

In this dissertation it will be my purpose to set forth the provisions of the Federal Social Security Act, passed in August, 1935, as it affects the two phases of health work; namely, Public Health Work and Maternal and Child Health Services. This will entail setting forth the nature, purpose and amounts of Federal appropriations to the several states to carry on health work, the different ways in which the states must comply in order to receive such benefits, and finally a few words concerning the health program to be in effect in the State of Montana.

For sake of clearness, this thesis is divided into two main parts:

Part I.

Public Health Work

Part II.

Maternal and Child Health Services

Before taking up either of these, I believe it most advantageous to first explain and outline the organization of the Montana State Board of Health, the agency in our state which is administering and supervising all health activities.

STATE BOARD OF HEALTH OF MONTANA

The State Board of Health was created March 15, 1901; reorganized March 1907 and again March, 1910. The Board is composed of five physicians appointed by the Governor. They meet in regular semi-annual sessions at Helena and at such other times and places as may be necessary. The Board organizes by the selection of a President, a Vice-President, and a Secretary. The last named officer is the sanitary advisor and executive officer of the Board and is also the State Health Officer. At present, this position is filled by W. F. Cogswell,

M.D., who, in his official capacity, supervises the work of all the divisions in the State Board of Health.

"The Board has systematized and made its work more efficient by the creation of various divisions, each with its own particular duties to perform. The following is a summary of the work of each:

Bureau of Vital Statistics

The first duty of any health board is to keep an accurate account of the amount and manner of the accretions and losses of the population within its jurisdiction. For this purpose it must maintain full and complete records of all births and deaths. By law the Secretary of the State Board of Health is also the State Registrar of Births and Deaths. It is his duty to supervise the work of local registrars, to make such rules and regulations as may be required to administer the work, and to maintain a system of indexing and filing for permanent record.

Hygienic Laboratory

This division is in charge of a director who must be a highly qualified bacteriologist. The purpose of the laboratory is essentially that of assisting physicians and health officers in the diagnosis of communicable diseases. Any resident of the State of Montana, may, through his physician, secure the services of this laboratory for such diagnosis free of charge.

Division of Foods and Drugs and Hotel Inspection

This branch supervises the enforcement of the Pure Food and Drugs Act, pertaining to the adulteration, misbranding, unlawful manufacture or sale of foods and drugs. The State Hotel law is also enforced by this division. The food and drug laboratories are maintained in the State Board of Health Building.

Division of Water and Sewage

This division has general supervision over all public water supplies and sewage disposal systems throughout the state and offers advice in all projects where water analyses are necessary or desirable. Proper laboratories for

bacteriological and chemical analyses are available in the State Board of Health Building in Helena. Plans for public water supplies, purification plants or sewage systems must have the approval of the Secretary of the State Board of Health. This is true also of public school buildings in regard to lighting, heating, ventilation and sanitation. Tourist camp and public bath sanitation also come under the jurisdiction of this division.

Division of Child Welfare

This office of the State Board of Health was created in 1917. In general, the work of this group includes measures for the prevention of infant mortality, betterment of child health and general supervisory powers over all county, school and public health nurses. Since 1922, this Division has been carrying out its work in cooperation with the Children's Bureau, U. S. Department of Labor, under the provisions of the Federal Maternity and Infancy Program. Close cooperation is maintained between this office and other state child welfare and educational agencies as well as voluntary organizations such as the Montana Tuberculosis Association. Recently, there has been organized a State Advisory Committee, comprising twenty members, which meets regularly with this division to discuss matters and problems in connection with child welfare.

Division of Communicable Diseases

Section 2540 of Montana laws empowers the State Board of Health to employ an Epidemiologist, whose work it is to study the prevalence of communicable diseases, cooperate with local and county boards of health in diagnosis and the institution of measures to prevent the spread of infections, and maintain general sanitary supervision. He shall have the powers of a deputy state health officer under the direction of the Secretary of the State Board of Health. B. K. Kilbourne, M.D., is in charge of the work done by this department at present."

