particular activity. Let us talk about an emergency. Some of the members here seem to question what an emergency is and how long an emergency lasts. This word "emergency" may be a euphemistic word. It could go on as long as 10 years. It has been brought into public light at least 2 years ago. It may be quite a while before this really is implemented. In light of the fact that this has gone on over this long period of time, don't you think you can define an emergency as a long-range thing. For example, take the case of flood disaster like they are now experiencing in Texas where there will be an emergency for months and possibly years to come, and the Federal Government will help down there, on an emergency basis. It is very easy to see what happened down there in Texas. It was a hurricane. It is easily identified. Everybody knew what happened. But starvation happens over a long period of time; it did not happen like a hurricane. The question is in terms of how long it took for this condition to build up. Would you not agree with me that an emergency might very well last for years, if not a decade, before these programs come into force?

Mr. ZWICK. Yes, sir; I agree with that. The other distinction I would like to make is that as we identify groups of individuals who need assistance, we would expect to move them into other programs. So, I do not see this specific program itself growing. If it turns out that there are, indeed, more people than we now expect in this condition. Then, other programs would take over, but we would not expect this program to get larger. That was the point I was trying to make earlier.

Mr. RESNICK. Right. I would say again that I have no pride of authorship, but in February of 1966—it is in the Congressional Record—I brought this condition to light in one particular area of the country, and there is no question in my mind that it exists in other areas of the country. It is not based on any one region of the country. So that this situation has been known, at least since then.

I know that the Department of Agriculture has done what it could, but it did not have reasonable funds authorized. I realize that 2 years is a long time, but could you tell me how long it took for medicare to get through, from the time that the need was recognized and until it was passed last July? I understand that it was about 25 years.

Mr. ZWICK. You could almost pick any time to answer that question.

Mr. RESNICK. It was brought out on the record that we needed medicare.

Mr. VIGORITO. It was in World War II.

Mr. ZWICK. I think that the gentleman said at the end of World War II. I am sure that there was discussion about it at that time.

Mr. RESNICK. Over 20 years before something was enacted.

I do not think that in terms of the length of time that it takes for some things to come about that this is not an inordinate amount of time. Do you agree with me?

All of us agree that anybody who is hungry or needs medical attention should get it immediately—I am sure that we are all agreed on that point.

Mr. ZWICK. Yes, I agree with you.

Mr. RESNICK. Again, I would like to say that it seems to me that a lot of the members—a lot of the Government witnesses do not seem to understand what this bill is about, and I would just like to state it in plain terms and see if you agree with me.

Basically, the gist of the bill is that when large groups—we are not talking about the very tiny percentage; we are talking about large groups of people—are identified as lacking in medical care and sufficient food, and when the local authorities refuse to act either because of a lack of means or for any other reason, that the Secretary of Agriculture and the Secretary of Health, Education, and Welfare at that time could act to provide food and medical attention to these people.

Mr. ZWICK. The only problem I have with that statement is the “refusing to act.”

Mr. RESNICK. For whatever reason it may be. I note, for example, that we have a problem in some of our counties in upstate New York. Some of our counties are going bankrupt, literally bankrupt, because the limits were set too high for medicaid. They cannot get up the money to pay for their share of medicaid. I am saying that they cannot act. Is that not basically the thrust of this?

Mr. ZWICK. With that qualification, I believe so.

Mr. RESNICK. Basically, is that not the substance of it?

Mr. ZWICK. Yes, it is.

Mr. RESNICK. Thank you.

The CHAIRMAN. Mr. Purcell?

Mr. PURCELL. Not at this point.

The CHAIRMAN. Mr. Montgomery is recognized.

Mr. MONTGOMERY. As a followup on Mr. Resnick's questions. It says in the bill that the Governor of the State would be a party to this. I

want to mention that, to show that there are three parties, the Department of Health, Education, and Welfare and the Department of Agriculture and the Governor of the State who will be in this. That is the way you understand it?

Mr. ZWICK. That is correct.

Mr. MONTGOMERY. Under this bill?

Mr. ZWICK. That is correct.

As I indicated earlier the President has been quite clear on the requirement that all Federal agencies will work with State and local officials.

Mr. MONTGOMERY. That is all.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Mr. Purcell?

Mr. PURCELL. Who studied this and who found the need?

The fact is that there have been called to the attention of the Federal Government some situations that apparently they were not aware of until recently. Now that we are aware of them, I think, from what I can understand, that this type of situation probably exists in pockets all over the United States.

Is it your judgment that the Bureau of the Budget is significantly aware of at least the need for finding out where and in what categories the largest emergency now exists in the country?

Mr. ZWICK. Yes, we are. And may I add that this bill will give us just one more degree of flexibility to respond to needs as we are able to identify them.

Mr. PURCELL. I am asking you to assume that there will not be this legislation.

Mr. ZWICK. Yes.

Mr. PURCELL. Then the Department of Agriculture and the Department of Education, Health, and Welfare, as was testified this morning, I believe, are not aware of, and are making an effort to ascertain proper information, so that we would know if and when there are problems along this line?

Mr. ZWICK. That is correct.

Mr. PURCELL. Is it reasonable to expect that the Bureau of the Budget would help to coordinate and insist that these agencies obtain this information now?

Mr. ZWICK. Yes, sir. We will be starting it; we are starting right now with discussions on the 1969 budget. The information affects program size. For that reason, we have to have this information.

Mr. PURCELL. Would it be accurate to say that the Bureau of the Budget would give this information and study on the nutritional needs first priority, or high priority?

Mr. ZWICK. I think that is clear. I tried to indicate earlier that information in this general field has been considered very important.

Mr. PURCELL. What I have in the back of my mind, of which I am not aware of in great detail, is that the Food and Drug Administration, as I understand it, has a study coming up sometime this fall or winter whereby there will be an analysis in depth made of natural foods versus artificial foods, fortified foods and synthetic vitamins, and my hope would be that someone would take enough interest in this situation that we now have, which is certainly more significant,

than to take up the argument at this time between these segments of private enterprise. Since this has been going on for years it could be postponed for a while and have these people devote their time to finding out the information we need regarding the situation we are discussing here today. I realize that you, probably, cannot commit the Government and I cannot ask you to do this, but the priority on the problem that we think we see here, does it occur to you that it should take precedent over some other problem?

Mr. ZWICK. I am not at all aware of that specific program you are talking about and I cannot comment specifically on it, but as you stated the issue here, this issue has higher priority. However, again, I have no special knowledge of this Food and Drug activity and cannot, therefore, comment on it in any depth.

Mr. PURCELL. Thank you very much. That is all I have, Mr. Chairman.

Mr. FOLEY. I have one final question.

The CHAIRMAN. Very well.

Mr. FOLEY. So that I am clear—maybe it has been answered in your testimony. As you read the bill, does it not focus on those who are in need of emergency food and medical care because of some condition associated with the lack of means?

Mr. ZWICK. Yes.

Mr. FOLEY. So, it would not seem to you appropriate; considering legislative history of this bill, for the Department to undertake providing food and medical assistance on an emergency basis to someone of substantial means?

Mr. ZWICK. As I read the legislative history and the report of the Senate, that is clearly stated.

Mr. FOLEY. Take, for example, someone with an income, as was mentioned, of \$30,000 a year, can you conceive of the Department doing something for them?

Mr. ZWICK. I do not.

The CHAIRMAN. Does anyone else want to ask any questions of the witness?

If not, we are very much obliged to you, Mr. Zwick.

Mr. ZWICK. Thank you.

The CHAIRMAN. I believe that we have not concluded the examination of Mr. Huitt.

Mr. ABERNETHY. May I ask a couple of questions?

The CHAIRMAN. Yes.

STATEMENT OF RALPH K. HUITT, ACCOMPANIED BY DR. GEORGE A. SILVER—Resumed

Mr. ABERNETHY. Are you familiar with the county operation in Washington County mentioned this morning?

Dr. SILVER. Fairly familiar.

Mr. ABERNETHY. Do you know who is the head of it?

Dr. SILVER. I do not recall his name. Mr. Jones mentioned his name before. He is the Public Health Service officer who has been assigned to that community.

Mr. ABERNETHY. Is he out of your Department?

Dr. SILVER. I beg your pardon?

Mr. ABERNETHY. He came out of the Department of Health, Education, and Welfare from Washington?

Dr. SILVER. He came out of the Public Health Service. I do not know what his assignment was before he went there.

Mr. ABERNETHY. Do you know where is from?

Dr. SILVER. No, I do not know. He is not from Mississippi.

Mr. ABERNETHY. He is from Nebraska.

Would you believe what he has to say?

Dr. SILVER. I would think so, yes.

Mr. ABERNETHY. Do you know how many health employees there are in the health service down there in that county?

Dr. SILVER. No.

Mr. ABERNETHY. What would be a normal complement of employees in a county that size?

Dr. SILVER. Well, it depends on what the responsibilities are there that they are assigned to in the local health department. They vary from place to place.

Mr. ABERNETHY. What would you say as to 26? Would you say that 26, doctors and nurses and the like, supplemented by others, such as private physicians in the county—would be about right for a county of that size?

Dr. SILVER. I do not think so, Mr. Abernethy.

Mr. ABERNETHY. What do you think would be adequate?

Dr. SILVER. As I say, it would depend on the kind of responsibility. You have 83,000 people, you say?

Mr. ABERNETHY. You have what?

Dr. SILVER. If there are 80,000—some people there.

Mr. ABERNETHY. But they are not all sick.

Dr. SILVER. The county health department is responsible not only for the starving but for everyone.

Mr. ABERNETHY. They are not starving.

Dr. SILVER. The county health department is responsible for all of the people living in the community.

Mr. ABERNETHY. All of the people in the county do not get their medicine from the county health officer.

Dr. SILVER. That is right.

Mr. ABERNETHY. Do you think that 11 nurses would be adequate in the county health service of a county of that size, working out of the county health department?

Dr. SILVER. No, sir.

Mr. ABERNETHY. What do you think they would need?

Dr. SILVER. I would expect that it would have to be in the neighborhood of 40 or 50, but, again, it would depend on what their responsibilities were.

If there are a lot of medical services available in the community, you might need fewer. If there were less, you would probably need more.

Mr. ABERNETHY. Do you know what clinics are operated in that county?

Dr. SILVER. No, sir; I do not.

Mr. ABERNETHY. A tubercular clinic—that is normal operation; is it not?

Dr. SILVER. With some health departments.

Mr. ABERNETHY. A venereal clinic?

Dr. SILVER. Yes.

Mr. ABERNETHY. That is a normal operation. They have all of these in that county. They have the maternal child health program. You referred to that this morning. They attend approximately 700 pregnant women annually, almost all of whom are colored? About half give birth to illegitimates. About one-fourth produce children from what we call common law marriages.

You know what a common law marriage is; do you not?

Dr. SILVER. Yes.

Mr. ABERNETHY. That is just where they shack up together.

How many health clinics would you say would be normal for a county of that size; how many do you think they should have?

Dr. SILVER. A great deal depends on the distances that have to be traveled.

Mr. ABERNETHY. Well, the greatest distance would be 12, 15, maybe 10 miles.

Dr. SILVER. It might very well be that they would need four or five.

Mr. ABERNETHY. Then six would not be too many?

Dr. SILVER. No.

Mr. ABERNETHY. They have six.

Do you know where they are located?

Dr. SILVER. No; I do not.

Mr. ABERNETHY. They are located in Greenville, Leland, Arcola, Avon, Hollandale, and I think the other is at Glenn Allan.

What would you expect would be the greatest distance that any person would have to travel to get to one of those?

Dr. SILVER. It would depend on whether he has a car or is using public transportation.

Mr. ABERNETHY. I know. You would not suggest that the public provide them with an automobile, would you?

Dr. SILVER. No; I would hope that there might be public transportation.

Mr. ABERNETHY. There is no public transportation in rural America. You know that, don't you?

Dr. SILVER. No; I did not know that.

Mr. ABERNETHY. Is there any public transportation in the ordinary rural areas?

Dr. SILVER. I would consider them to be public transportation.

Mr. ABERNETHY. I know. But public transportation is not up and down all of the highways—I do not mean the highways; I mean the roads—in rural America. Every one of these people are within at most 3 or 4 miles of one of these clinics. Would you say that is reasonable or unreasonable?

Dr. SILVER. I think of some who may have some small children or someone with other illnesses associated, and it may be too far; yes, sir.

Mr. ABERNETHY. Do you think that they should build other clinics?

Dr. SILVER. I think that some of the methods that we are using today involve visiting the people rather than having the people come to you, depending on the circumstances.

Mr. ABERNETHY. That program has not been used for these mothers; is that not right?

Dr. SILVER. In some places, it depends on how you are set and how you are staffed. If it is understaffed, it is very difficult. Public health nurses are not easy to come by; and it is not too easy to get them to work in rural areas under some circumstances, either.

