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ACKNOWLEDGEMENTS

This report "What You Don't Know Will Hurt You" and the research conducted over a period of two months on which it is based could not have been brought to completion without the cooperation of a great many people.

First the Committee should be mentioned. It met regularly every week, listened to the findings, discussed them, made suggestions, and untiringly directed the work. In connection with the work of the Committee, Miss Helen Herney, Librarian, should be mentioned. She was regularly present and helped in numerous ways.

The Bibliography acknowledges printed and some mimeographed and typewritten materials. But in such a piece of research as this, much depends on interviews. Acknowledgements would be incomplete without some reference to the interested individuals who gave generously of their time and the information at their command. At the risk of omitting some, we mention these as their names come to mind:

Miss Anne Mumford, Executive Secretary
 Dr. Neff, Economist
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 Mr. Elieson, Department of Commerce of the U.S. Government
 Mr. Sidney Ickes, Deputy Superintendent, Department of Charities, L.A. County

The Haynes Foundation
 Council of Social Agencies

Mrs. Ross, Librarian, John L. Pomeroy Medical Library
 Mr. Marion, Director of Research, Los Angeles Chamber of Commerce
 Mr. Huff, War Man-Power Commission
 Mr. Pinski, State Research Director, C.I.O.
 Mr. Bigelow, Research Ass't., Los Angeles Times
 Mr. Wall
 Mr. John Roberts
 Miss Dorothea Smith, Sociology Department, Los Angeles Public Library
 Mr. Bruce, Resident Director, Los Angeles County Hospital
 Miss Houk
 Mr. Stephenson
 Mr. Chas. A. Roumasset, U.S. Bureau of Labor Statistics, O.P.A. Office
 Dr. Neumeyer, Sociology Department, U.S.C.
 Mr. J. J. Nevin, Editor of TIC

City Planning Commission
 Municipal Research Library

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HOW WELL DO WE KNOW WHAT WE KNOW?



WHAT YOU DON'T KNOW WILL HURT YOU

An original survey made for
 Los Angeles Dental Society
 by Gertrude Cope
 presented October 16, 1944
 by Ralph Freud
 University of California, L. A.

Published by
TICONIUM
 413 North Pearl Street
 ALBANY, N. Y., U. S. A.
 Edited by J. J. NEVIN
 Publishers permission to reprint articles from "TIC" will be freely extended to any dental journals.
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Political campaigns emphasize the unwillingness or inability of most people to consider basic issues. Die-hard Democrats and Republicans (they constitute by far our largest percentage of voters) listen long and sympathetically to the speeches of their own candidates, read the literature favorable to their opinions and dismiss the arguments of the opposition as "politics". As a consequence of their one way thinking, they do not know the sound arguments of the opposition or give them only belligerent notice. Intelligent men indulge in this political thinking—men who, in other circumstances, would apply analytical thinking to their problems.

We are observing the tendency to extend "politics" to dental problems—especially those problems bearing on the future economic status of the profession. Speakers and authors who defend the present system are noisily cheered, even when their arguments are full of evident sophistries. Reference to "the American Way of Life", Free enterprise, distrust of Fascist or Communist methods, etc., justify applause when logic and even truth are often absent.

Fearful of the consequences of this "one way thinking" and realizing that prejudiced opinions would not enlighten its membership, the Los Angeles Dental Society during the past year sponsored in its meetings speakers who contradicted accepted dental opinions. It conducted an impartial survey of the community's resources to determine the program needed for dentistry.

This study, incidentally, was not made by a volunteer committee of overworked dentists. It was made by a paid research worker of real ability. Although its information is local in its significance, it illustrates the extent of the information required for a picture of a community. It can be a pattern for similar investigations by other dental groups.

More facts and fewer fancies are needed to determine what may develop in the future. As true students we must be less concerned with prejudices and more interested in contradictions. Contradictions stimulate us to support our opinion with new facts or to reach compromises based on the more complete analysis of the situation.

J. J. NEVIN

WHAT YOU DON'T KNOW WILL HURT YOU

An Original survey made for Los Angeles Dental Society
by Gertrude Cope

"WHAT WE DIDN'T KNOW HURT US A LOT" is the title of an article having first place in a recent issue of "The Yale Review." The author, Carl Becker, a historian, is not writing primarily of war, but he refers to the European situation before the fall of Poland as one in which destructive forces were being developed without much attention on our part. When after the conquest of Poland there was practically no fighting for eight months, "we congratulated ourselves. It was after all a 'phony war.' And then suddenly Hitler struck. Denmark, Norway, Holland and Belgium were conquered, French resistance collapsed, and after Dunkirk it seemed that Great Britain would suffer the same fate. All this was a great shock to us. . . . The attack on Pearl Harbor forced us at last to take note of the fact that something incredibly base and brutal was loose in the world."¹ What we didn't know, or if we did know we accepted with apathy, hurt us to a degree that we cannot yet measure in the ravaged countries of Europe and Asia, in the destruction of property, in the diseases mental and physical that have spread over the world, in the forced migrations of people with their consequent poverty and suffering, and in the loss of millions of lives, leaving in their wake grief in almost every hamlet and home.

These destructive forces of which we took no heed are fully recognized now, but doubtless there are others which may not have their origin so distant as Europe of which we are unaware. They may be in our very immediate community. They may be such that if we don't know them, they can hurt us a lot, or if we do know them and do nothing about them they can hurt us immeasurably. They may injure us in ways other than those we have indicated, for there are constructive situations which, if we knew about them and could plan with them in mind, they would

¹Carl Becker, "What We Didn't Know Hurt Us a Lot"—Yale Review, Vol. XXXIII, No. 3, Spring 1944.

be a source of added income, increased protection of health, guarantee of leisure and recreation, of better educational facilities, more growth and satisfaction in our professions, better opportunities for our children, and more ability to provide for those less fortunate than ourselves who have had the bad luck to meet unfortunately the hazards of unemployment, of accident, of ill health, of old age and loss of parents in childhood. Yes, there are constructive forces and facts, which if we know them, we can turn to account, and not knowing them, even if they do not harm us, they will not aid us in readjusting our lives and businesses to the new demands of the post-war world.

If you agree that basic knowledge is a source of protection and power, that modern man cannot limit his concern to his family and his office, but that he must extend his horizon to include his fellow-man and fellow-worker, that he must plan or be willing to follow the haphazard forces that will control his action, that he must plan or be subjected to the plans of those who are more foresighted and energetic, but who may not see his problems clearly—may not even have them in mind, where is the place to begin to gather knowledge? What facts and figures shall we assemble? What sources are objective and unbiased and available for the area we select? What facts of recent years are the best for the purpose of planning? What limitations do time and cost elements place upon our ability to conduct any new studies that might be most enlightening?

These are some of the problems that we have had to consider. Perhaps we should make clear as a matter of philosophy that we did not set out to prove something and collect the facts in support of a pre-conceived idea. We did as researchers should: assemble the facts and information and let interpretations stem from what are found to be basic conditions.