1. "Public Health Laws and Regulations", issued by the Montana State Board of Health, Special Bulletin, No. 21, Revised, 1934.

The remainder of the health work in our state is performed by the various county and city boards of health. Due to lack of sufficient funds to adequately further health facilities, the work of these various units has been rather limited.

Having seen something of the organization of the State Board of Health in Montana, we now can proceed to Title VI of the Federal Social Security Act, that part interested in Public Health Work.

PART I.

PUBLIC HEALTH WORK

"Under the provisions of Title VI of the Social Security Act, authority is granted for:

"1. An annual appropriation of not to exceed \$8,000,000 for the purpose of assisting states, counties and health districts in the establishment and maintenance of adequate health services, including the training of personnel for state and local health work.

"2. An annual appropriation of not to exceed \$2,000,000 to the Public Health Service, the Federal agency which is administering and supervising all health activities in the United States, for research activities and for the expense of cooperation with the states in the administration of Federal funds granted for aid in the establishment and maintenance of state and local health services."

It is conceived to be the aim of Title VI to stimulate a comprehensive Nation-wide program of public health, financially and technically aided by the Federal government, but supported, so far as possible, and administered by the states and local communities. To this end, funds provided for allotment and payment to states are available for:

1. "The Public Health Program under Title VI of the Social Security Act", Supplement No. 126, issued by the Public Health Service, 1937.

- 1) strengthening the central health organization
- 2) various peculiar health problems in the different states
- 3) development of full-time county health departments

I will discuss these three points more fully a little later in this work when discussing Montana's health program.

Administration of Title VI
and
Training of State and Local Public Health Personnel

The Surgeon-General of the U. S. Public Health Service, under the Treasury Department, is responsible for the allotment of annual appropriations for grants to the states. In making such allotments, however, the Surgeon General must take into account several major factors such as the relationship of the population of each state to the total population of the United States, the financial needs of certain states and also special health problems involving serious burdens upon individual states.

"It is important to make clear to every one that the health work to be done in each state is not to be performed directly by the U. S. Public Health Service, but it is to be carried out and administered under the supervision of state and local health authorities in each state. All funds paid to the states become state funds, as if they had been appropriated by the legislatures of the different states. With regard to the distribution of the funds among local health units it is important to note that such distribution is entirely within the discretion of the state health authorities, not the U. S. Public Health Service. In the administration of the appropriations to the states it is the aim of the U. S. Public Health Service not to establish federal jurisdiction over health work within each state, but to aid the individual states in the development and expansion of their own state and local health services."

3. "The Public Health Program under Title VI of the Social Security Act", Supplement No. 126, issued 1937, by U. S. Treasury Department, Public Health Service office.

Funds are to be used primarily in promoting and extending health work in rural areas and in places suffering from severe economic distress. In an interview with Dr. Kilbourne, Epidemiologist of the State Board of Health on March 15, 1937, he advised me that our state will be classified as a rural area, and because of this situation Montana will be in a better position to receive larger federal grants to further its health activities.

The Surgeon General, in conference with the State and Territorial Health Officers Organization, during June, 1935, set up certain very definite rules and regulations concerning the conditions under which payments to the states shall be made. Briefly summarized, the regulations for the current fiscal year require matching of certain portions of the allotments with state or local funds, the submission of general plans to be approved by the Surgeon General, the submission of itemized budgets showing in detail the purposes for which funds are to be expended, and the submission of quarterly reports on the expenditure of funds and progress of the work being carried on.

In the past, the work of state and local health units has been seriously hampered and slowed up because of inadequately trained personnel and by the uncertainty of tenure of office for competent and experienced health department employees. Political influence has at times made necessary the removal of valuable health workers while incompetent personnel have been appointed or retained. These conditions have shown the dire need for undisturbed length of office for reliable and competent persons and sufficient training to insure efficient service. The opportunity offered for proper training of personnel was made in the health provisions of the Social Security Act.