Mr. ABERNETHY. I was going to ask you about that.

You do have that problem, in getting them to work in these rural communities?

Dr. SILVER. Yes, sir; all over the country.

Mr. ABERNETHY. And the doctors, too?

Dr. SILVER. Yes, sir.

Mr. ABERNETHY. Where are you from?

Dr. SILVER. I am from Philadelphia. I was born there.

Mr. ABERNETHY. Did you work as a country doctor?

Dr. SILVER. I worked as a health officer in Anne Arundel County, Maryland.

Mr. ABERNETHY. What percentage of the doctors go back to the rural communities after they get their education?

Dr. SILVER. Very few.

Mr. ABERNETHY. What are you doing to get them back there?

Dr. SILVER. Well, it is very difficult to say.

Mr. ABERNETHY. What are you doing to get them back there?

Dr. SILVER. We have a program of loan forgiveness to encourage the doctors, the medical students, if they go back, to forgive the loan.

Mr. ABERNETHY. Do you handle those loans?

Dr. SILVER. Do I? The Department does.

Mr. ABERNETHY. How many loans have you made in Washington County for that purpose?

Dr. SILVER. We do not make them to the counties, sir. They are made to the people.

Mr. ABERNETHY. How many people in that county have received such loans?

Dr. SILVER. I would not know.

Mr. ABERNETHY. Have you made any such loans?

Dr. SILVER. I would not know, sir.

Mr. ABERNETHY. Have you made any?

Dr. SILVER. Of course—

Mr. ABERNETHY. How many have you made to nurses?

Dr. SILVER. I do not know.

Mr. ABERNETHY. How many applications have you had?

Dr. SILVER. I will find out for you.

You know that the State of Mississippi has its own State program.

Mr. ABERNETHY. Yes, I know that. I am not asking about that; I am asking about your program.

I would appreciate it, Mr. Chairman, if he would provide us with a list of the applications that he has had and the loans that they have made.

Under what program is that?

Dr. SILVER. For doctors, it comes under the Health Educational Assistance Act and its amendments.

Mr. ABERNETHY. I would like to have that information for the record.

58 FOOD AND MEDICAL SERVICES ON AN EMERGENCY BASIS

The CHAIRMAN. If you can supply it for the record, all right.
(The information follows:)

HEALTH PROFESSIONS STUDENT LOAN PROGRAM, FISCAL YEAR 1967

State and institution	Number of borrowers	Amount of loans	Average loan
MEDICAL SCHOOLS			
Alabama: Medical College of Alabama.....	102	\$152,897	\$1,499
Arkansas: University of Arkansas Medical Center.....	131	118,350	903
California:			
Loma Linda University.....	199	218,050	1,095
California College of Medicine.....	121	123,400	1,019
Stanford Medical Center.....	192	220,300	1,147
University of California Los Angeles.....	97	137,200	1,414
San Francisco Medical Center.....	189	231,277	1,223
University of Southern California.....	107	127,820	1,194
Total.....	905	1,058,047	1,169
Colorado: University of Colorado.....	168	154,513	919
Connecticut: Yale University School of Medicine.....	135	155,285	1,150
District of Columbia:			
Georgetown University.....	132	123,125	932
George Washington University.....	225	276,746	1,229
Howard University.....	167	236,987	1,419
Total.....	524	636,858	1,215
Florida:			
University of Florida.....	80	100,682	1,258
University of Miami.....	116	150,000	1,293
Total.....	196	250,682	1,278
Georgia:			
Emory University.....	96	138,435	1,442
Medical College of Georgia.....	100	100,000	1,000
Total.....	196	238,435	1,216
Illinois:			
Chicago Medical School.....	16	29,100	1,818
Loyola University (Stritch Medical School).....	118	191,985	1,626
Northwestern University.....	195	285,585	1,464
University of Chicago.....	106	175,105	1,651
University of Illinois.....	178	199,915	1,123
Total.....	613	881,690	1,438
Indiana: Indiana University.....	153	186,945	1,221
Iowa: University of Iowa.....	233	281,799	1,209
Kansas: University of Kansas.....	176	222,600	1,264
Kentucky:			
University of Kentucky.....	149	160,450	1,076
University of Louisville.....	76	109,340	1,438
Total.....	225	269,790	1,199
Louisiana:			
Louisiana State University.....	141	201,400	1,428
Tulane University.....	201	281,770	1,401
Total.....	342	483,170	1,412
Maryland:			
Johns Hopkins University.....	159	149,000	937
University of Maryland.....	175	240,000	1,371
Total.....	334	389,000	1,164
Massachusetts:			
Boston University.....	78	87,150	1,117
Harvard Medical School.....	249	204,091	819
Tufts University School of Medicine.....	83	73,090	880
Total.....	410	364,331	888
Michigan:			
Wayne State University.....	238	311,780	1,310
University of Michigan.....	280	446,765	1,595
Total.....	518	758,545	1,464

HEALTH PROFESSIONS STUDENT LOAN PROGRAM, FISCAL YEAR 1967—Continued

State and institution	Number of borrowers	Amount of loans	Average loan
MEDICAL SCHOOLS—Continued			
Minnesota: University of Minnesota	196	\$221,735	\$1,131
Mississippi: University of Mississippi	157	150,000	956
Missouri:			
St. Louis University	202	226,175	1,119
University of Missouri	128	152,435	1,190
Washington University School of Medicine	130	154,450	1,188
Total	460	533,060	1,158
Nebraska:			
Creighton University	137	125,000	912
University of Nebraska	97	82,800	853
Total	234	207,800	888
New Hampshire: Dartmouth Medical School	30	24,620	820
New Jersey:			
Rutgers Medical School	3	3,250	1,083
New Jersey College of Medicine	112	144,470	1,289
Total	115	147,720	1,284
New Mexico: University of New Mexico	15	18,815	1,254
New York:			
Yeshiva University (Einstein)	227	291,055	1,282
Columbia University	112	114,070	1,018
Cornell University	62	72,750	1,192
New York University	186	234,175	1,259
State University of New York (Downstate)	228	209,920	920
State University of New York (Upstate)	150	181,150	1,207
Union University (Albany Medical School)	117	145,800	1,246
State University of New York (Buffalo)	142	219,255	1,544
University of Rochester	67	74,412	1,110
New York Medical College	72	130,918	1,818
Total	1,363	1,673,505	1,227
North Carolina:			
Duke University	106	170,150	1,605
University of North Carolina	84	93,800	1,116
Bowman Gray School of Medicine (Wake Forest)	87	102,800	3,181
Total	277	366,750	1,324
North Dakota: University of North Dakota	35	35,750	1,021
Ohio:			
Ohio State University	158	219,304	1,388
University of Cincinnati	95	125,410	1,320
Western Reserve University	125	179,989	1,439
Total	378	524,703	1,388
Oklahoma: University of Oklahoma	123	144,150	1,171
Oregon: University of Oregon	110	150,000	1,363
Pennsylvania:			
Hahnemann Medical College	208	240,850	1,157
Jefferson Medical College	235	333,598	1,419
Temple University	128	171,675	1,341
University of Pennsylvania	127	87,380	688
University of Pittsburgh	129	108,400	840
Woman's Medical College	80	90,200	1,127
Total	907	1,032,103	1,137
South Carolina: Medical College of South Carolina	31	25,800	832
South Dakota: University of South Dakota	47	54,103	1,151
Tennessee:			
Meharry Medical College	108	127,041	1,176
Vanderbilt University	76	86,300	1,135
Total	184	213,341	1,159

HEALTH PROFESSIONS STUDENT LOAN PROGRAM, FISCAL YEAR 1967—Continued

State and institution	Number of borrowers	Amount of loans	Average loan
MEDICAL SCHOOLS—Continued			
Texas:			
Baylor University.....	119	\$89,750	\$754
University of Texas Medical Branch.....	250	252,375	1,009
Southwestern Medical School (University of Texas).....	114	107,325	941
Total.....	483	449,450	930
Utah: University of Utah.....	64	99,460	1,554
Vermont: University of Vermont.....	74	85,650	1,157
Virginia:			
Medical College of Virginia.....	123	123,600	1,004
University of Virginia.....	64	64,300	1,004
Total.....	187	187,900	1,004
Washington: University of Washington.....	77	122,465	1,590
West Virginia: West Virginia University.....	66	62,421	945
Wisconsin:			
Marquette University.....	108	162,750	1,506
University of Wisconsin.....	152	224,511	1,477
Total.....	260	387,261	1,489
Puerto Rico: University of Puerto Rico.....	77	91,528	1,183
Total medicine.....	11,311	13,613,027	1,204
OSTEOPATHY SCHOOLS			
Illinois: Chicago College of Osteopathy.....	139	193,375	1,391
Iowa: College of Osteopathic Medicine and Surgery.....	174	250,025	1,436
Missouri:			
Kansas City College of Osteopathy and Surgery.....	249	248,765	999
Kirkville College.....	200	293,700	1,468
Total.....	449	542,465	1,208
Pennsylvania: Philadelphia College of Osteopathic Medicine.....	175	195,945	1,119
Total osteopathy.....	937	1,181,810	1,261

Dr. SILVER. I am not sure I have the information as to Mississippi students specifically.

Mr. ABERNETHY. I am not just speaking as to the State, I am seeking it for the whole United States, broken down by States and counties.

Dr. SILVER. Yes, sir.

Mr. ABERNETHY. That is all.

The CHAIRMAN. I would like to know about the State of Mississippi, specifically in Washington County.

Dr. SILVER. I beg your pardon?

The CHAIRMAN. I would like to know what you have done in the State of Mississippi and in Washington County. I think that is important.

Mr. ABERNETHY. I meant the entire country as well as our States and counties.

The CHAIRMAN. We would like to see that for the United States as well as each State, so that we can tell where these loans are being made and what relationship there is between these loan and the need.

Dr. SILVER. Mr. Chairman, I am not sure that information can be be made available, because the loan funds are to the medical schools

and the schools make the loans to the individual students. The Federal Government does not make the loans directly. I will try to get you whatever information I can.

The CHAIRMAN. Do you mean to tell us that the Federal Government does not have any records as to whom these loans are made?

Dr. SILVER. The Federal Government has a record of the schools and the revolving funds.

The CHAIRMAN. Do you mean to tell us that you have no records of what schools have the money?

Do you not audit the schools?

I want to get this in the record.

Dr. SILVER. I do not mean to tell you—

The CHAIRMAN. Do you mean that Federal Government does not maintain any records of that money you have handed out to the schools?

Dr. SILVER. I do not mean to tell you that at all.

The CHAIRMAN. Then, I want that information for the record.

Dr. SILVER. I will get you the record.

(The information requested, previously inserted.)

The CHAIRMAN. Mr. BRASCO—Excuse me, I must recognize Mrs. May.

Mr. BRASCO. Just for an observation.

Mrs. MAY. I will yield.

Mr. BRASCO. I just wanted to say very respectfully, to submit an observation to my colleagues and friends on the committee. I do not say it other than respectfully. When I say "friends," I do not say it as a nicety which is indulged in by many members on the committee and on the House floor, but notwithstanding that difference we may have as to differences and political faiths, I do consider these people on this committee my friends, and I hope they feel the same way about me. I think we have, really, a kind of a very simple problem that is really being overcomplicated for whatever reason it may be, notwithstanding the fact that it may be the fault of the Department of Health, Education, and Welfare or the Department of Agriculture, or anyone. We do have a problem in the United States that we do know exists. I do not know how we can sweep it under the rug, notwithstanding the fact that some of the programs that we have in existence we are not able to get to the people. I think, really, it is all immaterial. We have a problem here of being charged with the responsibility of trying to get poor people in this country food, adequate food and medical services on an emergency basis. I think that we need not go into how long an emergency lasts and who is eligible. We can knock the heck out of a lot of these witnesses in doing so. That is not a very difficult thing to do, but I do not think it will solve anything. It is our responsibility. I do not think that any one particular thing adds to the problem. I think that there are many, many people across the United States, if not in each State, that have the same kind of problem. I think it has been brought about, as Mr. Abernethy pointed out, by the fact that there certainly seems to be a job to be done that is not being done. I think it is quite obvious that as the result of the failure to have public transportation in the rural areas, it is quite difficult to get people.

You cannot put a hospital on every street corner. You cannot go out and feed people and educate people and give people medical attention, all of them at one time, but notwithstanding all of these things, the problem does exist. I think that we should go about in a positive way; I think that it would be a great mistake if we allowed this opportunity to go unchallenged, and just to do away with this bill and just say, "Well, you just did not develop, the Department of Health, Education, and Welfare did not develop sufficient information," and these people need some help, it would be just a kick in the pants. I would just hope that we would spend the time on this today that we have spent on other types of legislation and other bills. I do not think that the consequences of this are so great, when you discuss trying to work out some kind of a solution that everybody is concerned with. I would not think that they would be so here. After all, I only mention this because I do not think that we should indulge in pinpointing any State or any individual. The bill was sponsored by the Senator from Mississippi, and notwithstanding his reason we do have, at least, as I understand it, the bill, and I think that we should go about the business of trying to develop a formula to get this work done.

