
Franklin D. Roosevelt — “The Great Communicator”
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"Cost of State Government" Pt. 7

The cost of State government, State Department of Health,
radio address, Albany, July 21, 1932

We in the State government now are about to make up the tax bill which you will be called upon to pay next year. In doing that, we need your help on several vital points.

Should the bill be more or less than the one you are paying this year? That decision is largely in your hands. In the long run, what we in public office do is to carry out your instructions. The instructions—by that I mean laws—now in force cause us to spend the money that is being spent, and to levy the taxes that are being collected.

Recently, through the newspapers, letters to public officials, and resolutions passed by organizations, you have been telling us that you wish to have taxes reduced next year. Do you mean that?

If you do, you must advise us on one more point. Just how do you wish to modify the instructions, or laws, under which we are operating? For that would be necessary. Laws say what functions are to be undertaken, what services are to be rendered. Functions and services necessitate expenditures. Expenditures compel the levy of taxes. Thus, if you really desire that taxes be reduced in any substantial amount, existing laws will have to be changed.

P.612

Changing laws is not just a matter of passing resolutions phrased in generalities. It is a matter of citing chapter and verse, of knowing exactly what you wish to do and then doing it. In order to be specific, it is necessary to have facts. To reach sound judgments, it is necessary to understand those facts. It is for the purpose of providing the facts upon which such judgments may be based that we are presenting these weekly discussions of the costs of the State departments, pointing out especially the services that have been added and the costs that have been increased during the past 10 years. Just which services do you believe should be reduced or abolished? Please tell us now. We want the benefit of your opinion before the 1933 budget is compiled this fall and adopted next winter. After that, complain though you may, it will be too late to reduce next year's taxes.

Tonight I shall endeavor to present the facts concerning the Department of Health. Its cost is not a large part of the total cost of the State government, but it has been increasing rapidly as the department's services have been extended and as its contacts with the daily life of the people have been enlarged.

This department is of more than ordinary interest. It illustrates a change which has been going on for some years in our ideas of the duties of government. A generation ago, we had no Department of Health in the sense we now know it. Gradually, however, we have been drifting—whether wisely or unwisely is not for me to say tonight—toward a new idea of government, that is toward a government with large responsibilities for the social welfare of the people. In that scheme of things, we find many new activities. One of them is the Department of Health as now constituted.

I merely mention the fact of that apparent change. I do not appraise it. I wish you to do that and then tell us whether you wish to buy less public health protection. Quite frankly, I say to you that a healthy people is in my opinion the most valuable asset a state can have. It transcends in importance all material wealth. But the enlargement of service is a potent influence upon the figures, percentages and details which we find in this department. Should we reverse our policy? Should the State work aggressively to safeguard and improve the health of the general public?

Aside from a \$300,000 purchase of radium, we spent for State health activities about \$3,200,000 in 1931, more than twice as much as in 1922. Excluding institutional cost, the department proper cost \$965,000 more in 1931 than it did 10 years earlier.

Roughly speaking, that increase represents developments which have taken place since the time not many years ago when we decided that public health is purchasable. We found that we can buy health just as we buy shoes and groceries. By spending certain sums of money, we can purchase for the whole population a larger degree of freedom from particular diseases, such as malaria, yellow fever, typhoid fever, and even tuberculosis.

Early accomplishments in the public health field—such as the celebrated work of Dr. Walter Reed in controlling yellow fever—aroused our imagination. If we could do those things, could we not control other diseases afflicting mankind? Could we not bring down the high death rate among infants, check epidemics of communicable diseases, and cut down the loss of life from scarlet fever, diphtheria, influenza, and infantile paralysis? To a large extent, the \$965,000 increase in the cost of this department represents our attempt to answer those essentially human questions.

Take, for example, the work to reduce infant mortality and promote child hygiene. Ten years ago, the cost was \$23,000. Now it is seven times greater. But that cost increase has a human equivalent. The number of expectant mothers who have consulted the department, and have been guided by its advice, has increased many times over. During this period there has been a spectacular decline in infant mortality, at least partly attributable to this work. In 1915, of every 1,000 babies born, 100 died before they were a year old. On the same basis, only 77 died in 1922 and but 59 in 1930. Or, put it this way: If the 1915 infant death rate had prevailed 9,000 more babies under the age of one year would have died in 1930. Should the State save

\$144,000 by restricting the maternity, infancy and child hygiene work to the scope of 1922?