Some of the more important training opportunities available to employees of the various state and local public health personnel are regional training centers chosen by a majority vote of state health officers, special training in public health work, fellowships to various selected personnel to pursue higher studies and several other collegiate offers. Because of this chance,

it will be but a short time until health personnel in the different states will be at the peak of efficiency and usefulness to all concerned.

Consultation Service on Organization and Administration

Striving for a higher degree of efficiency and cooperation, the U. S. Public Health Service maintains convenient regional offices to serve the various states with regard to their problems of organization and administration. These branches are located at Washington, D.C., New York, New Orleans, Chicago and San Francisco. Montana is in the last named district and we have had occasion several times during the past year to consult with several doctors from that office.

At the request of the health authorities in the various states, there are numerous consultants, technicians and other medical officers available to give advice on preparation of plans and budgets, and advice on problems arising from the technical aspects of different public health measures. In addition to the regional offices, the U. S. Public Health Service in Washington, D.C., maintains a staff ready to give special advisory service in particular fields such as mental hygiene, health education, bubonic plague eradication and information on many other health problems.

Another important service available to the states from the Public Health Service is that of making special surveys of state and local health organizations with a view to making more efficient and practical all phases of their work. Occasionally this organizations goes even further and assists the states in re-organizing their state and local health departments.

The most important phase of health activity tending to check the spread of diseases among the states is that done by the members of the State and Territorial Health Officers, who meet once a year with the Surgeon General of the Public Health Service. At this gathering, particular matters of nation-wide importance in the field of health are discussed and action taken to better such problems.

Research Activities

"Title VI, Section 603 (a) makes provision for not more than \$2,000,000 to be spent in the investigations of diseases and sanitation, the work to be carried on by the Division of Scientific Research of the U. S. Public Health Service, in laboratory and field studies relating to every major branch of public health work. The work of this department is in four different fields:

1. Division of Pathology and Bacteriology

"Major fields of research are meningitis, streptococcus infection, spotted fever, syphilis, studies in nutrition and research activities relating to control of biological products.

2. Division of Pharmacology

"Fundamental research will be made on the chemistry of cell growth and cell division, studies on chronic intoxications - especially those relating to selenium poisoning in certain parts of the United States - and studies of infectious diseases.

3. Division of Chemistry

"Research will be made on methods of analysis, including a major project relating to control of fluoride in drinking water supplies, and researches in the chemistry and bio-chemistry of sugars.

4. Division of Zoology

Studies in this division will consist of the cause and prevention of cancer, child hygiene, heart disease, industrial hygiene, leprosy, malaria, tuberculosis, mental hygiene and health education. This division was reorganized with funds made available by the Social Security Act, and this group is by far the most important one carrying on research activities."

4. "The Public Health Program under Title VI of the Social Security Act", Supplement No. 126, issued 1937, by U. S. Treasury Department, Public Health Service Office.

Public Health Work in Montana

The State of Montana is not financially able to obtain the full amount of federal funds it is entitled to under Title VI of the Social Security Act, due to the fact that the past biennial period did not give sufficient new appropriations to the State Board of Health to meet the necessary amounts for matching the grants-in-aid by the Federal government. For the fiscal year 1936-37 there was a possible total of \$63,676 for use in public health work in our state, but because we did not have sufficient new appropriations, a total of \$49,000 is being spent in Montana to further its work in organizing and extending public health activities.