The CHAIRMAN. Are you through?

Mr. BRASCO. Yes, sir.

The CHAIRMAN. Mrs. May?

Mrs. MAY. Mr. Huitt, this is going to seem like a peculiar line of questioning. I assure you that I have a very real reason for asking these questions. You have been in attendance at this executive session all day, have you not? You were here all morning?

Mr. HUITT. Yes.

Mrs. MAY. Do you feel that the members of this committee are serious and sincere and interested in this bill?

Mr. HUITT. Yes, I do.

Mrs. MAY. Do you feel that we have been asking responsible questions concerning the bill itself?

Mr. HUITT. Yes, I do.

Mrs. MAY. Have you seen any signs of levity among any of the members of this committee this morning? Have you seen any signs of that?

Mr. HUITT. I have not.

Mrs. MAY. Can you think of any statement that has been made in the way of questions, or otherwise, to you or any other witness that could be construed as an expression by one or more members that we think that we have no problem here and that we are not interested in the problem or interested in solving it?

Mr. HUITT. I do not recall any such statement.

Mrs. MAY. Thank you very much. That is all.

The CHAIRMAN. Mr. Zwach?

Mr. ZWACH. Mr. Chairman, I have been puzzled by some of this. I have been sitting here for 4 hours without saying a word, as to this whole situation.

It seems to me that our major problem here is that we are trying to solve something before we know what the problem is. I think what is involved here is a matter of: (1) identification and (2) an inventory of what kind of a problem we have, and I would like to ask these

gentlemen if they would give this a priority status, like I think it should have, so that the people in my congressional district that are not being taken care of will be taken care of, and I would like to know about them.

By giving it priority, could you come up within 30, 60, or 90 days with this inventory that is provided for here in section 2 and identify and inventory the problem? I understand you to say that you have adequate funds to do this and the authority, but we have not moved into it with the kind of critical priority. How soon could you come up with an identification of our problem and an inventory of its scope?

Mr. HUITT. I would say that, first of all, to say we have adequate money is probably a misstatement in this sense, that there is probably not adequate money to do anything the way that it should be done. But, under the circumstances, we do not plan to ask for new money; we plan to take care of this by reprogramming. I did say that we do not have the authority for it. What this act does is to provide the authority. It states that "notwithstanding any other provision of law," we must carry out the purposes of this bill. So that, in effect, makes available such funds as we have to do what is required under this bill.

Now, as to the question of how long it would take to make an inventory, I will answer that a 6-month inventory is better than a 30-day inventory, or that a 1-year inventory is better than a 6-month inventory.

Mr. ZWACH. But there are hungry people.

Mr. HUITT. We will do what the Congress asks us to do as well as we can. And if you say to give you a report in 10 days, we would try to do it.

I think that 6 months is probably necessary at the least, but in the meantime we shall meet circumstances and situations deemed to be emergencies and not wait until the report is in to reach these areas of need.

Mr. ZWACH. You do think that you would need practically 6 months?

Mr. HUITT. I will put this to the doctor, who would know better.

Dr. SILVER. I think that even for the roughest kind of investigation to locate the areas that have these pressing needs and to identify them you would need 6 months. That is not to say that there is not some evidence available from the States or the local communities now that would not enable you to do something immediately.

And with respect to the food, you know what some of the problems are. They have been brought to your attention.

So far as medical care is concerned, some of the authority is lacking to do some of the things that we know need to be done.

Mr. ZWACH. You need 6 months then?

Dr. SILVER. For the inventory of the kind that you are asking for.

Mr. ZWACH. There is another thing here that really troubles me. Section 2 says that "The Secretary of Health, Education, and Welfare and the Secretary of Agriculture, in consultation and cooperation with other officials of the Federal Government," et cetera, et cetera, suggests to me that there is a fear of reliance and confidence in State and county officials. If this is going to be done only with the joint cooperation of Federal agencies and Federal officials and we are going to have Federal invasion of our States to try to ascertain this, I think this would be bad. Do you not feel that you need in your authority the complete

cooperation of all of the governments related, the State agencies and the like, in order to speed up and get a correct and reasonable solution and at lower type of cost as to the inventory?

Mr. HUITT. I would say that we could not carry out this survey without the close cooperation of the State and county authorities.

Mr. ZWACH. Do you think that ought to be in the law?

Mr. HUITT. Sir, if you write it into the law, or you do not write it into the law, that is the way that we will do it.

Mr. ZWACH. You can do it even without it being written in.

Mr. HUITT. Oh, yes, we are tied in with the States and local authorities on everything that we do in the field of health.

Mr. ZWACH. There is a question of whether it relates to cooperation with the Government; so, this makes me feel that there is a feeling here that the only thing that is good is the Federal structure, that it had to be Federal. This bothers me.

Mr. HUITT. I think that the comment about requiring this kind of consultation was based in terms of the programs which we already have which are worked out in close cooperation with the State and local officials. In other words, we have agencies of cooperation already in action. Last year, the Congress passed a bill which put the planning of State health programs in the hands of State and local authorities, and then put the money to carry out the services in the hands of the State and local authorities. So that the record of this country is one of increasing cooperation between the Federal and the State and local authorities.

Mr. ZWACH. Then, all of the States, counties and their local facilities, you would use them, and you think that it would take possibly the full 6 months to give the Congress the kind of identification of the scope and the severity of this problem that would be of use?

Dr. SILVER. At least 6 months.

Mr. ZWACH. That is all, Mr. Chairman.

Thank you.

The CHAIRMAN. Mr. Foley?

Mr. FOLEY. Mr. Secretary, we don't have exact information regarding the number of people who might need medical and food assistance on an emergency basis, do we?

Mr. HUITT. Are you referring to the figure in the Senate report?

Mr. FOLEY. Yes.

Mr. HUITT. I think what those figures say is that we do not know how many people there are. If you have figures ranging from 400,000 to 4 million, this is a way of saying that you do not know.

Mr. FOLEY. Anytime that one has a variance of that magnitude, it has to be a confession of pretty gross ignorance about the subject, does it not?

Mr. HUITT. Yes.

Mr. FOLEY. The fact is that we need to know more about the precise nature of the problem; do we not?

Mr. HUITT. Yes.

Mr. FOLEY. And, secondly, do you see any reason why the Congress should direct the Department to undertake an investigation to determine the need and in the same bit cut out the authority to meet the need that they might discover?

Mr. HUITT. I should think that both aspects of the bill ought to be brought in. I think that if we make the survey, we should have the flexibility, the authority, to go ahead and meet the assignment.

Mr. FOLEY. Would it not be unfortunate in your judgment if, in the course of the study, while reporting on their needs to the Congress individuals were identified as being in gross need of medical assistance or food assistance and nothing could be done to relieve their problem and their need? That would be unfortunate, would it not?

Mr. HUITT. I would think so.

Mr. FOLEY. Do you have any information on the extent of food stamp and commodity programs, or should I make that inquiry of the Department of Agriculture?

Mr. HUITT. I will pass that over to them.

Mr. FOLEY. I think that is all. Thank you, sir.

Thank you, Mr. Chairman.

The Chairman. Thank you, Mr. Foley.

Mr. Jones of North Carolina?

Mr. JONES of North Carolina. Mr. Secretary, for what reason has the public welfare agencies favored, in this area, the established agencies now in operation?

Mr. HUITT. I would say that it is based on need and problems that are recognized, and the Congress has passed laws to meet those problems and needs.

Programs are set up to take care of crippled children, to take care of the old people, to take care of other kinds of problems. I think that even if this bill is passed we are not going to eliminate the problems and the needs of this country, but we have discovered within the last year or so that there are some people who are in desperately bad shape.

Mr. JONES of North Carolina. Why has not welfare moved in?

Mr. HUITT. Welfare provides along the lines that are set down in the law to make money available to the people who need certain kinds of things, who meet certain kinds of criteria. I do not know of anything in the welfare program that says that welfare is to feed the people who are hungry and who require medical assistance to take care of them.

Mr. JONES of North Carolina. They do, in my county.

Mr. HUITT. Very well.

Mr. BURKE. Will you yield?

Mr. JONES of North Carolina. Yes.

Mr. BURKE. I do not know where you get your information. In my county, I was a county commissioner. Our people would go out and try to find people who were unable to write, unable to see, and they sought them out. They knew about them. They provided medical aid and food. I am surprised, when you gentlemen come up here, presumably as experts on what is going on in the country, you apparently have not been out in the field yourself to know. I think it is just about time that some of the people who come in to talk about what everybody needs go to the field and find out about that without putting their hands in people's pockets in a bill, presumably on the basis that anybody who votes against it is for poverty and anybody who votes against it wants to see people starve and wants to see them sick. I cannot understand your making a statement like that, sir. If you have gone into the local

fields, and really know what it is like, in the State and at the county level, why, you would not say that. You know it exists but can't say from your own knowledge where it exists.

Mr. HUITT. I do not know of anything which I have said here which says anything about that. Under this bill, I am here as a witness to answer questions about what our attitude toward it is.

Mr. BURKE. You stated that with all of the money that has been spent to date it has not taken care of the people's needs.

Mr. HUITT. I did not say that. I said that in spite of all that we have done, we have missed people and that poverty exists.

Mr. BURKE. I thought that you said that you were missing people, but don't know who or where they are. Is that not what you said?

Mr. HUITT. This is what I intended to say.

Mr. BURKE. That is all.

Mr. JONES of North Carolina. Pursuant to my question regarding welfare, if it is organized as it is apparently, whether good or bad, and it varies in different parts of the country, could not this particular problem be best channeled through the existing agencies?

Mr. HUITT. Well, as I understand this bill, this is channeled through the existing agencies. This calls upon the secretaries of the two departments to meet certain kinds of problems. It is our intention to meet them through the existing agencies, so that I would think that is clearly what the bill does.

Mr. JONES of North Carolina. All right, sir.

Another question, sir.

It developed in the exchange between Mr. Abernethy and another member that it appears that today Washington County, Miss., is a prime example of what we are concerned about.

Dr. SILVER. It happens to be an area that we know something about and where we are trying to do something, Mr. Jones. So, I would certainly not hold it up as a horrible example.

Mr. JONES of North Carolina. As a vivid example.

Dr. SILVER. It is an example of a poor county.

Mr. JONES of North Carolina. Good.

It developed within that exchange that within approximately 12 months ago, your department in Washington County created a public health service with clinics. So, why do you need additional authority to do that which you have done?

Mr. ABERNETHY. You misunderstood.

Mr. JONES of North Carolina. He was sent by the Public Health Service.

Mr. ABERNETHY. I do not know if he was sent.

Dr. SILVER. He was assigned.

Mr. ABERNETHY. They have a doctor there.

Mr. JONES of North Carolina. I misunderstood the testimony, then. Do you have a welfare department there in that county?

Mr. ABERNETHY. Every county in the State has such; every last one of them.

Mr. JONES of North Carolina. Do you have a poverty program?

Mr. ABERNETHY. Yes, sir; and the food stamp program.

Mr. JONES of North Carolina. And people are starving to death there, according to this?

Mr. ABERNETHY. I do not know of any that are.

Mr. JONES of North Carolina. Thank you, sir.

That is all.

The CHAIRMAN. Are there any further questions?

Are there any further questions of Mr. Huitt?

If not, we are very much obliged to you.

The committee has only a few minutes left to hear further testimony here, before we receive the 4-H people. We have not heard from Mr. Donahue, I believe, who has been waiting all day for us. I think that maybe we had better call Mr. Donahue right now and try to moves along as fast as we can. We will be glad to hear from you, Mr. Donahue.

STATEMENT OF THOMAS DONAHUE, ASSISTANT SECRETARY FOR LABOR-MANAGEMENT RELATIONS; ACCOMPANIED BY WILLIAM HALTIGAN, SPECIAL ASSISTANT TO THE ADMINISTRATOR, BUREAU OF EMPLOYMENT SECURITY; AND CLARENCE T. LUNDQUIST, ADMINISTRATOR, WAGE AND HOUR DIVISION, U.S. DEPARTMENT OF LABOR

Mr. DONAHUE. I am Thomas Donahue, Assistant Secretary for Labor-Management Relations, and I have with me Mr. Clarence T. Lundquist, who is Administrator of the Wage and Hour Division, and Mr. William Haltigan, Special Assistant to the Administrator, Bureau of Employment Security.

We do not have a statement prepared on the merits of the bill.

On behalf of the Department, we would join with the Department of Health, Education, and Welfare and the Department of Agriculture, in general support of the bill and its objectives without having any special expertise in that area.