Whether or not the conclusions are well founded is a matter for consideration, but a challenge is expressed. This is only one of the challenges that medicine has to meet. The challenges are numerous for both physicians and dentist to plan or some other group will do the planning for them. The time is ripe for some fundamental, sound, and extensive study of facts that will serve for basic planning. About a decade ago an investigation was made possible by a joint financial backing of the California Medical Association, the Federal Government, and to a lesser degree, the California State Dental Association and the California Osteopathic Association through the granting of special funds. This study entitled, "Economic Aspects of Medical Services" was finally reported after many adversities by Dodd and Penrose, Economists of the University of California at Berkeley and Los Angeles. It deals with the "economic aspects of the costs, distribution, and organization of medical services with respect to those who provide and those who receive the services in California. It is essentially a fact-finding study and has been based upon information secured from representative families of all income groups from representative dentists, physicians, and surgeons, and from various hospitals and public health agencies within the state." It also makes "recommendations for the most practical way of meeting the states' medical problems that the staff of the Survey and the Advisory Council have been able to present."⁴¹ The survey was extensive and carefully conducted, and while it is not essentially local and conditions have changed in many ways in ten years, the study as a whole is worth serious perusal, and it should be most useful to those planning such a study now, either for California or Los Angeles County.

As you may have noticed in the study of ours the present report of which must now be concluded, we have emphasized the factors and forces you have to work with. We have not told you what to do. We have asked a few questions and we may ask a few more, but we don't know the answers. You have great resources with which to work. It is your opportunity to use them wisely.

You have an extensive community—one of the wealthiest agriculturally and industrially. It has the possibilities of greater wealth if we use wisely the extended facilities and skills the war has brought us. Immediately ahead there may be a difficult reconversion period which we should anticipate in so far as it is possible by successful planning on the part of government, labor, and business. But with a shorter or longer period of precarious transition we hope that a period of economic se-

⁴¹Dodd and Penrose: Economic Aspects of Medical Services.

curity lies ahead of us. We have an increasing population of high educational level that could be powerful in correcting conditions if it were educated to appreciate them and were trained in the means of correction. We have several organizations in the county equipped to do research, that might be willing to help if they were approached to make some studies. We need badly a properly organized study of income and expenditures. We need to cease to use figures collected in 1935-6 for planing in '45. We need studies that are adequate in extent of numbers and in detail of information to enable us to know how a family of a given number and a given income spends its money. How much does it have to earn before it can save a dollar? How much does it have to earn before it has anything for health? We need to know far more about the health situation. We might ask among other things, do we need six public health departments in one county? What are the most pressing needs of the moment in the health of Los Angeles County? One well informed person stated the pressing needs in this order: (1) mental health, (2) dental health, (3) hospital and convalescent beds, and (4) greater attention to the health needs of racial minorities. What does the community need in taking care of the numerous and ever increasing mental patients? Does it need a chair of psychiatry at one of its universities to train more people in this field of medical service? There is surely a need for more beds and clinics to even approach a minimum service in a situation that war strain is increasing the need for. How can we get our hospital bed situation up to the 4 per 1000 that is exceeded in some areas of less wealth than ours? Do we need some institutions of different types from those of the present? Dental Health: how can we give the most adequate dental care with the personnel available? How can we get more personnel? What of legislation? Do we need to study residence laws and correct situations that leave numerous members of our migratory population without a residence anywhere and therefore unable to secure medical attention when necessary? What do we know of the contribution that is being made by numerous hospital insurance plans? Should they, as has been suggested by one authority, include medicine, nursing, and dentistry, as well as hospitalization? There are innumerable other questions we could ask—basic questions that need to be answered by a study of the facts.

As Colonel Jack Spalding said: "Nothing is guaranteed except to an enlightened people who are informed and who understand the significance of what is happening about them. Nothing is so blind and so insincere as the status quo."⁴⁵

⁴⁵Ralph McGill: "There is a Time Yet," The Atlantic Monthly Vol. 174, No. 3, Sept. 1944.

tions, (not including Lanham Act funds) there are among other sources of aid, some 300 agencies supported by private charities, of which approximately one-third render health services.

Is this sum of \$14,751,000 adequate for the phases of community health to which it is appropriated? Do we have sufficient knowledge of the health needs of the community to answer? We have shown that in certain respects it is below established standards. Some of these engaged in health work are able to indicate pressing needs. That means that some have more or less vision ahead of accomplishment. But it would seem from a cursory review of the situation that people engaged in health in Los Angeles are largely forced by limited funds to be concerned with doing only the most urgent work and in some cases locking the door after the horse is stolen. What proportion of the real health problem, not the subsistence health problem, are we solving? What is the vast area as yet untouched, even in vision and plans? How much could be done in a preventative way that would be more economical in terms of future expenditure, future health, and human happiness?

Since you are a dental group, you might ask what part of the public tax fund of \$12,802,000 is for dental Health. If the mouth is part of the body and entitled to such health consideration as it contributes to the health total of the body, what part of this public health money should be spent on dental care? Or what should be added to it to include adequate mouth health? The figures on dentistry are very few and of negligible value. One well informed person said that only \$3000 is spent on dental maintenance in one of the largest health programs in the county. If you were to sum up the salaries spent by the County Health Department in fiscal year 1943-44 for those associated with dentistry, such as dental directors, dentists, dental hygienists, etc., a round figure of \$25,000 would be about the total. There is the recent appropriation of \$10,000 the community chest made available in order that the profession of dentistry and community chest representative might work out some beginning plan to solve the problem of dental needs among underprivileged children. One of the problems such a group will face is the lack of dental personnel. One might add the work of the schools and the dental clinics here and there, which for the most part are inadequately equipped and manned and which render only a small amount of dental service. Isn't this a tragic picture for one of the wealthiest areas in the United States? What we need is more money, more facts, and more knowledge of the situation. What you don't know can hurt you a lot! With some 2217 practicing dentists in Los Angeles County and some 4031 physicians (not counting in either

case those in military service), haven't you power in numbers as well as in other ways to remedy some of these existing evils?

Another phase of the health problem is the rapid growth of certain insurance plans to provide health service for groups, as the Blue Cross Hospitalization Service, the California Physicians Service, the Ross Loos Clinic type of insurance, the various accident and health provisions for insuring medical care, the health provisions in fraternal insurance plans, etc. A survey of these various insurance plans would be a study in itself, but we might pause a moment to look at the Blue Cross and California Physicians Service. The former has some 15,000,000 subscribers in the United States with 71 plans. The 71 plans are represented by different organizations operating in different territories. They are not affiliated financially, but representatives meet in sectional and national conferences and cooperate with the American Hospital Association. In California, there are two territorial sections, the Southern section operating from Fresno to the Mexican border. The Southern section has 85,000 subscribers. It underwrites hospitalization and in co-operation with the California Physicians Service underwrites surgical and medical care. About two-thirds of its Southern California subscribers have both services. In the Northern section, the California Physicians Service write their policies separately.