I mentioned above three conditions which the Surgeon General takes into consideration before making allotments to the states. First, money shall be spent for strengthening the central organization. We have the remarkable sum of \$13,640, which amount is being used to better and reorganize our State Board of Health. Secondly, certain portions shall be used to study peculiar health problems in the different states. In Montana, we are confronted with several difficulties; namely, spotted fever, and bubonic plague among ground squirrels. At present, a "laboratory on wheels" is doing considerable research to determine in what ways these problems can be eliminated. Also, there is a very important health problem in connection with the construction of the Fort Peck Dam. There are at least 10,000 people living in that district without any type of acceptable sanitation measures. "Montana's program provides for a Sanitary Inspector to be stationed in the Fort Peck area." Thirdly, full-time county health departments must be organized. There has never been a Montana law definitely stating that a county must set up such a department, and as a result we find in Montana at the time of the passage of the Social Security Act only three full-time county health units, those

5. Interview with Dr. Kilbourne, State Board of Health Building, March 16, 1937.

located in Cascade, Gallatin and Missoula counties. Dr. Kilbourne is attempting to organize as many full time county health departments as are possible, before the beginning of the new fiscal year, July 1, 1937. On several occasions he has outlined the necessary costs to our own county, Lewis and Clark. The Federal government pays 40% of the total cost from Social Security funds payable through the State Board of Health department. The minimum personnel in any county in Montana is one fulltime health officer, a sanitary inspector, a public health nurse and one clerk. No definite action has been taken either by the city of Helena or the county of Lewis and Clark to set up such a consolidated department. The total cost would be approximately \$10,250, of which \$4,000 or more would be furnished by the federal government. We can look forward to an increase in the number of full time county health units in Montana because of the financial assistance given to each state by federal appropriations. There is available, after appropriations are given to the existing three county health departments, the sum of \$19,000, which is to be used entirely for organizing such county health units in other parts of the state.

It is worthy of note that there are two grants from the Federal government to our state which do not have to be matched by local funds. They are \$8,275 to be expended in training of personnel, and the sum of \$13,640 mentioned heretofore to be used in building and reorganizing the personnel of the State Board of Health of Montana.

Up to the time of the enactment of the Social Security Act there was no department in the State Board of Health chiefly interested in rural health work. A position of Director of Rural Health has been created and this job has been given to the Epidemiologist who will serve in both capacities. Dr. Kilbourne advises me that no funds will be paid by the Public Health Service for rural health work where the personnel does not meet the necessary educational requirements as laid down by the State and Territorial Health Officers Organization. Briefly stated, the requirements stipulate that a health officer

shall have served as a full time health officer at some previous time or shall have either received a degree or special training in public health administration. The other necessary personnel, nurses and sanitary inspectors, shall have had training in schools for public health nurses and training as sanitary inspectors, respectively.

We will have a Tourist Camp Inspector, working six months of the year, in our state this year and it will be his work to supervise all sanitary measures in camps throughout the state.

To carry on research activity Montana will expend \$3,000, which amount will be used in the investigation of rodent control, particularly bubonic plague in ground squirrels.

The people of Montana should be proud of the work which has been done up to this time by our State Board of Health. There is little doubt that much more will be accomplished as a result of the incentive given to its work by Title VI of the Social Security Act.

- - - - -

PART II.

MATERNAL AND CHILD HEALTH SERVICES

"If a mother dies when her baby is born, the baby starts life with a serious handicap, and the family and community feel this loss. If the baby does not survive or does not live to become a healthy child and useful adult, this too is a serious loss to the family and the community.

"Individuals and families are unable without aid to do all that needs to be done to protect the health of the people and especially of mothers and children. The state and community must help."

6. "Security for Children", Maternal and Child-Welfare Provisions of the Social Security Act, issued by the U. S. Department of Labor, 1936.

The above excerpt is the basis for Title V, Part I, of the Federal Social Security Act, which is concerned with maternal and child health services. The purpose of this Title is to "enable each state to extend and improve, as far as is practicable under the conditions in such state, services for promoting the health of mothers and children, especially those in rural areas and in areas suffering from severe economic distress." ⁷ These localities include those people who have been hitherto, for the most part, outside the reach of health and welfare services that have been more generally available in the larger cities. "In this connection it is significant to note that since the year 1929 rural infant mortality rates have been higher than urban rates - a reversal of the conditions existing in prior years, when urban rates exceeded those in rural areas. Bureau of Census figures show that from 1933 to 1934 the rural infant mortality rate in the United States increased from 59 to 62 per 1000 live births, and the urban rate increased from 57 to 58." ⁸ Thus, we see at once the need for better maternal and child health services in less populous districts.