I had understood that it was the intention of the committee to consider several factors responsible for conditions of poverty, including unemployment and the like. I understood the committee was interested in inquiring into the extent unemployment had been caused by the application of the Fair Labor Standards Act to agriculture. That, we are prepared to go into, to the best of our ability.

As you know, the Secretary has the responsibility to prepare for this Congress and to submit by January 1 a report on the operation of the Fair Labor Standards Act during the year, its impact, and the impact of the changes made by the amendments. That report is in its most preliminary stage, and, consequently we do not have very much hard data on the employment or unemployment effects.

I would note that in terms of unemployment we have at the moment very little hard evidence of any substantial unemployment which can be clearly identified as resulting from the extension of the coverage of the minimum wage law to agriculture.

There is, as all of the members of the committee well know, a long-term pattern of declining employment in agriculture, due to a number of factors: due to increasing mechanization, due to the use of chemicals, due to a reduction in certain crops, and due to a reduction of crop acreage.

I suppose, in terms of statistics, that we could add in the weather and the timing of crops, their effect on employment at any given time, the increasing productivity of the farmworker, which is going up at probably double the rate of employees in industry, as all these have an effect on the long-term pattern of declining employment. To attempt to pinpoint the effect of the Fair Labor Standards Act is a very difficult job for a number of reasons.

For one thing, the extension of the act to agricultural workers covers only about 30 percent of the agricultural workers and only 1 percent of the Nation's farms.

It covers approximately 33,000 farms and something less than 400,000 agricultural workers. It is difficult, consequently, to determine exactly what effect, if any, the imposition of the \$1 per hour minimum wage has had on agricultural employment.

Similarly, the extension of coverage to farmworkers has only been in effect since February 1. So that, we have only 5 or 6 months as a sample of figures to base any information on.

In terms of the administration of the act and the new coverage for agricultural workers, we have tried to be responsive to the needs of the agricultural employer and worker to the best of our ability. We have tried to fashion our regulations in such a way as to overcome any problems that would unnecessarily cause difficulty, and we have tried to develop as complete an information program as possible to insure that the workers and the agricultural employers are fully informed as to the act and are able to work with it.

Beyond that, we are, in certain areas, particularly in the Mississippi-Arkansas delta area, concerned with the high rate of unemployment, and we are trying to meet that with certain training and retraining in that area.

I think, Mr. Chairman, that is about the extent of any opening statement that I might make. We will be happy to be responsive to any questions you or the committee may have.

The CHAIRMAN. Thank you.

Mrs. May?

Mrs. MAY. Did I understand, Mr. Donahue, that your statement is that the Department of Labor at this time has no figures that would either support or refute the claims that the application of the minimum wage law has created unemployment in any areas?

Mr. DONAHUE. There are some figures, some things that can be used to measure that. I think it would be fair to say that there is insufficient data on which to base a conclusion—to give a conclusive statement on that question.

Mrs. MAY. Probably, we are saying the same thing.

There are no figures which support or refute it?

Mr. DONAHUE. Conclusively, no.

Mrs. MAY. Have you any figures as to the trend?

Are there any figures as to that?

Mr. DONAHUE. I would say that there is a long-term continuing downtrend in agriculture employment. The figures for the first 4

months of this year show that agricultural employment was reduced by some 67,000 against a drop from 1965 to 1966 of approximately 382,000.

Mrs. MAY. That is national?

Mr. DONAHUE. National.

Mrs. MAY. My question refers to those States where the effect of the minimum wage law has led to the belief that it has created greater need for emergency food and medical care. You cannot pinpoint any of those figures to any of those areas, can you?

Mr. DONAHUE. Would you identify those areas, Mrs. May?

Mrs. MAY. The rural areas.

Mr. DONAHUE. In terms of—

Mrs. MAY. We are talking about the rural areas of the South, the West, and the Southwest.

Mr. DONAHUE. I obtained this morning figures from the State employment agencies, their figures on agricultural employment for 1966 as opposed to 1967, and I can give you those for individual States.

We have some indications of increases or decreases in agricultural wages and unemployment in certain States.

Mrs. MAY. I think that might be very interesting for the record, so that we might have it checked. That is, the latest figures.

Mr. DONAHUE. These are penciled, as you can see, and I will be happy to submit this at some later date for the record.

Mrs. MAY. Thank you.

(The information follows:)

FARMWORKER EMPLOYMENT, 1966-1967

The attached table shows USDA statistics on family and hired labor employment for the first eight months of 1967 compared with the same period in 1966, for States in the South and Southwest. In the majority of these States, the trend was toward lower employment in 1967, and generally family employment (operators and unpaid family members) declined more than hired worker employment. Some of the changes were due to weather, but the 1966-67 trend is a continuation of the long term trend of falling employment in agriculture, particularly in the family component.

Month-to-month comparisons between 1966 and 1967 show the sharpest drops to be in Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee.

FARMWORKER EMPLOYMENT IN SELECTED STATES, 1966-67

[In thousands]

State	January		February		March		April		May		June		July		August	
	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967
Alabama:																
Total.....	63	67	75	80	85	92	113	106	143	128	110	103	101	100	117	99
Hired.....	9	15	18	16	21	20	28	24	40	27	35	31	26	29	35	23
Family.....	54	52	57	64	64	72	85	82	103	101	75	72	75	71	82	76
Arizona:																
Total.....	35	36	33	33	37	35	38	37	38	38	41	39	32	34	30	30
Hired.....	28	29	27	27	30	28	31	30	32	31	33	32	24	27	23	23
Family.....	7	7	6	6	7	7	7	7	6	7	8	7	8	7	7	7
Arkansas:																
Total.....	75	80	90	94	123	124	125	122	149	143	162	146	148	174	154	171
Hired.....	10	14	23	20	44	41	47	40	61	53	78	61	75	91	71	82
Family.....	65	66	67	74	79	83	78	82	88	90	84	85	73	83	83	89
Florida:																
Total.....	137	139	138	142	136	135	143	132	126	125	95	105	77	81	80	77
Hired.....	105	101	102	103	98	101	98	98	89	89	65	74	48	49	47	45
Family.....	32	38	36	39	38	34	45	34	37	36	30	31	29	32	33	32
Georgia:																
Total.....	83	78	86	87	97	96	109	108	103	103	124	130	120	120	150	145
Hired.....	14	13	17	18	19	19	22	20	23	21	35	45	36	38	38	40
Family.....	69	65	69	69	78	77	87	88	80	82	89	85	84	82	112	105
Louisiana:																
Total.....	66	62	71	77	93	85	100	93	108	98	118	105	99	95	129	119
Hired.....	13	10	21	22	30	25	33	30	40	35	51	45	40	40	59	56
Family.....	53	52	54	55	63	60	67	63	68	63	67	60	59	55	70	63
Mississippi:																
Total.....	91	88	103	98	144	135	164	143	179	157	167	149	164	141	177	154
Hired.....	16	15	22	17	38	29	47	36	64	44	61	45	46	33	44	29
Family.....	75	73	81	81	106	106	117	107	115	113	106	104	118	108	133	125

The CHAIRMAN. Mr. Brasco?

Mr. BRASCO. I would like to ask this question.

Possibly, Mrs. May was asking it in another way.

Have you received any complaints from the areas, such as we are talking about now, where the minimum wage impact has taken place, complaints from the people who would otherwise be working out in the fields were not it for the fact that an individual farmer finds it easier to mechanize immediately rather than postpone mechanization by any organizations or by any public officials in their behalf to allow some type of discretion, if it is possible, which would enable these people who would be covered by the minimum wage to work under the minimum wage standards?

Mr. DONAHUE. Requests from individuals or persons seeking relief, in behalf of agricultural employees, no.

Mr. BRASCO. None, whatsoever?

Mr. DONAHUE. None, to my knowledge. We have had transmitted a number of pieces of correspondence and requests for information from employers and employer organizations, and from members of this committee inquiring as to the effect of the act or its particular application in such a circumstance.

Mr. BRASCO. Thank you. That is all.

The CHAIRMAN. Mr. Abernethy?

Mr. ABERNETHY. I am going to disagree with you a little bit on the minimum wage, and I think that you have anticipated this. I communicated with you gentlemen earlier this year about such. There is no doubt in my mind but what the application of the minimum wage has left a goodly number of these people unemployed. Some of them have since melted into other jobs and some have left; some are idle and on the welfare rolls. I think the minimum wage has created a heavy impact on these people.

Well, some people might say that the minimum wage required to be paid was small. I well agree with Mr. Resnick that, as a result of the minimum wage, machines were put in use and are being used more each day in every week and every month.

This is true, and has been for some time.

I have before me a book that was published in the city of Chicago. It was not published in Arkansas or down in Mississippi. It includes a release from New York, up in Mr. Resnick's area. The release appeared in the Wall Street Journal.

Some gentleman who writes for the Wall Street Journal, I think his name is Jim Hyde, sent this report back to the Wall Street Journal from Arkansas. It states:

DENWOOD PLANTATION, ARKANSAS.—Richard Bogan, a 52-year-old Negro farmer, sits in the plantation store with cap in hand and tears filling his eyes, "Right now, I have got just two pennies in my pocket," he says. He and his family made \$1,778.97 last year chopping and picking cotton and performing odd jobs on this farm in the Delta area of Eastern Arkansas, but this year, thanks to the new federal minimum wage boosting farm workers' income, Mr. Bogan and his family face unemployment along with thousands of others in the Delta.

This did not come out of New York—it was published in the Wall Street Journal. It appears in the book that it was written by a man who lives in Chicago.

I use that first, because the other material comes out of a southern publication.

This is from the Commercial Appeal, Memphis, Tuesday morning, June 20, 1967. And it says:

Thousands of already poor Negroes in the fertile Delta are being thrown out of work by the new minimum wage law which, as of February 1, extended to farm labor.

Maybe that is an exaggeration as to the quantity. I do not know. But I do know, and I think you know, that these people were replaced with machines and left without work.

As I understand, you define a man-day according to the minimum working hours. Is that not according to your regulations, your rules?

Mr. DONAHUE. Yes.

Mr. ABERNETHY. If a man puts in an hour, your rules define it as a full day.

Mr. LUNDQUIST. Yes. It is not our rules. It is a statutory provision defining a man-day in statute.

Mr. ABERNETHY. There are other things that I want to mention. As the result of your coming up with the 500 man-day guideline for application of minimum wage, the law reaches practically every farm. There are very few that it does not reach. A Negro citizen of the delta stopped in my office in January and told me what this law was doing to some of his people, and asked what could be done about it. I said I did not know, that I had been trying, and have done all that I could. This was in February or March.

There is an appeal pending in your office right now, asking you to relax your rules in some manner so these people can work. If these people are permitted to work, they can make as much as \$10 a day. It is no crime to pick cotton, nor is it degrading.

I firmly believe that if you would find some way to relax this situation, to relax these rules, that some of these people, many of them, would be used now to harvest the crops. In fact, I know that they would be used, but if you do not, the planters are going to continue to harvest all of their crops with mechanical machines. They do not need any of these unemployed people, but they will use them if you gentlemen will help us find a way to make it economically possible.

That is all I want to know. Is it possible?

Mr. LUNDQUIST. Mr. Abernethy, I think, as you know, you and I have had some conversations earlier.

Mr. ABERNETHY. And you have not helped me any, either.

Mr. LUNDQUIST. I will say, sir, that we have tried.

I can report that the Secretary of Labor, for a period of about 10 minutes, was on the telephone discussing this matter with me at the time that we received the first letter from Mr. Smith of the Delta Council and your telephone talk to me about the matter, at which time I said that we would not prejudge this problem but, again, examine the statutory language and try to come to a proper conclusion.

In my response to Mr. Smith, a copy of which was provided you, I did state that there was no alternative under the statute for us to waive this 13-week requirement for certain hand-harvest labor. There is no way under the statute for us, other than to violate the law in granting that authority. I have discussed this matter, as I said, first, with the Secretary of Labor and also with the Solicitor of Labor, and, in sum

and substance, there is no statutory opportunity for us to move, other than to live up to the law of the land that the Congress enacted.

Mr. ABERNETHY. That is not altogether responsive. You folks are responsible for some of this situation. I do not mean you individually. These people can make up to \$10 a day right now. Would you be willing to recommend the suspension of the act for the remainder of this harvest season, so that they can earn that \$10?

Mr. DONAHUE. I do not think so.

Mr. ABERNETHY. Why not?

Mr. DONAHUE. I do not think that we would be in a position to give you an answer "Yes" or "No" on that kind of a question, at this point in time.

Mr. ABERNETHY. Do you think that it would be wise if it were suspended so that they can make the \$10 a day?

Mr. DONAHUE. You are raising a question that I would like to ask: If they can make \$10 a day, what is the problem?

Mr. ABERNETHY. They cannot use them under the minimum wage law.

Mr. DONAHUE. It only requires a minimum of \$1 an hour.

Mr. ABERNETHY. This is on a pound basis for picking. This is on a pound basis. They would be paid by the pound for picking. You put them out in the field at a minimum of \$1 an hour; no. Such would double harvesting cost. That is what the problem is.