Or take the work in the field of sanitation. Ten years ago it cost \$22,000. In 1931, it was eight times greater. During the interval, laws were passed requiring closer inspection of the State's milk and cream supply and more exact supervision of sewage disposal and water filtration plants. Since 1925, typhoid death rate is little more than a third of what it was only seven years ago. We must consider such facts when we determine whether the State should save \$162,000 by returning the scope of sanitation work to the 1922 level.

Look at the work to promote early diagnosis of tuberculosis. It now costs three times the \$20,000 spent in 1922. What is the human side here. Where 1,000 suspected cases were examined in 1922, the number was five times as large last year. A larger proportion of tuberculosis cases are caught in their early stages at the public clinics than at hospitals and sanatoria. Early diagnosis is almost the difference between life and death in the treatment of tuberculosis. Should the State save \$45,000 a year by returning its work with tuberculosis patients to the 1922 scope?

These are fair samples of facts which we would have to consider in determining whether to lop off all or part of the 10 year increases of \$37,000 in the cost of compiling vital statistics; \$28,000 in the cost of controlling communicable diseases; \$6,000 in the expansion of the public health nursing service, and \$105,000 in the cost of the department's general administration.

While these activities have been enlarged, two new functions have been added. One is the giving of \$366,000 a year of State aid to counties for the support of rural general hospitals, the development of local dairy and sanitary inspection, and the encouragement of local public health nursing. Should we say here, as well as in other State-aid items, that if the work is worth doing it should be paid for locally?

The other new function is the treatment of victims of infantile paralysis. Seventy-two thousand dollars represents the annual cost of treating the 12,000 patients who attend State clinics. Should the State save \$72,000 a year—\$6 per patient—by giving up these clinics?

The department maintains a laboratory, an essential element in public health work as now undertaken. It cost \$400,000 in 1922. Since then the cost has doubled. Should we stop giving \$106,000 a year of State aid to local governments to encourage the establishment of local laboratories? In the State laboratory itself, during the past 10 years, the number of diagnostic examinations has doubled; the number of vaccines prepared has increased four-fold, and the work of testing 250,000 water and milk samples annually has been added. Should the State save \$185,000 a year by returning the scope of the State laboratory's work to the level of 1922?

The Department of Health operates three institutions. One, the Institute for Malignant Diseases at Buffalo, is best known for its research work and the treatment of cancer cases. In 10 years, its cost for operating purposes has increased by \$93,000. This increase parallels an increase from 900 to 1,900 in the number of new patients annually; from 5,000 to 14,000 in the number of specimens of cancer tissue analyzed, and from 6,000 to 15,000 in the number of visits by patients to the dispensary. Should the State save \$93,000 by reducing the scope of the work of the institute to that of 1922?

During the 10-year period, the cost of the State Tuberculosis Hospital at Raybrook has increased by \$201,000, nearly 100 per cent. The increase resulted largely from the provision of more intensive medical treatment. The Legislature last year thought so highly of the work of this institution that it authorized the establishment of three more such hospitals. Should the State save \$201,000 a year by cutting the expenditure of the Raybrook Hospital back to the 1922 level? Should it repeal the law authorizing three additional tuberculosis hospitals?

At West Haverstraw, the State has a Reconstruction Home for the treatment of crippled children who are unable for financial reasons to secure treatment elsewhere. In 10 years, its cost, despite a decline in the number of

patients, has increased by \$88,000. The Legislature has authorized new construction work now nearing completion to double the capacity of this institution. Should the State save \$88,000 a year by cutting the expenditure of the West Haverstraw Home back to the 1922 level? Should it abandon the construction work intended to increase the capacity of this institution?

That completes our analysis of the \$1,900,000 increase of State expenditures for public health work during the past 10 years. What do you think should be the policy with respect to the particular items mentioned? If you desire to discuss these matters in organizations to which you belong, such as chambers of commerce, farm bureaus parent-teachers' associations, welfare leagues, or the like, you can get copies of this talk and of Dr. Parran's report on which it is based, as well as copies of earlier talks in the series, by writing to Station WGY or to me in Albany.