An article entitled "California Survey Indicates Social Medicine Favored" in a recent issue of "Medical Economics" makes a report of a survey conducted by an advertising and public relations counsel for the California Medical Association. It suggests that prepayment insurance is the answer to the demands for federally controlled medical service. The Survey covering some 5000 personal interviews shows that the answers to the following questions "Do you think we should have some sort of socialized government controlled medical plan?" were distributed as follows, "fifty per cent of the people interviewed said we should; 34 per cent said we should not; 16 per cent said they did not know." The counsel states: "among all those throughout the state who want federal medicine, cost is the basic reason for their choice." The counsel warns the California Medical Association that free enterprise in medicine is endangered, and suggests; "To save free enterprise in medicine, it is necessary to provide scientific medicine through free enterprise in a manner which will make it readily and economically available to all of the people all of the time." The specific suggestion is that California Physicians Service be developed to "function as a substitute for federal medicine in California."⁴³

⁴³—"California Survey Indicates Social Medicine Favored," July Medical Economics.

Serious examples of facts collected to support a plan could be mentioned, but perhaps an amusing incident will serve as well—one of Mark Twain, otherwise known as Samuel Clemens, in the days when he lived in Hartford, Connecticut, as the most famous member of the literary colony that included among others Harriet Beecher Stowe, William Gillette, and Charles Dudley Warner. According to one who knew him then, Mark Twain spent the greater part of an afternoon in the Hartford Public Library, looking for some facts and statistics he wished to use in a book he was writing. After several hours of searching, he found the very data he wanted and in well earned satisfaction took the book in which he had found the desired material to the library desk, preparatory to checking it out for more extensive use in his study. Much to his disappointment, the librarian who happened to be his next door neighbor, refused him the privilege of taking the book home, saying "Mr. Clemens, I am sorry, but this is a reference book and can be used only on the premises." Mark Twain made a further effort to get the librarian to release the book, using some neighborly persuasions, but the decision seemed to be like the laws of the Medes and the Persians, unalterable. So he walked away without the book, saying: "Doubtless I can invent statistics more adequate for my purpose."

Convenient and useful as the Mark Twain method is when statistics are difficult of access, we have not employed it. Neither have we used some of the facts and figures available when we thought they were not sound and representative. Rather, we have used only material that we felt was basic and have indicated wherein that available was inadequate and there is a need for something more reliable. And we have left the drawing of conclusions largely to you, keeping as our province the presentation of the social, economic, geographic, political and health facts of your community—facts that might be equally interesting to any community group of business and professional men.

Our domain is Los Angeles County, or Los Angeles area, or where the data is more adequate the City of Los Angeles. Regardless of which of these units we use, it is something which you have in common among you, something every aspect of which is related in some way or other to your success as a vital member of your profession. The size of your income, the service you render, the people you have as clients, the standards of your profession, the development of your professional schools, the part you take in forming or using the new social security program that has as one of its objectives for people: "Equal Access to Health"—all these are integrally a part of your community pic-

ture—its economic, its social, its geographic, its political, and its health profile.

Los Angeles County with its 4080 square miles of area is one of the largest and most varied geographically of the counties of the United States. Its elevation varies from sea level to the 10,080 feet of Mount San Antonio or "Old Baldy." It contains 1876 square miles or 47.4 per cent of mountainous area, where relatively few people reside, and it also includes the four principal lowland areas where people live and work: the coastal plain and the three valleys of San Gabriel, Antelope, and San Fernando. From the mountains across the coastal plain to the ocean flow two rivers, San Gabriel and Los Angeles, which are virtually dry throughout the summer, but turbulent in winter, making flood control an important problem. Water and water power, which have been great problems in the development of the country, are now available in sufficient quantities to make possible unlimited agricultural and industrial development. Los Angeles is the wealthiest agricultural county in the United States and yet includes within its boundaries, extending from the Pacific to the San Gabriel Mountains, 45 incorporated cities as well as many unincorporated areas, and as a result of the war it has become one of the leading industrial sections of the United States. It contains the third largest metropolitan area, which includes one of the largest cities of the world—largest in land area of 450 square miles, including and stretching from the harbor area to San Fernando Valley. Los Angeles City is now fifth in size of the cities of the country, exceeded only by New York, Chicago, Philadelphia and Detroit. The climate is also varied, ranging from the snows of "Old Baldy" and upland areas to the mild winters, the almost rainless summers, and the abundance of sunny days in the valley areas. It is these latter qualities of the climate that are responsible for many of the agricultural products, the tourist trade of the non-war years, the movie industry, and more recently the aircraft industry. Its variety ranges from the mountains to the ocean, both offering unusual recreational opportunities to its numerous residents and guests, the Pacific making possible the large war industry of ship-building and serving as a highway for the transportation of both imports and exports to the Orient.

It is a wealthy area and increasing in wealth. A comparison of 1943 figures, which are the most recent ones available on an annual basis, with those of the preceding year shows what an increasingly important place Los Angeles is taking in financial and economic matters. Regardless of what indicators of wealth one considers: the tremendous expansion of industry; the increase in all divisions of agriculture save field crops; bank

figures of debits, deposits, capital and surplus, and total resources; retail trade; stock exchange shares and values; that often-used criterion of markets, post-office receipts; real estate evaluation; oil production; utilities; transportation; employment; regardless of which of these indicators we use, the wealth of the area is shown to be great and becoming greater.² If we were to go into more detail, we could show that some of the increases for one group are counterbalanced by losses for another, as for instance in employment. While the average compensation of employees including wage earners and salaried workers in industry increased sufficiently to permit bond buying beyond the increased cost of living and taxes, many whose livelihood depended upon fixed incomes faced lowered standards of living.³ But the over all picture, one of prosperity in 1942, increased still more in 1943.

Since many of the figures have been swollen by war, we should as the maximum war effort lessens, try to anticipate the results in terms of the reconversion period. In a study completed in December 1943 by the United States Department of Labor, the summary for the Los Angeles area, which is co-extensive with Los Angeles County, indicates that we have become one of the leading manufacturing areas of the nation. Many Los Angeles industries, but "notably rubber, iron, steel, chemicals, non ferrous metal, and machinery have grown substantially. But aircraft and shipbuilding have been the mainspring of the wartime expansion of manufacturing. During the period from June 1940 through October 1943, contracts for plant expansion awarded to firms in Los Angeles County totalled around 320 million dollars. Most of these went to these two industries. War supply contracts through November 1943, more than three-fourths of which were for aircraft and aircraft parts, amounted to nearly 8 billion dollars. At the end of the war, the future of these two industries—shipbuilding and particularly aircraft—will constitute a major problem for the residents of Los Angeles County."⁴

Realizing that a critical transition period is ahead, not only in aircraft, but also to a lesser degree in shipbuilding, "which was 90 times greater in November 1943 than in April 1940,"⁴ and in other war industries, the government, national, state, county and city, as well as labor and business, have been developing plans to offset the worst effects of the reconversion period. Some of the plans have been developing over a period of years, the most notable of which were those launched

²Based on data assembled from various local sources by Research Department, Los Angeles Chamber of Commerce.