Mr. LUNDQUIST. They can be paid on a piece-rate basis.

Mr. ABERNETHY. The piecework basis would allow them to be used in this instance.

Mr. LUNDQUIST. If the piece rate is such that it would yield \$1 an hour, many are paid on a piecework basis.

Mr. ABERNETHY. Piecework basis is not applicable.

I have a letter here from Mr. Wirtz dated May 2, 1967, on farm minimum wage. The next day I received a release from Mr. Shriver that disagrees with Mr. Wirtz on the effect of farm minimum wage. I want to put these in the record, Mr. Chairman, because I think that there is not any question but what the minimum wage did produce a serious impact on farm labor and do harm to them.

The CHAIRMAN. It may be made a part of the record.

(The letters referred to follow:)

U.S. DEPARTMENT OF LABOR,
OFFICE OF THE SECRETARY,
Washington, D.C., May 2, 1967.

Hon. THOMAS C. ABERNETHY,
House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN ABERNETHY: Thank you for the copy of your letter of April 19, 1967, to President Johnson.

I am fully in accord with your concern about the very serious farm labor problem in the Mississippi Delta. I do not agree, however, that the extension of the minimum wage provisions of the Fair Labor Standards Act—the Federal minimum wage law—to farm workers has been a significant factor in the development of this situation.

Sincerely,

W. WILLARD WIRTZ,
Secretary of Labor.

[Office of Economic Opportunity, Washington, D.C., Wednesday, May 3, 1967]

OEO MOVES TO AID HUNGRY FAMILIES IN SEVEN STATES

Thousands of poverty stricken families living in 20 counties in seven Southern States will now be able to buy much needed food through an emergency \$1 million, four-month Food Stamp Loan program, it was announced today by Sargent Shriver, Director of the Office of Economic Opportunity.

This Community Action project will enable poor families to purchase Department of Agriculture Food Stamps. These stamps buy more in the grocery store than their equivalent cash cost.

The program was put into effect by OEO when it became apparent that many families in these counties do not have the money to purchase the stamps and hence can not obtain food. The four-month period will give the Department of Agriculture time to take the necessary action in setting up a permanent solution to the problem of meeting the needs of the poor in those counties.

In explaining how the program works, Theodore M. Berry, Director of Community Action Programs, said that small cash loans (from \$2 to \$12 a month depending on the size of the family) will be made to "a head of family or individual who has been certified as eligible (by the local Welfare Department) to purchase Federal Food Stamps and has shown that he is unable to purchase the Food Stamps without the assistance of such a loan."

In addition, Mr. Berry stated that poor people would be hired as County Loan Aides to search out all eligible households and inform them of the program.

Many of the counties in these states have recently changed from a commodity distribution program to a Food Stamp Program. Poor families, formerly receiving commodities and having no income or employment, were cut off from their food supply when the change was made.

The loan recipients will be mainly small farmers, tenants and seasonal laborers living in 20 of the poorest counties in the nation, in the States of Arkansas, Alabama, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee. The majority are unemployed due to the impact of the recent minimum wage law covering agricultural workers, the reductions in cotton acreage, and the increasing use of chemicals and mechanization in crop production.

Mr. DONAHUE. Mr. Chairman, may I just comment on Mr. Abernethy's suggestion to include in the record two letters?

Is it proper for me to suggest the inclusion also of the response to the Secretary dated June 6?

Mr. ABERNETHY. I will be glad to have that.

Mr. DONAHUE. In which he clarifies, I believe, the problem between the two earlier letters.

Mr. ABERNETHY. After he had found out that they had taken different positions.

Mr. DONAHUE. I think it makes clear what both Mr. Shriver and Mr. Wirtz were addressing themselves to. I think it sheds some light on the overall question, on whether or not the imposition of the minimum wage has, in fact, had this effect, and whether they have data on whether the imposition of the minimum wage has, in fact, affected employment or unemployment in the delta area.

I would suggest that it might be useful to the committee.

The CHAIRMAN. Very well. It will be made a part of the record, without objection.

(The response of February 6 follows:)

JUNE 6, 1967.

HON. THOMAS G. ABERNETHY,
House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN ABERNETHY: I have made a special personal effort, in view of your follow-up letter about the effect of the minimum wage law change on unemployment in the Delta Area, to get the fullest possible picture of this situation—and I must apologize for the consequent delay in this reply.

Your second letter emphasizes particularly the relationship between my letter to you of May 2 and the OEO Press Release of May 3.

It is probably worthwhile, just to keep the record straight, to note that your quotation from the May 3 Press Release included only *part* of the sentence you referred to. It reads, in full: "The majority are unemployed due to the impact of the recent minimum wage law covering agricultural workers, the reduction in cotton acreage, and the increasing use of chemicals and mechanization in crop production." I have underlined what you omitted. This very greatly narrows—although I agree that it does not entirely eliminate—any differences between the two statements.

But we would both feel that this isn't what is important.

The question is whether the farm minimum wage coverage, enacted by the 89th Congress should be, as you suggest, suspended—on the ground that doing so would put "thousands of these people" in the Delta Area (and others like it) to work.

It is my best, and completely respectful, conclusion from a thorough review of all of the evidence available that such suspension would not have this effect—or any substantial effect—on unemployment in these areas. That problem goes much deeper. It was there in acute form before the February 1967 effective date of the new minimum wage for farm labor. (Our 1966 survey showed unemployment in the Delta Area of 63%.) The new enactment covers only a very small percentage of these farms (1% of these in the country as a whole.)

I agree with you completely that to have people working is better than their having to live on any kind of relief. But these people, thousands of them, were on relief before the minimum wage extension law was passed. They would be on relief, again thousands of them, if it were suspended. We have got to develop answers here that go to the roots of this problem; and who are trying very hard to do this in the educational and training and work-training programs.

I cannot, in the fairest appraisal of the record I can make, find a basis for thinking that suspension of the minimum wage law would alleviate the unemployment situation in the Delta. You will understand my referring, in explanation of this conclusion, to the detail set out in my earlier letter.

Please accept the sincerity of this statement, for it reflects a feeling of concern which—like your own—is very deep.

Sincerely,

WILLARD WIRTZ.

The CHAIRMAN. Mr. Resnick?

Mr. RESNICK. When did the minimum wage go into effect?

Mr. DONAHUE. February 1, 1967, for farmworkers.

Mr. RESNICK. That was this year?

Mr. DONAHUE. Yes.

Mr. RESNICK. When did the Department of Labor become aware of this tremendous displacement of farmworkers all over the country, not only in Mississippi, due to the introduction of machinery?

Mr. DONAHUE. I would guess, 10 or more years ago.

Mr. RESNICK. When did the cottonpicker come in, in sufficient numbers, to affect the number of workers?

Mr. DONAHUE. I do not know the date of that. I do know, however, that in 1960, about 40 percent of the cotton crop in the delta was being picked by machines. In 1964, that figure had gone to 62 percent. That was some years before the imposition of the Minimum Wage Act.

Mr. RESNICK. I am not aware of the economics of picking cotton.

Do you say now that it is completely uneconomic for a farmer with any acreage at all to pick cotton by hand, that economics would necessitate the use of machinery?

Mr. DONAHUE. I just do not know enough about the industry, Mr. Resnick, to be fully responsive to that. I would assume that the hand-picking of cotton, as in a number of other industries, gets uneconomic as opposed to the cost of doing it by machine.

Mr. RESNICK. So, the reason that the cotton farmer went to the mechanical pickers, just as the bean farmers and virtually every other farmer in the United States went to machinery, was simply on the basis of economics; is that right?

Mr. DONAHUE. Clearly, sir, they did not go to it because of the Fair Labor Standards Act. They went to the machines long before February 1, 1967.

Mr. RESNICK. Right, because when I was down there in February of 1966, I heard that various people were making 30 cents an hour working in the fields, or \$3 a day for a 10-hour day. So that this situation did not come about in any one part of the country because of the minimum wage laws. Rather, this was a natural evolution, you might say, that is going on not only in farming but in the factory as well.

Mr. DONAHUE. Yes, sir.

Mr. RESNICK. There is no industry today where, if you do not have machinery, you can afford to do it by hand. I think we all recognize this.

Would you also say that this displacement, this mass displacement, this disruption of the economy, has happened in other parts of the country; in other words, I am thinking of the shoe industry in New England, the coal mines of Pennsylvania, and so on. I am sure that you can think of many others, where, because technological factories came in and disruption occurred, people were left without work.

Mr. DONAHUE. Yes, sir; and any number of industries.

Mr. RESNICK. In these areas where this had happened, would it be fair to say that the local communities recognized it and took steps? They called upon the Department of Labor to help resettle new industries in their areas, to retrain these workers so that the great economic upheaval would not be suffered as intensely in their area?

Mr. DONAHUE. Well, I just do not know enough about individual instances. I know, certainly, of the pattern of that sort of thing.

Mr. RESNICK. The training act, and the like, is that not what those are for?

Mr. DONAHUE. Yes.

Mr. RESNICK. I know, for example, they went out and raised some money in one area, they built factories and got in electronic industries. I know that happened in New England, and they went to the Federal Government and asked for assistance.

And that assistance is available; right?

Mr. DONAHUE. That is right.

Mr. RESNICK. In other words, if some disaster overtakes an area, with these technological changes occurring that I speak of, if there is a program available, the Government does help when it is requested to help?

Mr. DONAHUE. We have, Mr. Resnick, just established an employment program to operate out of Greenwood and Greenville, Miss., where we will develop a \$3 million manpower training program and the like.

Mr. RESNICK. Did you do that on your own, or were you requested by the local community?

Mr. DONAHUE. I am sorry. I do not know the answer to that. It is outside my area of specialty. It would require some cooperation, it is my opinion.

Mr. RESNICK. The report that I want to make is that things have changed all over the country.

I want to say to my distinguished colleagues and to Mr. Abernethy that the reason for this bill is, certainly, not to embarrass any one State or any one region of the country.

I would like the record to show that very clearly.

When these things do come about, it seems to me that we have to do something.

Obviously, this sort of machinery does not run fast enough, but it is designed to help get over the rough spots experienced by these people who are so affected. I think that is the fact.

This town I mentioned is not far from my district. It is a town that was depressed. But what happened there was that Federal aid was requested and Federal aid was delivered.

Again, I do not know whether you have any expertise in this matter. But do you not think that regardless of why a situation occurs, whether it occurs in Mr. Abernethy's district, because, as Mr. Abernethy seems to believe, of the imposition of the Fair Standards Act, or whether it occurs because of a natural disaster such as a flood or hurricane which destroys industry and the ability of these people to make a living, that the responsibility of the community, and of the State, and of the Federal Government is the same no matter what the cause is? Let us assume now that it did happen because of the Minimum Wage Act. I am just saying this hypothetically. There's no question in my mind that it did not happen for that reason, but let us say that it did, hypothetically. Do you not think that we still have the same responsibility to these people regardless of what causes the disaster?

Mr. DONAHUE. Yes, I do.

Mr. RESNICK. If the Minimum Wage Standard Act were removed tomorrow by President Johnson—assuming he had the power to do so—have you any estimate of how many people would be put to work and how much they would earn?

Mr. DONAHUE. No, sir. I would quote two paragraphs from the letter that I suggested might be included in the record, wherein Secretary Wirtz states:

The question is whether the farm minimum wage enacted by the 89th Congress should be, as you suggest, suspended on the grounds that so doing would put thousands of these people and others like them to work. It is my best and completely respectful conclusion, from a thorough review of all of the evidence available that such a suspension would not have this effect, or any substantial effect, on unemployment in these areas.

Our problem goes much deeper. Our 1966 survey shows unemployment in the Delta area of 63 percent. The new enactment covers only a very small percentage of these farms, 1 percent of those in the country as a whole.

Mr. ABERNETHY. Will you yield there?

Mr. RESNICK. Yes.

Mr. ABERNETHY. Mr. Donahue, are you saying that Mr. Smith, who recently communicated with your Department and represented to you that these people would put their picking machines in the sheds so as to allow these people to go into the fields and pick the cotton—are you saying that he misrepresented what they would do?

Mr. DONAHUE. No, sir.

Mr. ABERNETHY. Are you saying that he made a proposition that they would not do or perform?

Mr. DONAHUE. I am not commenting on what his correspondence stated.

Mr. ABERNETHY. You just answered Mr. Resnick by saying that it would not do anything good.

Mr. DONAHUE. The Secretary said on June 6 that it was his best and completely respectful conclusion, on the review of all of the evidence then available. What Mr. Smith then proposed in mid-September, I do not know.

Mr. ABERNETHY. The harvest is not in June. Cotton is open in the fields right now. The machines are picking it. The unemployed are sitting on the porches.