The Federal administration of this part of the Act will be under the immediate direction of a Maternal and Child Health Division of the Children's Bureau of the U. S. Department of Labor. Miss Katherine F. Lenroot is Chief of the Children's Bureau, Dr. Martha M. Eliot is the Assistant Chief, and Dr. Albert McCown heads the newly created Maternal and Child Health Division.

"Under the terms of the Act there is made available an annual appropriation of \$3,800,000, which is divided into two funds:

Fund A (Sec 502-a)

Available for payment of half of total expenditure under approved plan		\$2,820,000
1) Uniform apportionment, \$20,000 to each state	\$1,020,000	
2) Apportionment on basis of live births	1,800,000	

Fund B (Sec 502-b)

Available for allotment according to financial need for assistance in carrying out state plan, after number of live births is taken into consideration		\$ 980,000
--	--	------------

All monies in Fund A must be matched by state or state and local funds. Private funds can be used for matching purposes only if they are paid into the public treasury and become fully available for public expenditure. Fund B is an outright grant to assist the states in carrying out their individual plans.⁹

In order that a state plan be approved by the Chief of the Children's Bureau it must meet the following requirements:

- 1) Financial participation by the state;
- 2) Administration or supervision of administration by State health agency;
- 3) Such methods of administration as are necessary for efficient operation of plan;
- 4) Provision for such reports by state health agency as Secretary of Labor may require;
- 5) Extension and improvement of local maternal and child health services administered by local child-health units;
- 6) Cooperation with medical, nursing and welfare groups and organizations;
- 7) Provision for development of demonstration services in needy areas and among groups in special need.

Proper forms are submitted to each state for use in submitting their plans and budgets and reporting activities and expenditures. A plan for the entire year must be submitted at the beginning of each fiscal year, and budgets must be sent quarterly, together with any modifications desired in the approved plan. Both the plans and budgets must cover the entire program to be carried out in each state, showing the part to be financed by state and local funds and the funds appropriated or otherwise made available for such purpose.

Administration of the three different types of aid for maternal and child health and child welfare services will be closely integrated and placed on a cooperative basis, for it is a well known fact that it is impossible to divide a child's life into separate compartments; physical and mental health are mutually dependent.

"Development of this cooperative program is an outgrowth of the interest and activities of the Children's Bureau and of other agencies, who, for many years, have seen the close relation between the health and welfare of children

7. "Grants to States for Maternal and Child Health Services," Title V, Part I of Social Security Act, published by Children's Bureau, 1935.

8. Ibid. opus. cit.

9. Ibid. opus. cit.

and the economic, social and health conditions basic to their survival and growth, and on the other hand, the importance of mutual cooperative relationships between the federal government and the various state agencies."

"It is recognized that the key to the success of the program lies in the character of the state and local agencies which will carry the program out, a matter which is largely within the control of the states themselves. Informed and active interest and cooperation of both professional and lay groups are essential if the objectives of the program are to be made a reality in terms of saving maternal and child life and improving child health and child welfare."¹⁰

In general, I have set forth the basic ideas of and need for maternal and child health services. The nature, provisions and purpose of Part I, Title V, of the Social Security Act have been explained, together with an outline of the federal grants to the various states. Also, I have shown the ways in which this health activity will give the citizens of the United States the greatest benefits.

But there is something of still greater importance to the people of the State of Montana. What benefits are we to derive from this new health service? What does our state plan provide for? I will now take up that aspect of the question.

Montana's Plan for Maternal and Child Health Services

Prior to the enactment of the Social Security Act all phases of maternal and child health work were carried out by the Division of Child Welfare in the State Board of Health.