³U.S. Department of Labor, Children's Bureau: Community Health And Welfare Expenditures in Wartime, Edward E. Schwartz and Eloise R. Sherman.

by the National Resources Planning Board. The Bureau of Foreign and Domestic Commerce of the United States has made an extensive effort to arouse business men, both the big fellows and the little ones—and even private individuals to do some planning for this period. Among other things numerous pamphlets have been prepared by the Bureau⁵ and in some cases furthered or at least distributed by local organizations to get the manufacturer, the wholesaler, the retailer, and the private individual to build up what is called a "work pile" for that threatening employment period when we are converting from war to peace.

Your Chamber of Commerce, as one of the organizations furthering locally this effort on the part of the National Government, has prepared in its industrial department three recent studies, one of which it has published, and the other two have been published by "The Board of Supervisors of Los Angeles County." These bulletins "present among other things a survey of pre-war patterns in industry in this area and show the "unprecedented industrial expansion" that has made available new and extended plant facilities and new skills. These facilities and skills, as the reports indicate, if combined with ingenuity and capital offer great opportunity for manufacturing here in this area products for which there is demand, but which have heretofore been manufactured elsewhere, necessitating the transportation of raw materials from our area to other states. Many of these products would be developed from our own natural resources and others from the raw materials of the islands of the Pacific and the Orient, to which areas Los Angeles Harbor has more ready access.

One of the most active forces in our community, which has been anticipating for some years the problems of employment in the reconversion and postwar periods and has developed well laid plans to take up part of the slump in the anticipated unemployment, is the City Planning Commission. These plans are the culmination of years of development in city planning. Los Angeles was one of the first cities in America to be interested in modern city planning, the very first to do any districting, sometimes referred to as zoning. This was in the year 1918. The State planning act of 1937 made possible a master plan, and in 1941 the city charter specifically required

⁴U.S. Department of Labor, Bureau of Labor Statistics, A Statistical Summary of the Los Angeles Area, December 1943

⁵See Bibliography; U. S. Department of Commerce.

⁶Los Angeles Chamber of Commerce, Industrial Department.

- (a) The Facts About Industrial Employment in Los Angeles Co.
- (b) An Industrial Development Plan for Los Angeles County.
- (c) Products Not Manufactured in Los Angeles County.

in 1942, public \$13,167,000 and private \$14,926,000. Of the public funds, \$10,393,000 were local, \$2,582,000—state, and \$192,000 were Federal.

Under Federal aid is included Social Security with its contributions to Public Health, cancer research, drug treatment for venereal diseases, subsidy to state for crippled children, maternity and dental services, the last three for rural areas, etc. Also under Federal aid is emergency maternity care (provided by separate congressional legislation), the Veterans' Aid, and Army and Navy appropriations. There is also the usual Public Health services such as prevention of water pollution, etc. The Lanham Act provides for military aid principally, with some allocations for taking care of war workers and their families where the need arises from insufficient funds or inability to gain access to crowded private institutions. The Federal Works Agency makes provisions for Civilian Health Service in numerous ways as in construction of buildings, cadet nurses corps, etc.

The State Aid is principally through two departments: (1) Institutions and (2) Public Health.

The figures to which we referred are of 1942 and are assembled every two years for the U.S. Department of Labor report. Since similar complete figures will not be available again until some time in 1945, we have gathered what figures are most accessible on county expenditures for health from public and private funds. We have been fortunate in securing these as of the end of the fiscal year, June 30th, 1943-44. For clarification we divide the county public services in two parts: (1) The Bureau of Hospitals of the Los Angeles County Department of Charities, which includes General Hospital, Rancho Los Amigos (for the aged poor) and Olive View (for tuberculosis patients), and (2) Public Health. In the former division the eligible people of the whole county, including all its incorporated and unincorporated areas, have access to these institutions. In the second division, that of Public Health, there are six separate departments: (1) Los Angeles County, (2) Los Angeles City, (3) Long Beach, (4) Pasadena, (5) Beverly Hills, and (6) Vernon. In other words any eligible person in the county may receive medical care at the General Hospital, but in matters of communicable disease control, and other matters under Public Health, Vernon as well as Los Angeles has its own set-up, the Los Angeles County Health Department being responsible for the rural areas and the remaining 40 incorporated areas which contract with it for Public Health Services. In addition there are in the county the private accredited non-profit hospitals, such as the Good Samaritan, St. Vincents', etc. Both public and private institutions receive some government support. Whatever national funds are appropriated for

general use are included in the figures, and what is for military use exclusively have been mentioned but excluded from the totals.

CERTAIN COUNTY EXPENDITURES FOR THE FISCAL YEAR JUNE 30TH, 1943-44

I		
Bureau of Hospitals of Los Angeles County Dept. of Charities		
Bureau of Hospitals	\$10,030,000	
(Does not include \$720,000 made available for military by Federal Government under the Lanham Act)		
II		
Public Health		
Los Angeles County	\$ 1,750,000	
Los Angeles City	849,000	
Long Beach	108,000	
Pasadena	59,000	
Beverly Hills	6,000	
Vernon	Unavailable	
		\$ 2,772,000
Total Public Tax Funds Expended:.....\$12,802,000		
III		
Private Accredited Hospitals		
Vernon	\$12,802,000	\$12,802,000 \$12,802,000
Federal Works Agency (U.S.)		
Private Hospitals	\$ 1,423,000	
	526,000	
(Does not include \$1,279,000 made available for military by Lanham Act)		
		\$ 1,949,000
Total for County (Net of Lanham Act) \$14,751,000		

Further figures show that the General Hospital serves about 120,000 patients a year, being equally divided between those who receive hospitalization (termed in-patients) and those who received service not requiring hospitalization (termed out-patients). The number of county residents receiving their full medical attention at the General Hospital is approximately 25%. In other words about 750,000 of the 3,000,000 in the county depend on the General Hospital for their entire medical care. Of the 120,000 served each year, about 90% is free service.

Eligibility for entrance as in-patient or out-patient is a three-fold requirement: (1) residence, (2) medical need, and (3) financial need. In these times of crowded hospitals sometimes a patient not financially needy but unable to obtain care in any private institution is accepted. In cases of clinic patients and in the hospital cases not urgent, the eligibility requirements must be established before acceptance by the institution. In urgent cases, acceptance is immediate and the eligibility requirements are checked later.

In addition to the \$14,751,000 made available through local taxation, federal help for civilians, and the private non-profit institu-

data for planning. Such a study conducted on an extensive and sound enough basis to give a reliable picture is one of the most urgent needs for any kind of basic planning in this community.

Let us repeat that one of the major needs for any basic planning in Los Angeles is an up-to-date study of income and expenditures on a detailed enough scale to give the number in a family dependent on incomes at different gross levels and the analysis of expenditures for various groups, and on a comprehensive enough scale to give reliable results in areas of the city and county. The importance of such a study if properly conducted can not be overestimated.