Mr. RESNICK. Mr. Donahue, could you supply to the members of this committee the cost of picking cotton by hand and the cost of picking cotton by machine, and also the cost of some other farm crops, machine versus hand harvesting, such as beans, carrots—I do not know what all is picked by machine, but I do know, for example, that we used to dig potatoes with a pitchfork. I have had the opportunity to go to a potato field, and they have a \$35,000 potato picking machine doing this. It does the whole job. It digs them out; it gets rid of the rocks. And the reason that they were using the machines is because it was cheaper to harvest by machine than by hand.

I do not like to disagree with my distinguished colleague, Mr. Abernethy, but I find it very difficult to believe that a person would go out and buy one of these cottonpickers—and they are expensive; as I recall, something like \$65,000 apiece; they are very complex and difficult to maintain—I find great difficulty in believing that anybody would go out and buy a cottonpicker if he could get that cotton picked cheaper by hand. These machines were developed and put into use when there was no minimum wage.

Mr. ABERNETHY. Some of them. There are many more in use now.

Mr. RESNICK. I remember back in 1956—if I remember correctly—Fortune magazine had an article on it, and they pointed out that it was going to happen, and also what would happen when these cotton-picking machines were used. I recall one machine would replace 200 people. Those are the figures that I remember. This is something that has occurred. Nobody planned it that way, but the fact is that this has happened.

If I felt that the suspension would help, I would be very happy to look into it, Mr. Abernethy, and I would join you in asking for this suspension of the minimum wage, if I felt that was going to put a lot of people back to work picking cotton and would alleviate the starvation down there. I would be very happy to join with you on that.

Mr. GATHINGS. Would you yield?

Mr. RESNICK. I voted for the Minimum Wage Act. I believe that the minimum wage is probably necessary, but I think the point that I am making that this happened a long time before the minimum wage became law. This happened when that cottonpicker was developed. As I say, as to the minimum wage, I would certainly ask for a suspension if it would help down there. I do not believe that has anything to do with it.

(The following information regarding machine harvesting of cotton was submitted to the committee:)

MACHINE HARVESTING OF COTTON: COST AND EMPLOYMENT IMPLICATIONS

Cotton harvesting which once provided work for hundreds of thousands of hand laborers is today almost completely mechanized. Since 1947, when only 2 percent of the crop was machine harvested, mechanization has increased to where in 1966 nearly 90 percent of the cotton grown in the U.S. was picked by machine. The number of cotton harvest workers has during this same period declined from more than 750,000 to a peak of 133,000.

Accompanying the increased mechanization of the harvest has been a decline in the number of farms. Small cotton farms have merged to take full advantage of the economics of scale. The number of cotton farms declined from 242,000 to 164,000 in the five-year span between the 1959 and 1964 Censuses of Agriculture.

According to unpublished estimates of the Farm Production Economics Division, Economic Research Service, U.S. Department of Agriculture, the cost of machine picking cotton is about three-fifths the cost of hand picking. Fragmentary data indicate that machine picking results in slightly greater field loss and poorer quality of cotton than hand picking.

The cost advantage of mechanization can also be illustrated by experience in other crops. A University of California study of the 1965 harvest in California showed the cost per ton to machine-harvest tomatoes for processing was, on the average, about 55 percent of hand-harvesting costs.

Data for other crops are too fragmentary to permit cost comparisons. In harvesting carrots, potatoes, celery, and pickling cucumbers for example, available data show that mechanized picking results in high labor productivity and lower labor costs. Whether total cost of harvesting these crops by machine is lower than by hand is not known, since data on cost of the machine, volume of production, quality of product, and other variables are not available.

Mr. MILLER. Will you yield?

Mr. RESNICK. I will yield to my friend over there.

Mr. MILLER. Just for one question—

The CHAIRMAN. Let me suggest that we have a number of guests who are waiting on the committee. We said that we would meet with them at 3:30. We can come back here after we have met with these 4-H people.

If the membership does not want to return, I do feel that we ought to allow our present guests to leave. I feel there is no reason for them to sit around here, unless there are those who want to come back to ask questions.

What is the wish of the committee?

What do you want to do?

If you want to ask these witnesses some more questions, you will have to come back, obviously. If you feel that you do not have problems on which you wish to question these witnesses, why, we can excuse them.

Mr. FOLEY. Mr. Chairman, is there any possible way that we could schedule another meeting next week?

The CHAIRMAN. Yes, I think there is. I am not trying to cut any one off. I want everybody to have a chance to be heard.

Mrs. MAY. Mr. Miller has just a question or two.

Mr. MILLER. I will require only 1 minute.

The CHAIRMAN. Go ahead.

Mr. MILLER. Did I understand that Mr. Resnick asked for a report as to what the cost is to pick cotton by machine as against picking cotton by hand?

Mr. RESNICK. Not only cotton but other farm crops.

Mr. MILLER. In the case of cotton, it is my understanding that cotton is worth more if it is picked by hand.

Mr. ABERNETHY. That is right.

Mr. MILLER. So, you would have only one side of the coin with those figures.

We would need this to evaluate the profit difference between hand-picked cotton and machine-picked cotton.

The CHAIRMAN. Does anyone else wish to ask any questions?

Mr. GATHINGS. Mr. Abernethy, I think, covered the point that I had in mind, asking the gentlemen from the Department of Labor. They were with us last year when the Fair Labor Act was gone into, and I want to say that they did give us every opportunity to present all of the evidence that we had. We had people come in here from home with regard to this matter. We appealed to you, by reason and commonsense, to eliminate these guidelines so that we would not have these problems today. We did that. I know that I brought some farmers to your office. They asked for exemptions that would keep these sharecroppers on the farm where they could earn a livelihood. When they were brought under the law, the farmers could not pay by the hour for work that should be done piecemeal.

Mrs. MAY. Before we recess, I would just like to ask this question: Are you going to issue a statement on today's proceedings?

The CHAIRMAN. Well, frankly, it seems to me like the statement has already been issued, in fact, before these proceedings have been finished. I do not know why I should issue a statement. I think that we have an unofficial correspondent who, obviously, issues statements in advance of happenings. That is pretty good service. I do not think I can quaffy. I would like to give that kind of service, but, frankly, I can't tell what the committee is going to do before it acts.

Mrs. MAY. All right.

The CHAIRMAN. If there are no further questions of these witnesses, we are very much obliged to you, gentlemen. We appreciate your attendance here. We will be delighted to have you stay and to meet with our 4-H guests if you care to. I know that you have work to do, however.

Mr. FOLEY. I have no questions of the Department of Labor witnesses, but I would like to ask some questions before you excuse the Department of Agriculture witnesses. Will there be any time for additional testimony?

I have a number of questions that I want to put to the representatives of the Department of Agriculture, which I had desired to ask this morning but due to other circumstances, Mr. Leonard was excused.

The CHAIRMAN. Would you like for Mr. Leonard to stay here, or would you like for him to come back next week? What would be your wish? I am not trying to cut anybody off.

Mr. FOLEY. My own concern is that many of the members have to leave. Since this is an executive session, without a public hearing, I think it is desirable that more members be present for these discussions with the witnesses.

Also, I wonder if it is appropriate to suggest this: There are additional witnesses—

The CHAIRMAN. May I say that we are running overtime now. Nobody is objecting to dismissing the Department of Health, Education, and Welfare witnesses, the Labor Department witnesses and the Bu-

reau of the Budget witnesses who have already been dismissed. That leaves nobody but Mr. Leonard.

Will you stay, Mr. Leonard, and we will try to discuss this thing. We have people waiting for us now.

Mr. RESNICK. If I could ask one question.

The CHAIRMAN. Do it.

Mr. RESNICK. I think the intent of the committee on this is to vote on this tonight.

The CHAIRMAN. I do not know. That is up to the committee, entirely up to the committee.

The committee will stand in recess until we have disposed of our 4-H guest-visitors, and then we will resume.

Those who are interested will be here and those who are not interested will not be here.

Mr. Leonard, we will ask you to stay.

(Recess was had to receive 4-H visitors.)

The CHAIRMAN. We will come to order. Is there anyone else who wants to question Mr. Leonard?

I brought Mr. Leonard back, because Mr. Foley said he wanted to question him.

I thought that we would go right ahead.

If there is any question about it, we will wait until 4:30 then.

Mr. MONTGOMERY. I did understand that we would go right ahead after the visit.

The CHAIRMAN. That is my understanding, too.

Mr. Foley?

Mr. FOLEY. Thank you, Mr. Chairman. Mr. Leonard, does the Department of Agriculture have available statistics on the extent to which food stamps and/or commodity programs are in existence in the 3,000 counties over the United States?

STATEMENT OF RODNEY E. LEONARD—Resumed

Mr. LEONARD. Yes. I can give you the figures roughly. I will supply the exact figures for the record.

There are around 1,380 counties now participating in the commodity distribution program.

There are around 830 or so in the food stamp program.

That is for a total of around 2,200, somewhere between 2,100 and 2,200 out of the 3,000 counties.

Mr. FOLEY. Who are participating in one or the other.

Mr. LEONARD. Yes, one or the other.

Mr. FOLEY. There are somewhere between 800 to 1,000 counties in which neither program is in existence?

Mr. LEONARD. That is right.

Mr. FOLEY. I suppose it is difficult to come up with precise figures as to the population of the United States represented by those counties. Do you have that information?

Mr. LEONARD. I think that there are 9 million people represented in those counties, of which we estimate that somewhere around 3 million to 4 million would likely be eligible for food assistance.

Mr. FOLEY. In these counties, only about 5 percent of the population is represented; is that right?

Mr. LEONARD. That is right. The majority of those counties are either in the Southwest, or the Midwest, or the Southeast. You can draw a line that would run from Virginia through to Texas, and then a line would come down through the Dakotas to Missouri and join up there; so that, this is the bulk of the area that is still not covered by food stamps or commodity distribution.

Mr. FOLEY. You said that out of the 9 million about 3 million to 4 million would be eligible?

Mr. LEONARD. We would estimate something like that.

Mr. MONTGOMERY. Will you yield at this point for a question?

Mr. FOLEY. Yes; with the chairman's permission.

The CHAIRMAN. Yes.

Mr. MONTGOMERY. I think that there is only one State in which every county has a food stamp and food distribution program. What State is that?

Mr. LEONARD. The State that you are referring to is the State of Mississippi.

Mr. MONTGOMERY. That is all I wanted to know. Thank you.

Mr. FOLEY. As a matter of fact, Mississippi has the highest percentage of participation in this program of any State in the Union?

Mr. LEONARD. It has the highest percentage of participation. It vies with New York for the largest total number of participants.

Mr. FOLEY. This proves that Mississippi has a very high percentage of poor participating?

Mr. LEONARD. Yes. Some counties in Mississippi, the participation rate runs up to 40 percent of the total population.

Mr. FOLEY. Which of the 3,000-odd counties in the United States have a participation rate of the poor of over 25 percent?

Mr. LEONARD. Well, the programs are available to all. What you are talking about now is the participation rate. I do not have those figures right at hand, but I can get them.

Mr. FOLEY. Will you supply those?

Mr. LEONARD. I can supply them.

(The Department was unable to supply this information in time to be included in the printed record.)

Mr. FOLEY. Could you also inform the committee how many of the 800 poorest counties of the country have a commodity or food stamp program, and what percentage of the poor in those counties are participating?

Mr. LEONARD. We have developed a program the President described very briefly, in signing the food stamp bill. Of the 1,000 counties ranked by per capita income among the lowest, that is, the 1,000 lowest-per-capita-income counties, there are 331 which do not have a food assistance program at this time. We have informed the States where these counties are located and have informed the county officials that we would be willing to provide whatever financial assistance is necessary in order to get a commodity distribution program started. I think we have had some success at that, particularly in the States of Alabama, Georgia, and we are hopeful that South Carolina will be coming into this fairly soon, but—

Mr. FOLEY. Is that program inconsistent, in your judgment, with the purposes of S. 2138?

Mr. LEONARD. No. This identifies one of the real problems we do have, and that is that the States and the counties, generally favor a food stamp program over a commodity distribution program, for a variety of reasons: One of them is the balance-of-the-diet is much better with the food stamp program, because the family can go into the store and buy whatever food it wants. And our studies generally indicate that they will buy a balanced diet. Second, this is a boon to the economy of the county. We figure that it increases the total economic level in a given area 7 to 8 percent.

There are other aspects besides those. We find when we go to the States and the counties we do not find a reluctance so much not to go into the food programs, although this situation does exist. Rather, they say they would prefer to have a food stamp program, but they have problems in meeting the administrative costs. We cannot, under the language of the Food Stamp Act provide more than about one-third of the administrative cost which, really, covers part of the cost of certifying the nonpublic assistance family. So, we look upon the Senate bill as a way in which we can reach out and assist these counties that want to come into the food program but that would prefer to come in under the food stamp program.

Mr. FOLEY. Can you tell me what food assistance is available to needy families in a jurisdiction which, for one reason or another, does not participate in the food stamp or commodity distribution program?