Our state plan for maternal and child health services was approved by Katherine F. Learroot, Chief of the Children's Bureau on March 20, 1935, and

10. "Grants to States for Maternal and Child Health Services", Title V, Part I, of Social Security Act, published by Children's Bureau, 1935.

for the period February 1 - June 30, 1936, our state received \$15,338 to carry on its program. As mentioned above, the annual federal appropriation for Maternal and Child Health Services for the fiscal year 1936-37 was \$3,800,000. From Fund A, Montana received the uniform grant of \$20,000 plus an additional \$8,221.53 allotted on the basis of number of live births. This amount, \$28,221.53, must be matched by state or state and local funds. \$16,932.47, from Fund B, represents Montana's share of the funds allowed according to the financial need of the state in carrying out its plan. This amount does not have to be matched. Therefore, for the fiscal year 1936-37, Montana has available the remarkable sum of \$79,375.51 to extend and improve its maternal and child health program. We note here, as we also did in public health work, that money is to be used chiefly in rural areas and in areas suffering from economic distress and among groups of the population in special need. Dr. Kilbourne, Epidemiologist, State Board of Health, advised me in an interview on March 15, 1937, that our state would be classified as a rural area and because of this condition, Montana may receive larger grants from the federal government to further its health activities.

I outlined above the seven requirements which a state plan must meet in order to be approved by the Chief of the Children's Bureau. Now I will go on to show how Montana's plan is in accordance with each requirement.

1) The state legislature appropriated \$9,000 to the Child Welfare Division of the State Board of Health. The remainder of matching funds will be made up from local expenditures.

2) Our Montana program is being administered by the Child Welfare Division of the State Board of Health.

3) The Children's Bureau has established a regional office in San Francisco. Both Dr. Edith Seppington, medical consultant, and Miss Ruth Taylor, public health nursing consultant, have visited in Helena this year and discussed matters regarding supervision and administration of state maternal and child health work.

4) The required reports are quarterly reports of public health nursing activities. Emphasis is placed on health supervision of mothers, infants and preschool children.

5) This part of the work, by far the most important, will be taken up in greater detail a little later in this thesis.

6) This is the purpose/^{for} which the State Advisory Committee of 20 members was organized. This committee meets regularly with the Director of the Division of Child Welfare. They held their most recent meeting in Helena on March 20 of this year, at which gathering several important child welfare problems were discussed. Dr. Jessie M. Bierman, Director of the Child Welfare Division, gave a report at this meeting, concerning Montana's plan for maternal and child health services. This treatise has been the basis for my outline of our state plan for such services.

7) The construction of the Fort Peck Dam is one of Montana's greatest health problems at the present time. Because of this situation, there will be a Maternal Demonstration project at Fort Peck to provide home ^{nursing} delivery/service. Another locale in our state which is in dire need of such services is Yellowstone County, at which point another Demonstration Unit will function.

Let us now take up in detail the fifth requirement which states there must be provision for extension and improvement of local maternal and child health services. Montana's program will be divided into six headings:

Maternal and Child Health

There will be two programs with regard to this phase of the work. A community program, sponsored by the local Child Health Council, will provide for a Public Health Nurse, who will work in cooperation with local physicians with reference to prenatal and postpartum care, including the control of communicable diseases, tuberculosis and venereal diseases. The nurse will be interested in health education and will make individual visits, hold mothers' classes and give talks to local groups. The head of the local community pro-

gram will be in charge of preparation and distribution of prenatal letters and will also make a detailed study of maternal mortality in the community. A physicians program will include giving post-graduate lectures on obstetrics and venereal diseases, which in most cases will be staged with the aid of motion picture films.

Infant and Preschool Health

Here, too, we find both a community program and also a physicians' program.

In the first instance, the work will again be carried on by the local Child Health Council aided by a Public Health Nurse. The nurse must make home visits, acquaint the parent with regard to proper care of the sick child, and regulate the health supervision of diet, general hygiene and training of children. There must be health conferences under the supervision of local physicians, public health nurses and local councils. As a W.P.A. project there will be a nursery school health supervision which will include medical examinations, instruction of teachers and distribution of literature.