Another phase of community life that we badly need to know more about is health. Practically all the factors mentioned in this study have a bearing on health, just as health has a bearing on all the human forces of a community. Sometimes we attempt to separate health and think of it or the lack of it in certain ways. We think of communicable diseases in relation to bad housing, or diseases in relation to lack of proper sanitation, or tuberculosis, meningitis, etc., in connection with crowding and high density of population. We think of health services as they are reported in the "Department of Labor" report, "Community Health and Welfare Expenditures in Wartime," for this area under the headings of general and special hospitals, hospitals for chronic and tuberculosis patients, hospitals for nervous and mental patients, hospital admitting and certifying bureaus, clinic service, mental hygiene clinics, public health nursing, school hygiene medical service, etc. We think of preventative and curative health services. When we think of all these health services supported by city, county, state and nation, and the private funds added thereto, we may get the impression that the health of the community is being well looked after. As a matter of fact, if we could realize how little we actually know of what is being accomplished or what it is possible to accomplish with a greater health vision, more money, and better knowledge of the actual health situation in the community, the amount so far accomplished would probably seem less than negligible. It is in all probability a mere subsistence health program.

Sometimes a relative viewpoint can be obtained by comparing one community with another, or comparing a community with a national average or standard. For instance, take the national standard of one dollar per person for Public Health. The city population of April 1944 was 1,673,000. Yet Los Angeles spent during the fiscal year 1943-44 only \$849,000 on Public Health or about 50 cents instead of a dollar per person.

Or take the matter of hospital beds. The national average set up by the American Hos-

pital Association is four beds per 1000 of population. This refers to the County Hospital type of bed that is available for general public use and does not include the type that is restricted to some special use, as for veterans, beds in industrial institutions, beds for county jail use, etc. In Los Angeles County with a population of over 3,000,000 we should have not less than 12,000 beds. How many do we have? The General Hospital has some 2300 of this type and the private hospitals accredited by the American Hospital Association have 5700 beds, making a total of some 8000 or two-thirds the desired 12,000. Or if you like to think of the situation in other terms, in the county not including certain cities the average is 1.7 beds per 1000 population, and in the city of Los Angeles 2.9 beds per 1000 population. This is a measure of inadequacy where the health situation has reached an advanced stage. What happens when there are not hospital beds for those actually needing hospital service?

Perhaps the situation, as one informed person has suggested, is not entirely a matter of beds per se but rather of certain types of institutions with adequate beds. Do we need, for instance, institutions to take care of convalescent patients who need a type of care different from that rendered by the hospitals and at much less cost? Do we need institutions, different from the convalescent types, and operated at low cost for patients with what we might call chronic terminal diseases, as cancer? Any physician will answer yes to these two questions, for he knows how difficult it is to find adequate care for these two types of patients. You may have concluded from your personal observation that the numerous private sanatoriums and rest homes often housed in rather large, old residences in congested areas, with inadequate staffs, poorly supervised, and with rather large fees are not satisfactory answers to the existing problems.

Another approach to measuring our attainment in matters of health is to consider actual expenditures, the public and private sources of funds, and the fields of service. We can find information for 1940 and 1942 in a study conducted by the United States Department of Labor, entitled "Community Health and Welfare Expenditures in Wartime" for 30 urban areas. The section on Los Angeles County was contributed by the Research Department of the Council of Social Agencies. The principal fields of service represented are five: (1) Child Welfare, (2) Family Welfare and Relief, (3) Health Services, (4) Group Work and Leisure-Time Activities, and (5) Planning, Financing, and co-ordinating services. The health services totalled in 1942, \$28,093,000 as compared with a total for all Health and Welfare Services of \$89,857,000 or slightly over 30%. The public and private sources of the funds were

a plan. The Master Plan, including provisions for streets and utilities, parks and conservation, schools, playgrounds, beaches, freeways and transportation, housing and public building, urban redevelopment, viaducts and bridges, may well prove to be part of the "insurance against chaos" in the period between the end of the war and the beginning of full peace-time production. In the Master Plan for Los Angeles are master plans for subsidiary areas that make the total city, for instance the master plan for the San Fernando Valley. Then there are the plans which have been worked out in cooperation with the libraries, the Park and Recreational System, and the School System for construction that is most needed and most vital, not only for the present situation, but for areas where the greatest expansion will take place. The library study, comprising an analysis of the population for the mile radius of each library zone, has brought together a body of knowledge not only for directing and extending library service, but for other city uses. Among the many interesting things that this study brings forth is that the library branch having the second largest circulation of books, in a neighborhood where such large circulation would not normally be expected, is in a shopping area and a store building, suggesting perhaps that more library locations in places easily accessible to people, would make greater service available to a larger number of citizens.

The City Commission has also studied crowded and "blighted" areas and the plans in process include the re-building of such sections as "Bunker Hill" (Angel's Flight), for which several architectural plans have been presented, the "Chavez Ravine" area near Elysian Park, and the Hazard area in the vicinity of the County Hospital, these being sections "which have reached a serious state of deterioration. They are areas characterized by decreasing property values, by an intermingling of all types of urban land uses, by obsolete buildings, by bad housing, by a lack of essential services, by a high incidence of communicable diseases, crime and all types of delinquency. Such areas cost the city considerably more in services rendered annually than the city collects in taxes from them."⁷

In its last annual report the City Planning Commission makes mention of organizations that have contributed to city planning. Among these it mentions generously the Haynes Foundation, which is accredited with furnishing a "most thorough analysis of the 1940 population census of the city," with making "a valuable contribution to planning by arranging meetings between city and county officials, interested citizens and authorities on various subjects, at which problems facing

⁷City Planning Commission: Accomplishments 1943.

the city or county were discussed," and with making funds available whereby a study was undertaken "of urban redevelopment legislation."⁷ Since we have drawn extensively upon one of the Haynes Foundation studies and referred to several others, perhaps you would be interested in knowing something more about this splendid foundation for research which you have in your midst.

This foundation is known more fully as the John Randolph Haynes and Dora Haynes Foundation. Dr. Haynes and his wife were public spirited citizens, who on their deaths left the French Colonial Haynes home on 2324 South Figueroa, their library, and a large foundation "as a charitable and educational trust organized 'for the purpose of promoting the well-being of mankind.' . . . For the past five years the Board of the John Randolph Haynes and Dora Haynes Foundation has been interested in the broad problems of community and social planning in the Los Angeles Metropolitan Area. One of the specific objectives of the Foundation is the collection, analysis, and distribution of data having a significant bearing upon these problems."⁸

In this paper we have used principally for direction an early publication sponsored by The Haynes Foundation entitled: "Los Angeles: A Preface to a Master Plan,"⁹ and for analysis we have used: "Los Angeles: Its People and its Homes," a report which was completed this year and makes an exhaustive analysis and interpretation of the 1940 census in so far as it is related to Los Angeles. A supplementary study is "Los Angeles County Population and Housing Data," which gives in some cases similar information for the county and its numerous incorporated and unincorporated areas. Both of these studies use the 1940 census figures, which are in the estimation of the Director of this particular work, a more stable basis for long-range planning than would be the patterns of 1943, 1944 or 1945.¹⁰

Another study which is not as yet available, but which will be in another month or so, is one that should be most useful to those who are thinking of planning for the immediate future on basic community facts. It is entitled "An Economic Survey of the Los Angeles Industrial Area with Emphasis upon Problems of Post-war Re-adjustment."