Mr. LEONARD. I would just say that by and large there is no food assistance available other than would be provided as part of the general welfare assistance program.

Mr. FOLEY. In a case where there is no extensive county or State welfare assistance program, would this mean that the participants could be helped only by private charity?

Mr. LEONARD. Whatever private charities would be available.

Mr. FOLEY. Is there any study underway in the Department of Agriculture to identify the extent the poor are participating in those counties which are cooperating in the food stamp food distribution programs?

Mr. LEONARD. You mean the percentage of participation?

Mr. FOLEY. Yes, the percentage of participation.

Mr. LEONARD. Yes. We have monthly reports as to the rate of participation, the number of people participating, and so on. We could supply that.

Mr. FOLEY. Does the Department have any information as to what food assistance is available to the poor who are not participating, even though their county is cooperating in one sort of way or another?

Mr. LEONARD. We have made some studies on counties to try to determine the reason for rate of participating or not, so that we can then identify those people who would be eligible but are not participating, and from this draw some general conclusions as to the rate of participation. Our own studies indicate that those families that are not participating in one of the food assistance programs continue to spend, actually, in the case of food stamps, a little bit more than what the requirement would be, but that their diet, by and large, is restricted because they do not have the additional assistance that is available to them if they would participate in the program.

Mr. FOLEY. The food stamp program is operated in some localities only on a seasonal basis is it not—or so I have heard?

Mr. LEONARD. I do not believe that this is the case anymore. There may be a few counties, but, generally—

Mr. FOLEY. That was typical in some areas previously?

Mr. LEONARD. Until about a year or 2 years ago, this was probably more typical to the Southeast, but in the case of Mississippi, once the State went out to the counties and worked with the counties to get the program started, these are now being run pretty much on an annual basis. I think, generally, the use of the program on a seasonal basis has pretty much ended. We are discouraging that.

Mr. FOLEY. Can you provide the committee with information as to the present extent, if any, of seasonal operations of the program?

Mr. LEONARD. There are substantial seasonal fluctuations in participation in many counties over the country which experience sharp seasonal changes in employment opportunities, especially rural areas. However, the program continues on a year-round basis. There are a few counties, in Maine for example, that carry on the program only during the winter months.

Mr. FOLEY. To what extent would the Department of Agriculture utilize this authority that is given in S. 2138, if enacted, in providing food other than a last resource; in other words, would you see this authority as principally an emergency authority, to be exercised only if other existing Federal or State and local programs were not reaching the immediate needs of the poor?

Mr. LEONARD. The Secretary has made it clear on a number of occasions that it is our intention, it is our goal, to make the food program available to every person who needs that assistance. The way we want to proceed to do this is as we have always done, through a cooperative effort with the State in the way that we began about 3 months ago, and we have had what I consider to be very good cooperation from State authorities.

Mr. FOLEY. Do you know of any desire to utilize, the authority in this bill, to interfere with that process of cooperation and common action between the Federal Government and State and local authorities?

Mr. LEONARD. No. Let me also make it clear that it is the Secretary's indication and it is the President's indication that the people who are hungry and are unable to provide the food themselves, because of a lack of income or for whatever reason there is, that we would make every effort to reach those people. We want to do it through cooperative programs with the States. We are doing that now, as I say, and I think we are having very good success at it. I think that the experience that State officials are having indicates that we will come up with a number of counties, where the county people are going to resist any kind of a food resistance program. As an example, the State of Georgia has started out very aggressively to provide a food assistance program in every county. The chairman of the State welfare commission, himself, has gone down into every one of the counties and has talked to the county commissioners and has had, I think, unusual success at it. There are 195 counties in Georgia and all but 42 now either have a program or are committed to a program. There are some counties where even he has met resistance from local authorities, and he has indicated to us

that if by the 1st of January there still remains counties that have refused to try to set up a food assistance program, that he will so report this to the Secretary of Agriculture, and the Secretary of Agriculture has made it quite clear that if we are unable to work out a cooperative arrangement with the county, that then we will be faced with the decision to go in, as we have done before, in a few cases, and run the program ourselves.

We do not want to do that, because we feel that the cooperative effort of the Federal, State, and local can handle this program, but if the situation does arrive we will not be reluctant to take that step to provide food assistance to people who are hungry.

Mr. FOLEY. I appreciate your answer, Mr. Leonard.

I was merely attempting to determine how you interpreted any additional authority given by this bill. You see it as supplemental and not interruptive of the kinds of programs that the Congress has enacted. You would not tend to frustrate the local or State programs in providing this emergency help.

Mr. LEONARD. That is correct.

Mr. FOLEY. And you would, in effect, use this program as a last resort, if no other organizational means of reaching these people was available?

Mr. LEONARD. We see this bill as providing supplementary authority to help carry out what already has been determined should be the responsibility of the Federal Government in the case of food assistance. We are not contemplating setting up any additional agencies or any additional bureaucracies in this regard.

Mr. FOLEY. Can you inform the committee what percentage of those people are participating in the commodity or food stamp programs nationally?

Can you provide that information for the record?

Mr. LEONARD. I will provide that. The rate of participation in food stamps is about 50 percent. The rate on commodity distribution is about 70 percent.

Mr. FOLEY. And if you can, will you provide—unless you can state it now—the reasons for the deficiency gaps in participation?

I take it, in conclusion, from your testimony, Mr. Leonard, that the Department's support of the enactment of S. 2138 as supplementary authority for the purpose of assisting the Department in carrying on this responsibility under existing laws to provide food assistance to needy poor; is that correct?

Mr. LEONARD. That is correct, and I want to reemphasize again the position of the Department, that it is in support of this legislation. We feel that it will be a valuable asset.

Mr. FOLEY. I will ask two final questions.

First of all, is the program, in your judgment, limited to assistance to families that are in emergency condition in some degree, because of a lack of financial resources?

Mr. LEONARD. Yes.

Mr. FOLEY. Can you see the program operating for people of middle income?

Mr. LEONARD. No, no. Maybe I have not made this clear enough. We would operate this program or any program related to the Senate bill

as an adjunct to our ongoing program, and we would apply the same standards to anything that we do under the Senate bill.

Mr. FOLEY. Finally, is it your testimony that the Department does not require additional authorization or that it would require additional authorization for appropriations to implement the program?

Mr. LEONARD. No, we do not feel that it would be necessary to ask for increased authorization. I do want to make it clear that we would probably be making additional expenditures. The level of those expenditures is very difficult to estimate at this point, because we simply do not know yet the exact full demands that will be made.

Mr. FOLEY. You are not saying, in other words, that you conceive that the program can be carried out without expenditure?

Mr. LEONARD. Absolutely not.

Mr. FOLEY. The program will, in fact, cost money, but you do not know at present what it will cost, and you presently estimate that no additional appropriations would have to be requested?

Mr. LEONARD. That is right.

Mr. FOLEY. And under the existing appropriations?

Mr. LEONARD. That is right.

Mr. FOLEY. Thank you.

That is all.

The CHAIRMAN. Mr. Jones?

Mr. JONES of North Carolina. In your statement, if a county in Georgia, or wherever it might be, requested to participate in the food stamp program or in the commodity distribution program, you say you would move in under the Federal authorization, bypassing the local government authority. How do you implement that?

Do you run it through the welfare, or what?

Mr. LEONARD. If we were to run the program ourselves, we would have to set up, say, separate certification procedures. We would also set up warehousing to store the food; and we would hire people locally to take care of the distribution of the commodity.

Mr. JONES of North Carolina. Do you have authorization for that now?

Mr. LEONARD. Yes.

Mr. JONES of North Carolina. Do you have any idea, specifically—I have wanted to ask this question all day, but I have not been able to get to it until now: Do you know, personally, of any cases where people are actually on the verge of starvation, where they might be?

Mr. LEONARD. Starvation is a difficult word to define. To me, starvation means that the person is dying from lack of food. I, myself, have spent considerable time this last summer and in the spring traveling through the United States, concentrating mainly in the Southeast, and I have personally visited with families where there was a lack of adequate food.

Mr. JONES of North Carolina. Not enough food?

Mr. LEONARD. Not enough food.

Mr. JONES of North Carolina. I do not want to belabor this. It has been difficult for me to understand how you would implement this. Let us take a section that I am familiar with, my own county, which is in eastern North Carolina. Due to the minimum wage and mechanization, I am sure that we have some families who are substandard.

Are you going to seek out the individual families or will there have to be a pocket? Will it be 30 percent of the county, or what?

Mr. LEONARD. Could I kind of illustrate how I visualize this?

We would apply the Senate authority in this fashion: There are a number of counties in the United States now that are participating in the food stamp program. In many cases, the county knows that it will be very tight on funds, and they are now coming up to the point where they will have to decide whether or not they will continue the program or whether they will try to find additional funds beyond those that are available from local sources. There are two counties that I know of in Tennessee; there is one in North Carolina.

Mr. JONES of North Carolina. What is the county in North Carolina?

Mr. LEONARD. It escapes me for the moment.

Mr. JONES of North Carolina. Would it be Mitchell?

Mr. LEONARD. No; it is not.

Mr. JONES of North Carolina. That is all.

Mr. LEONARD. I had a meeting today to see what we would do to try to help them out. This is the situation where we feel the Senate bill would be a real asset within the food stamp program.

Mr. JONES of North Carolina. Will you proceed?

Mr. LEONARD. In another category, you go into the South, you go into the Midwest, you go into your cities in various areas where the rate of participation in food stamps is not as high as we would like to see it. When you go in to talk to the families, you will begin to find various reasons, why they do not participate, including the lack of income. The food stamp program requires that they contribute an amount of money they spend for food in order to get stamps. In this situation—and these, I think, are relatively small in terms of the total—they are about 4 or 5 percent, I suspect, of the low income families, but as a group it would be quite large. With the authority that would be available under the Senate bill, we could provide food assistance to these families without requiring a contribution on their part.

Mr. JONES of North Carolina. Is that not done in some States?

Mr. LEONARD. In some States, the State welfare and county welfare agencies are doing this.

There is another situation that you run into.

Very often, you cannot locate these families. We do not have the expertise which really requires a medical diagnosis as to what the needs are. In our discussions with the Department of Health, Education, and Welfare about this, we have considered that if we could set up some kind of an arrangement to furnish this diagnostic service through private doctors, to try to tap the medical expertise that is available, as a way to diagnose the needs of these particular families, then we can provide the food supplements necessary to get these people back on their feet. In fact, I can think of one case in Mississippi. I am not picking this out because of the State; it just happens this is an example that came up. They discovered a family that was living way back away from any one. They had not had any income to speak of for almost a year; their children had been bitten by rats; they were living in destitute circumstances, and they simply did not know what help was available. They did not know who to go to for help. If you set a program that could identify people in these circumstances, then you

would be reaching those very hard to reach families. This, to me, is one of the great assets of the authority that would be available here.

Mr. JONES of North Carolina. According to your interpretation, it would authorize you so that you could seek out and find these people who need this help; is that right?

Mr. LEONARD. This is a part of the program, the food program: finding people, identifying their needs, and then filling those needs.

Mr. JONES of North Carolina. Thank you.

Mr. LEONARD. This is the objective.

The CHAIRMAN. Mr. Resnick?

Mr. RESNICK. This morning, if I understood your testimony, Mr. Leonard, you said that if we struck out the language which provided \$25 million there would be no objection on the part of the Department of Agriculture; is that correct?

Mr. LEONARD. I want to say that we would not ask for the additional authorization.

Mr. RESNICK. What additional authorization?

Mr. LEONARD. The \$25 million and the \$50 million.

Mr. RESNICK. In other words, you say that you do not ask for that much?

Mr. LEONARD. We would not ask the Congress to authorize additional funds, but we would expect to spend additional money simply by rearranging some of our current programs.

Mr. RESNICK. Could you tell me what kind of programs you can rearrange to supply \$25 million this year and \$50 million next year?

Mr. LEONARD. Well, now, you are asking me to say how much of this would be Agriculture and how much would be HEW and it is rather difficult to try to put a figure as to how much the cost would be to operate these programs. I can identify for you the primary source of the funds that we would look toward, and that is section 32 money.

Mr. RESNICK. Well, that is fine, except that a lot of this money is not spent for food. Section 32 program funds are sources for food stocks, I believe; so that a lot of this effort is not only in food but in picking up the administrative cost of distributing; is that not correct?

Mr. LEONARD. That is right.

Mr. RESNICK. Are you familiar with the situation that occurred early in 1966 when the Department of Agriculture had to go to the Office of Economic Opportunity to get \$1,200 million in order to carry on the feeding programs in these areas?

In other words, there was no money in the Department of Agriculture budget; they had to go to the Office of Economic Opportunity to get that money?

Mr. LEONARD. It was not a question of the money. It was a question of the authority to spend it.