The physicians' program will consist in post-graduate lectures on pediatrics. The lectures will include care of newborn infants, infant feeding, care of preschool children and such other health measures necessary for the proper care of children.

School Health

The public health nurse, working in cooperation with the health department, will strive to control the spread of communicable diseases. There will be examinations to determine just how badly some children are handicapped as regards sight and hearing by use of the Snellen Chart and Audiometer, respectively. This part of the work will not begin until the school year 1937-38. Health education will be furthered by cooperation with teachers and also group instruction. Individual school plants will be inspected and their hygiene and sanitation aided if they require correction. A comprehensive health program will be worked out shortly with the State Department of Public Instruction.

Dental Program

This phase of the work will be worked out in cooperation with the Montana State Dental Association. At the present writing, no definite plan has been formulated.

Nutrition Program

There has long been a need for greater service with respect to problems of nutrition, and in our state we will cooperate both with the Home Demonstration Service in its rural program and with all Home Economic Teachers in high school programs. Several public health nurses will receive instruction in this field from the nutritionists at Montana State College and Montana State University.

Tuberculosis Program

This program was incorporated as an integral part of family health supervision and is being carried out in cooperation with the State Tuberculosis Association. Tests have been conducted in a number of schools throughout the state, and where the results showed that medical care was needed, children were advised to take several X-ray treatments at a reasonable charge. The people of Montana owe much credit to the State Tuberculosis Association for the wonderful work it has done.

Thus, we come to the conclusion of Montana's plan for maternal and child health services. Our plan is in complete accord with the requirements laid down by the Children's Bureau, and the people of our state can look forward to a new era in regard to the health of mothers and children.



Leo V. Kelly
 Carroll College
 Helena, Montana

BIBLIOGRAPHY

I. Public Health Work

1. "Public Health Laws and Regulations", issued by Montana State Board of Health, W. F. Cogswell, M.D., Secretary, Revised February, 1936.
2. "The Public Health Program under Title VI of the Social Security Act", Supplement No. 128, issued 1937, by U. S. Treasury Department, Public Health Service.
3. "Summary of the Social Security Act with Emphasis on its Applications to Montana", by Dr. J. J. O'Connor, Head of Department of Social Sciences, Carroll College, Helena, Montana, February 1, 1937.
4. Interviews with Dr. B. K. Killgus, Epidemiologist of State Board of Health, on dates of March 15 and May 23, 1937.
5. "Outline of Basic Training Course for Public Health Service", by Helen Fisher Robson, June, 1936.
6. Newspaper clippings from the Helena Independent, Helena, Montana, 1937.

Maternal and Child Health Services

1. "Grants to States for Maternal and Child Welfare under the Social Security Act", Maternal and Child Welfare Bulletin No. 1, issued 1936, by Children's Bureau in U. S. Department of Labor.
2. "Social Security Services for Mothers and Children", issued by the Children's Bureau, U. S. Department of Labor, December, 1936.
3. "Security for Children", Maternal and Child-Welfare Provisions of the Social Security Act, issued by the U. S. Department of Labor, 1936.
4. "Administration of the Social Security Act in Montana" - Maternal and Child Health Program - by Dr. Jessie M. Blaxson, Director of Division of Child Welfare, Montana State Board of Health, March 20, 1937.
5. "Advancing the Health and Welfare of the Nation's Children through Federal and State Cooperation", a reprint from the "Millbank Memorial Fund Quarterly" Vol. XIV, No. 2, April, 1936, published by the Millbank Memorial Fund, 40 Wall St., New York. Article written by Katherine F. Learoot, Chief, Children's Bureau, Washington, D. C.
6. Summary of the Social Security Act with Emphasis on Applications to Montana", by Dr. J. J. O'Connor, Department of Social Sciences, Carroll College, Helena, Montana, February 1, 1937.
7. Basic Training Course Lecture issued by Social Security Board on Maternal and Child Welfare, June, 1936.
8. Newspaper clippings from the Helena Independent, Helena, Montana, 1937.