In our evaluation, thus far, we have dealt

⁸The Haynes Foundation: Los Angeles: Its People and Its Homes by Earl Hanson and Paul Beckett. (Foreword)
⁹Pacific Southwest Academy: Los Angeles: A Preface to a Master Plan.

¹⁰Since this study has been completed and within the last week or so, the United States Government has made available the April 1944 sample census figures for this area, which subject to small percentages of error, and are valuable for the most recent picture of population. It is especially valuable for showing the changes the war has made, for instance in the increase in Negro population, the increase in younger age groups, etc.

largely with geographic and industrial factors. Another basic consideration is that of population—the people who make the community in which we live. According to the Census figures of April 1944, Los Angeles County had a population of 3,195,192, an increase of 409,549 or 14.7 per cent over the April 1940 figures of 2,785,643. The percentage of growth in the county was more than in the city of Los Angeles proper, 11.3 per cent representing an increase of 169,241 of the 1944 figure of 1,673,518 over 1940 total of 1,377,959. Of the other larger cities Long Beach with 29 per cent increase exceeded the county increase, and Pasadena showed the lowest rate of increase, remaining almost stationary.¹¹

Increasing population is a sign of growth. According to a recent study made by the State Reconstruction and Re-employment Commission, "Since the earliest days, California has grown in waves, waves of migration which seemed always to come at those times when the nation was experiencing the uprise of its economic cycles. . . . The present war migration is merely the latest and one of the most impressive of these inrushing waves of people. War has swollen the tide, uprooting people all over the country and sweeping so many of them like twigs into the westward wave. Any war uproots people, and this one has sent hundreds of thousands into and through California. The State as a whole has increased 22.4 per cent, reaching a January 1944 total of 8,450,000, making it the third most populous state in the Union. Migration is one of the great causes of increase, while another is the increase of births over deaths."¹² This same state commission indicates that with generous allowance for those who will leave the state, there will be some 8,500,000 to 9,000,000 Californians in 1950, and that Los Angeles County with its history of continuous growth since 1900 has the chances of further population expansion in the decade, despite the number that will migrate at the end of defense work. There will be a decline from the war peak for a time, but after the decrease various factors will account for some 325,000 more in 1950 than there are now.

How many of our population will stay, how many new residents will arrive of the many that have passed through California in war times, what the increase from births over deaths will be, all depend to a greater or less

¹¹U. S. Department of Commerce: Bureau of the Census Characteristics of the Population, Labor Force, Families and Housing, Los Angeles Production Area: April 1944. (This census is not as accurate as 1940 census, but the most recent one available.)

¹²State Reconstruction and Reemployment Commission, Estimates of Population Growth in California 1940-50 June 1944. Summary of this report is entitled "How Many Californians?"

degree on the opportunities for employment. Even now according to the most recent figures released by the Manpower Commission, people are leaving the state because of the employment situations in certain industries. In Los Angeles County some 457 reporting establishments showed an employment decline for two months ending July 1. In some industries, as aircraft, there was a decrease of some 18,000, and at the same time as of August 1 there was a shortage of critically needed workers of 23,490 in other industries, the greatest demand being in shipbuilding and the most urgent in heavy duty tire manufacture. Other demands were in foundries and steel mills. The total figures show that of 1,450,000 working in all establishments in May, the September first estimate of 1,420,000 indicates a decrease in employment of roughly 30,000.¹³ This decrease in some industries and urgency in others will keep population figures fluctuating for sometime. As the Haynes Foundation study indicates the 1940 figures are probably the best for long-range planning.

In studying people from social and health standpoints, one factor that interests us is density of population. It may seem as you look over the extensive areas of city and county and consider the unoccupied areas and vacant lots that Los Angeles has no problem in density. Even the figures as one looks at them in comparison with other large metropolitan areas seem to indicate an unusually favorable situation for your community. For the City they show Los Angeles the lowest of five major cities, 3,340.6 as compared with Detroit, 11,772.7, Philadelphia, 15,183.4, Chicago 16,433.5, and New York 24,933.1. Excluding the harbor area and San Fernando Valley, the density figure for Los Angeles increases to 6,113, but it is still the lowest.¹⁴ However, these figures are not as favorable for Los Angeles as the surface totals seem to indicate, as is shown in a report entitled: "Juvenile Delinquency and Poor Housing in the Los Angeles Metropolitan Area." This study states that "the bad housing areas of Los Angeles are not of the type found in the eastern cities. With one exception, we have no area where the typical multi-story crowded unit tenement is the central feature in the picture. Most of the bad housing areas in Los Angeles are due to the practice of building several houses on a single lot . . . and a typical condition will show small homes, rough and crude in construction, but at the same time inhabitable, on the front of the lot, with shacks of such a character as to be entirely unfit for human occupancy on the rear of the same lots. Another condition peculiar to Los Angeles, due to the fact that the lowest

¹³Manpower Commission: Mr. Huff. Sept. 1944.

¹⁴The Haynes Foundation, op. cit., pp. 4-5.

cerned, the principal one being that it is outmoded by changed conditions.³⁰

Among the studies that are available for considering income and expenditures are those conducted by organizations of a given group of workers. There is, for example, the C.I.O.⁴⁰ study of the steel workers, presented in a pamphlet entitled "Steel Fights for the Nation," giving a digest of the brief submitted by the U.S. Steel Workers of America to the National War Labor Board in March 1944. This study of a thousand steel workers and their families, to discover what they did with their money, brought out the following facts: The average steel worker has at least two dependents and works 48 hours a week for \$56.04. His budget is made up as follows:

Food	\$18.51
Rent	5.84
Household Equipment	3.24
Utilities, ice, etc.	3.05
Clothes	8.33
Insurance	2.36
Taxes	4.03
Misc. including transportation, recreation, medical & dental	13.21
Bond purchases, debt pay- ments, and savings	5.91
	<hr/>
	\$64.48

This \$64.48 shows a deficit of \$8.44 a week, which the report states is made up by redeeming bonds, spending present savings, borrowing and increasing indebtedness.