Mr. RESNICK. It was a question of the money. They went to the Office of Economic Opportunity and they made the grant, as I understand it, and the Department of Agriculture, as I understand it—

Mr. LEONARD. No; the grant was to the States.

Mr. RESNICK. I disagree with you. As I understand, the grant was to the Department of Agriculture, because the States did not want the money. Are you aware of the report that I made to Secretary Freeman at that time?

Mr. LEONARD. Could you tell me which program you are talking about?

Mr. RESNICK. I am talking about the program where the Department of Agriculture, in response, you might say, to a great hue and cry, decided that they had to do something. They were getting into difficulty in the field, because there were no other avenues open to them at that time, and in order to get the money, they had no money of their own, they had to go to the Office of Economic Opportunity.

Mr. LEONARD. The Office of Economic Opportunity is financing a number of programs around the country now, to run food stamp projects. The \$1 million program was the Office of Economic Opportunity food stamp loan program.

Mr. RESNICK. This is not the food stamp program. This is for the distribution of surplus commodities, because at that time the Department, for whatever reason I do not know, and I do not think it is pertinent, the Department of Agriculture did not have the funds to distribute those commodities and they had to go to the Office of Economic Opportunity to get that money in order to get this food moving. I remember it, because I recall at the time the difficulty they had, and even after they had the surplus money, after they had the surplus commodities, they got the money from the Office of Economic Opportunity; they had to go to the Office of Economic Opportunity to get the money to give out these surplus commodities, and I recall that quite clearly, and I find it very difficult to understand how we are going to vote this bill and expect to have it operative and to do something without funds. I do not understand how we are going to do it without funds. I still would like to do it. I would like to go forward without the funds, if we can do it.

I remember distinctly the last time this happened. The Office of Economic Opportunity, you know and I know, is not a welfare operation. It is not an operation involved in direct help of that sort. They took their money and used it for that purpose. I would like to clarify one question that Mr. Foley asked.

If I remember correctly, you said that on the basis of the poor that you know about, that 50 percent at least are in some sort of food stamp program and 70 percent in the commodity distribution program.

Mr. LEONARD. I was trying to recall the rates of participation for those who are eligible and for those who are not eligible for participating. The food stamp rate—because this is generally an expanding program at this point. We do not find that the participation rate comes up to the commodity distribution rate initially, so that that rate, I think, is about 50 percent of those eligible, while in the commodity distribution program these are running somewhere around 70 to 80 percent.

Mr. RESNICK. What is the basis that you used? How many people are eligible? In other words, there is some question about the Senate report where it said 400,000 to 4 million people. In this group, are you talking about 10 million people or are we talking about 20 million people, or what?

Mr. LEONARD. Our study, as to those people who are not now being reached by food assistance programs, that is, by either the commodity or the food stamp programs, who would be eligible for them, would be

somewhere in the neighborhood of 9 million people. We are reaching about 5 million people currently, so that we estimate generally that our target group is about 4 million people.

Mr. RESNICK. So that, in other words, you agree with the figures that were put out by the Senate report that there were about 400,000 to 4 million people that you are trying to help?

Mr. LEONARD. There are 4 million people who would be eligible.

Mr. RESNICK. If they are not receiving food stamps and if they are not receiving commodities and if they are not receiving welfare, then what are they doing to eat?

Mr. LEONARD. I expect that they are spending their portion of their income that they can afford for food and receive an inadequate diet.

Mr. RESNICK. What about the people who do not eat? How about this area here [indicating] and here [indicating] and here [indicating]?

As I remember, there were major labor surplus areas that were declared. There was extensive unemployment in these areas.

Do we not have that now, so far as food is concerned?

Mr. LEONARD. Yes. We know, first of all, what areas are not now covered by food stamps or by commodity distribution, and we know, generally, where the heaviest demand is on these programs.

Mr. RESNICK. Do you have a map or anything that you could make available to us on this?

Mr. LEONARD. Yes, we have a map that shows all of the counties that are not now participating, and we will be happy to provide you with a copy.

Mr. RESNICK. And so, if they are not participating, then it is safe to assume that these people are not getting adequate food?

Mr. LEONARD. I believe that would be very true.

Mr. RESNICK. I am not speaking now of the isolated family down a remote road. I am sure that we can find some families like that in my own district.

Mr. LEONARD. Where there are people who are not taking advantage of whatever there is available to them. I am speaking now of wherever this condition exists in a large number of families where it makes up the majority of the community, of a particular section of the community.

I just want to repeat again that we have two general problems in food assistance: one is to get the program into the areas where it is not now available, and, secondly, to provide ways to reach people who are not participating—and that is the most difficult.

Mr. RESNICK. All right.

Are there not a lot of voluntary organizations that want to help, such as the National Council of Churches, for example, and others who are willing to help identify these people?

Mr. LEONARD. Yes; and they are doing this, but we still are not reaching all of those who would be eligible.

Mr. RESNICK. When you say "we," are you speaking of the Federal Government?

Mr. LEONARD. Yes; I am speaking of the program.

Mr. RESNICK. Are you speaking now of the Federal Government or are you speaking of—

Mr. LEONARD. I am speaking of the Federal Government and the State and local authorities.

Mr. RESNICK. In other words, there are people that you just cannot find; is that correct?

Mr. LEONARD. It is not so much the finding of them; it is a very complex set of circumstances. We have started, only recently, a program whereby we are hiring people out of the low-income areas, themselves, to give them a minimum amount of training and then we send them out to go from door to door to find the families who are in need of food assistance and who would be eligible, and to get them to participate.

Mr. RESNICK. Isn't that a difficult thing?

Mr. LEONARD. Yes. Even then we do not get 100 percent response.

Mr. RESNICK. I have just a couple of more questions.

If I understood your testimony correctly, you felt that this money could be used to construct a hospital or a nursing home, or something like that.

Mr. LEONARD. I think that the question was whether in my opinion would the legislation authorize this. I did not say that it would be done.

Mr. RESNICK. In other words, you are saying now that it would not?

Mr. LEONARD. No, absolutely not.

Mr. RESNICK. Are you still saying that—if Secretary Freeman and Secretary Gardner got together and they decided to put in a hospital somewhere, that the funds could be used for that purpose, the way the legislation is drawn up?

Mr. LEONARD. I think that the position taken by the Department of Health, Education, and Welfare and by the Bureau of Budget representatives as presented by them is an accurate expression of the practicality of the legislation.

Mr. RESNICK. In other words, that it could not be used?

Mr. LEONARD. That it would not be used.

Mr. RESNICK. That it would not be used?

Mr. LEONARD. That it would not be used.

Mr. RESNICK. I mean: Do you not know that this was not the thrust of the legislation; right?

Mr. LEONARD. Right.

Mr. RESNICK. That the thrust of the legislation is where for whatever reason the local community cannot cope with the problem of feeding hungry people, that was it?

Mr. LEONARD. That is always the interpretation that we have put on it.

Mr. RESNICK. Was it?

Mr. LEONARD. That is the interpretation we have put on it.

Mr. RESNICK. Right. So that, again, when you say to me now that my wife left me for a week or two weeks and I am not too good a cook, that I could not get help under this program?

Mr. LEONARD. No, I am afraid not.

Mr. RESNICK. I am glad that that point has been decided, because, as I understood it this morning, the testimony was that I could be assisted by this program.

Mr. LEONARD. No.

Mr. RESNICK. I believe that was your testimony this morning, wasn't it, Mr. Leonard? I took notes here; I wanted to be sure. I think we are aware of the problem. Do you agree with the Senate report where it said that all of this money is to be used to help existing machinery to function rather than otherwise?

Mr. LEONARD. Yes.

Mr. RESNICK. That is, that we get people started in the programs.

Mr. LEONARD. Yes.

Mr. RESNICK. I still do not understand how we will do it without the money, but I am sure that somebody will explain that.

The CHAIRMAN. Does the gentleman from New York have further questions?

Mr. RESNICK. I yield.

The CHAIRMAN. I am asking if you have further questions?

Mr. RESNICK. I certainly do.

The CHAIRMAN. If you will yield?

Mr. RESNICK. I certainly would.

The CHAIRMAN. Would you point out where, in the bill, there is any language which would preclude or deny the Secretary or the two Secretaries from building a hospital with this money?

Mr. RESNICK. Mr. Chairman, as I understand the legislative process, that the legislative history of any piece of legislation, in addition to the language, is what determines how the bill is to be administered.

The CHAIRMAN. I did not ask you how the bill was to be administered. I did not ask a thing about that. I asked you if you would point to any language in the bill that would deny the right to the two Secretaries to build a hospital and the like?

Mr. RESNICK. Well—

The CHAIRMAN. That is all that I am asking you.

Mr. RESNICK. In all seriousness, I did not interpret it that way.

The CHAIRMAN. I am not asking for any interpretation.

I just asked for any language to that effect.

Mr. Resnick. I did not read that into the bill, and, therefore, for the same reason there was nothing in the bill that says that the Secretary cannot go out and buy himself an airplane or anything else.

The CHAIRMAN. Maybe he could.

Mr. RESNICK. He may very well do so, Mr. Chairman, but I did not feel that the language was that broad. However, I will be happy to support an amendment to preclude any activity of this type.

The CHAIRMAN. Can you point to any language in this bill that confines this to poor people?

Mr. RESNICK. I would say that—yes, I would say only a poor individual who requires help to prevent the loss of such individual's life or to avoid suffering for lack of nutritional food could be helped.

The CHAIRMAN. If you will read all the way down, because the witness from the Department of Health, Education, and Welfare emphasized that the bill did authorize sending a doctor out to set a broken leg where a private doctor was not conveniently located. You would not confine that to poor people, would you, where no doctor was conveniently located to the accident?

Mr. RESNICK. No, but I would say, Mr. Chairman, that not too many rich people are in the position where they so much suffer from a lack of nutrition or medical attention.

The CHAIRMAN. It is medical attention that you are talking about.

Mr. RESNICK. That is right.

The CHAIRMAN. If the Secretary or the Assistant Secretary states that there is one area in which there was not a doctor available and a man broke his leg—that was his illustration and not mine—that this would enable the two Secretaries to send a doctor? I am just asking you there if there is any indication that the patient must be poor.

Mr. RESNICK. The way that I read the bill, I would say "Yes."

The CHAIRMAN. You do?

Mr. RESNICK. I would certainly say "Yes." I think it goes without saying that this bill is for those who cannot afford in any way to provide themselves with food or with medical attention.

The CHAIRMAN. Of course, you would say "Yes" to that question, so that there would be no reason to inquire anything about this.

Mr. RESNICK. Mr. Chairman—

The CHAIRMAN. That is not the common understanding of the meaning of the English language. I suppose there is no need to discuss it further.

Mr. RESNICK. If you would yield for one further comment, I would say this: If that is the chairman's objection to the bill—

The CHAIRMAN. I did not say that was an objection, nor a reason for support, or anything of the kind. I simply asked a question, and I don't think that I got an answer.

Mr. RESNICK. I would like to make this comment, if I may: I would like to make the comment that I would certainly support any language that would preclude these things from happening, if that is a matter of concern to the chairman or to any member. I certainly would support any language that would preclude this situation from occurring. I see many bills come here, Mr. Chairman, and very few of them go out the way they came in. The members work their will on the bill, and if that is the interpretation, I certainly think it can be overcome.

The CHAIRMAN. Mr. Stubblefield?

Mr. STUBBLEFIELD. Maybe you are not the one to ask this question of. Does this bill contemplate putting up medical centers in various places such as in Denver and the like, trying to set up several in Louisville where you would get free medical service and would get free pharmacy service—and I do not know what else?

Do you know about these programs?

Mr. LEONARD. As I recall, when Dr. Silver testified, this same question was raised or a very similar question was raised, and the response was that if the need arose for this particular project that the Department of Health, Education, and Welfare would come to the Congress, as they do regularly and ask for authority. They would not seek to use this authority to accomplish that goal.

Mr. STUBBLEFIELD. I had a man in my office the other day from Lewiston; he was in the neighborhood drugstore operation. They had gone down there and set up a free pharmacy. These people are very concerned about this. They have been taking care of these people for

50 years down there, and then these people come in and set this up and give it away. They have been serving these people for 50 years. I want to know from somebody what the intention is, in that respect? Is it to pull the rug out from under these private entrepreneurs who have been taking care of the people for years? You do not know about that?

Mr. LEONARD. That is the Department of Health, Education, and Welfare, but in the discussions we have had of this, this is not contemplated.

Mr. STUBBLEFIELD. Thank you. That is all, Mr. Chairman.

The CHAIRMAN. Are there any further questions?

If there are no further questions of Mr. Leonard, we appreciate your appearance.

Mr. LEONARD. I have enjoyed it.

The CHAIRMAN. We will be glad to excuse you at this time.

Mr. LEONARD. Thank you.

(Whereupon, at 5 p.m., the committee proceeded to the consideration of this matter in executive session.)