Other Income and Expenditure studies are those of the Heller Committee for Research in Social Economics of the University of California, based on San Francisco prices. For twenty years the Heller Committee has among other studies prepared those of "Quantity and Cost Budget for Dependent Families" and "Quantity and Cost Budget for Families of Three Income Levels" as represented by the families of an executive, a white collar worker, and a wage earner. The most recent one is "Wartime Budgets for Three Income Levels." "These budgets," as the introduction states, "were designed to show items and quantities necessary to maintain a standard of 'health and decency' for specified family types. The reader should keep in mind that they give neither a pure picture of how people actually behave in spending their incomes nor an ideal distribution of income without regard to customs and traditions."⁴¹ In the section devoted to "Medical and Dental Care" of the Wartime Budget for an Executive, there is a statement that "the amount of medical and dental care required for a family of four

³⁰United States Department of Commerce, Bureau of Census, Third Series: The Labor Force, Occupation, Industry, Employment & Income Table XVI.

⁴⁰C.I.O. Steel Fights for the Nation. Digest of a larger study.
⁴¹Heller Committee for Research in Social Economics: University of California, Wartime Budget for Three Income Levels, p. 33, 1944.

of this sex and age composition has been computed from the tables of incidence and of treatment required for various diseases and defects published in 1933 by the Committee on the Costs of Medical Care of the American Medical Association, the only available data." The explanation further states: "It must be emphasized that these allowances for medical and dental care are not the 'right' amount for any individual family to spend, nor are they the average customary expenditures. Rather they are the actuarial prediction of average costs of adequate care for expected illness in all families. That is to say, if every family of this character put aside the sum of money every year into a fund for private medical care, the total costs of the group would always be covered." Useful as these Heller studies may be for indicating comparative trends, for use in establishing "standards of living," etc., they do not serve our purpose of giving us actual spending patterns for families of various sizes and income levels.

Locally, there is a study conducted recently by the Los Angeles Times, "including more than six hundred families, representing eight-hundred individuals, living in all parts of Los Angeles County." This study gives among other things the distribution of family earned income on an average weekly basis for the first quarter of 1944, and for the same period the distribution of major occupational groups, expenditures in such form that they can be studied with different levels of income or as average of all incomes. Valuable as this study may be for the Times and some of its patrons, it is not comprehensive enough in numbers or complete enough in detail to serve us.

Locally, there are also the "Cost of Living" Index figures in Los Angeles. The last one of August 15, 1944, gives interesting data on the increase of total cost of living August 1944 over August 1939 of 27 per cent,

food having increased	49.2 per cent,
clothing	35.3
rent (as of June 15)	2.5
fuel, electricity, ice	6.4
home furnishings	31.8
misc.	22.2 ⁴²

These indices, as you can readily see, are exceedingly useful to the O.P.A., but again do not serve us. They do not serve as factors for modifying expenditures of other years, since among other deficiencies for our purpose, income taxes and bond subscriptions are not included.

While in some organizations certain statisticians feel that they can take available information and modify it to express the income and expenditure situations in Los Angeles, the result would be only a hodge-podge of variables that in the end would give no sound

⁴²Bureau of Labor Statistics, L.A. District Offices: The Cost of Living in Los Angeles, August 15, 1944.

of the Irish and the Italians."³⁵ In an analysis of national origins of the 1940 population figures for the city, the latter show that "the Mexicans comprise Los Angeles' largest group of foreign-born, but they also, when foreign-born and native-born are lumped together, constitute the city's largest and most important minority, representing some 120,000."³⁵ Perhaps we should add that the recent census figures make the Negro a close second.

Probably the one group of figures that would most nearly resolve all the facts we have into some kind of a comprehensible and workable composite would be satisfactory income and expenditure figures. If we had them and nothing else, we should be in a sad plight for planning, but if in addition to the valuable information we have we could have reliable data on individual and family incomes at the various income levels, the members in a family dependent on a given income, and the expenditures at the various income levels for families of various sizes, we would have the key to much that is basic in planning. To know gross³⁶ income at various income levels as some studies show and not know how many there are in a family dependent on the income is not formative in a study of income and of expenditures. For instance a man and wife with an income of 2000 dollars is one problem in study of income and expenditures, but a man and wife with four children furnishes quite a different problem. Health, housing, recreation, racial tensions, density of population, educational levels, etc. are all part and parcel of the income problem.

The importance of this type of information has been recognized, as is evidenced by the extensive studies made by the National Resources Committee of the United States Government on "Consumer Incomes in the United States" and "Consumer Expenditures in the United States" for the years 1935-6. "These estimates of income of 1935-6 were the first to appear since the Brookings Institution estimates for the year 1929. Previous to that report, very few attempts have been made to measure the division of national income by income classes, and only one study had appeared in published form—that of the National Bureau of Economic Research, giving estimates for the year 1918." The studies of 1935-6 of the National Resources Committee give an over-all picture of incomes and their distribution on a national scale. They are broken down into several major geographical divisions and for groups of cities of various sizes, but incomes at various levels and for various family groupings are not avail-

able for individual cities or areas, such as Los Angeles, and even if they were, the data would not be useful for planning at this time, since this period is so different from 1935-6 in the distribution of incomes. There is the same objection, for our purpose, to the study of the consumer expenditures, for increased government taxation, the higher cost of living, the quantity limitation of certain products, etc., have changed the whole picture of family expenditures. Some of these figures we still hear quoted in income and expenditure studies. The following figures will probably sound familiar to you: "In the distribution of 29,400,300 families by income levels, 4,178,284 families or 14 per cent receive less than \$500
12,254,547 families or 42 per cent receive less than \$1,000
19,002,465 families or 65 per cent receive less than \$1,500
25,707,718 families or 87 per cent receive less than \$2,500
28,606,499 families or 97 per cent receive less than \$5,000
29,116,509 families or 99 per cent receive less than \$10,000
283,791 families or 1 per cent receive \$10,000 and more³⁷

The important thing to note is that over one-half the nation's families or 65% received less than \$1500.

The next study on a national scale was made by the U.S. Department of Labor, Bureau of Labor Statistics, and published in 1942. It covered the 12 months of 1941 and the first quarter of 1942. It is entitled "Income and Spending and Saving of City Families in Wartime." "Altogether 1300 families and single consumers" in 62 cities were covered. They represent all regions of the country and cities in every size class from those with a population of 2500 persons to the largest city in the country. Los Angeles as one of the cities was represented by 29 families. Imagine the fifth largest city in the United States, a city in 1940 of some 1,500,000 people, being represented by 29 families! Obviously, as the study admits, it is not comprehensive enough for the purpose of local planning. The Bureau of Labor has some sort of national composite, but just what it means, even on a national scale, is subject to question, when we consider the wide range in items of living costs from the smallest of cities to our great metropolitan centers and the paucity of data.³⁸ There is also the study of "Wage or Salary Income Received in 1939 by All Experienced Members in the Labor Force," which also has its inadequacies so far as our purpose is con-

Characteristics of the Population, etc., April 1944.

³⁵The Haynes Foundation, op. cit., pp. 11-12.

³⁶Gross income in this report refers to income net of operating expenses but not net of income taxes as in some California reports.

³⁷National Resources Committee: Consumer Incomes in the U.S.: Their Distribution in 1935-6.

³⁸United States Department of Labor, Bureau of Labor Statistics: Bulletins No. 723 and No. 724.

rental neighborhoods are composed of single or two-family houses, is the absence of the high population densities found in eastern cities. The maximum population density in Los Angeles is approximately 60,000 to the square mile, and incidentally this density is found in one of our worse housing areas, while population densities ranging from 10,000 to 25,000 per square mile, are characteristic of the soundly built-up sections of the city. As, however, we are dealing with a single-layer city of one story buildings, as compared with the six and eight story tenements in the East, the lower densities per square mile are not an indication of lack of overcrowding. However, in such areas as the "Angel's Flight" district it sometimes exceeds anything that would be permitted by the Health Departments in our Eastern cities."¹⁵

Density of population and housing go hand in hand. The persons per dwelling unit in Los Angeles, 3.1, is the lowest of the five selected cities, the number of persons per unit being largest in Philadelphia and Detroit, each being 3.8.¹⁶ While these facts are favorable as compared with other large cities, they, too, conceal bad conditions. There is a study conducted by the "Housing Authority of the City of Los Angeles" in 1940, of approximately 29 square miles of downtown Los Angeles, selected because it represented the oldest section of the city within the approximate boundaries as they existed prior to 1895, before the tremendous growth of Los Angeles through annexation. "The data gathered in number of persons per dwelling unit brought forth the fact that approximately one unit of every 20 dwelling units was overcrowded because there were more than 1½ persons per room (seven persons in a four-room house)."¹⁷

If we consider the housing situation from the standpoint of home ownership, we find "Los Angeles occupies an intermediate position among the five cities. . . . Perhaps the most surprising feature of the ownership statistics is Los Angeles' unexceptional showing. It would be reasonable to expect the percentage of home ownership in any of the other four centers. There is in Los Angeles a higher proportion of single-family dwellings; construction costs, due primarily to the mildness of the climate, are relatively low; realtors are both numerous and aggressive; and down payments required to purchase property have, as a rule, been small."¹⁸

The age of housing is another important

¹⁵Los Angeles County Co-ordinating Councils (Prepared under the direction of) Juvenile Delinquency and Poor Housing in the Los Angeles Metropolitan Area December 1937 (W.P.A. Delinquency Prevention Project.)

¹⁶The Haynes Foundation, op. cit., p. 5.

¹⁷Housing Authority of the City of Los Angeles. Housing Survey Covering Portions of the City of Los Angeles.

¹⁸The Haynes Foundation, op. cit., pp. 12-13.

factor. As the analysis of the Haynes Foundation shows, "less than 4% of Los Angeles' existing housing units antedate the turn of the century. In three of the other four cities, more than 20% of the existing housing was standing in 1900. In Philadelphia the percentage slightly exceeded 38%."¹⁹ In the first two decades of the twentieth century for each of the cities, between 30 and 40 per cent of the existing dwelling units were constructed during this period. "It was during the depression years of the nineteen-thirties that the disparity between the rate of construction in Los Angeles and the rates in the other cities was most remarkable. Almost 20 per cent of Los Angeles' present housing was built during this decade. . . . A combination of percentages reveals that approximately two out of every three homes in Los Angeles have been built since 1920."²⁰

In connection with the size of dwelling units and overcrowding, we find that "the average dwelling unit in Los Angeles is smaller than its counterpart in Philadelphia, Detroit, or Chicago. . . . The mere fact that Los Angeles dwelling units are comparatively small does not in itself indicate a deficiency in housing. It must be remembered that Los Angeles families are on the average considerably smaller than families in other cities. . . . The relatively high percentage of overcrowding in Los Angeles, considering the low average number of persons per dwelling unit, is probably due not so much to the small size of the dwellings as to the maldistribution of the city's larger families—that portion of Los Angeles where the average number of persons per occupied unit runs highest is the section where the worst general housing conditions obtain—the lowest rent, the oldest structures, the smallest dwelling units, and the highest proportion of conversions."²¹

As would be expected in a city with such a large percentage of new housing, the need for major repairs is less than in cities with older construction, although this does not necessarily follow in all cities studied, Philadelphia being an exception. In the study made by the "Housing Authority of the City of Los Angeles," to which we have referred, we find that "of the children 14 years or younger, 3700 or 3 per cent of the total, in this age group, were living in owner-occupied dwelling units either in need of major repairs or unfit for use, and an additional 26,000 children in this age group or 20 per cent of the total, were living in tenant-occupied dwelling units of the same condition. The greater the number of children in the family, the greater was the likelihood that the family with children was residing in accommodations which

¹⁹Ibid., p. 14.

²⁰Ibid., p. 15.

²¹Ibid., pp. 17-18.

were substandard because they were in need of major repairs, or unfit for use. Stated in another way, only 11.1 per cent of families with no children were residing in dwelling units substandard for reasons given. However, in the case of families with five or more children, for example, 47.8 per cent were living in such dwelling units."²²

As the Haynes Foundation analysis indicates, "Probably more significant than the repair factor as an index to housing conditions is the presence or absence of modern sanitary facilities."²³ Whereas Los Angeles in comparison with the other large cities has a good showing in this respect, it has a markedly inferior showing in the proportion of units that have running water. "With the newest housing the smallest number of conversions, and the lowest percentage of units without private bath, Los Angeles would normally be expected to have a comparatively small number of dwellings lacking the elementary convenience of running water. Actually it has about three times as high a proportion of such units as has Chicago, Philadelphia, or Detroit, and almost seven times as high a proportion as New York."²⁴

Wherever we have an enviable record in comparison with the other major cities, we can congratulate ourselves, but we should not forget in our self esteem the areas in our midst that are overcrowded, that have housing in need of major repairs, that are without proper sanitation, and do not have running water, for these are situations closely connected with the health of a community. In a 1942 issue of "The American Journal of Public Health," there is a study entitled "New Light on the Relation of Housing to Health," which is based on a National Health Survey, a house-to-house canvass of illness and medical care in relation to economic and social factors, covering 2½ million persons in 83 cities scattered over 18 states. It is shown "that in seven communicable diseases: diphtheria, mumps, scarlet fever, German measles, chicken pox, measles, and whooping cough, the cases occur relatively earlier in the crowded households for every one of the diseases listed. Some show very much higher rates in crowded households than in uncrowded ones, but the earliest occurrence of these communicable diseases in crowded households is significant because of the higher rate of fatality at the early ages. This same study shows that "the low-income (relief) group with more than 1½ persons per room and the small income group with one person per room—there is an excess for all causes of illnesses disabling for a week or more of nearly 75%, for tuberculosis (under

65 years of age) of 350%, for pneumonia of 150%, for rheumatism (adults) of more than 100%, and for influenza of 35%. In the study of incidence of digestive diseases in relation to sanitary facilities it was found that indigestion and similar stomach ailments, diarrhoea and enteritis, and particularly typhoid fever showed a significant increase when sanitary facilities were not present. Further the report showed "that as rental values go down the rate of home accident goes up, the more dilapidated the dwelling is likely to be, the darker the rooms, the greater the accident and fire hazard."²⁵ (We might note in passing that no such extensive and thorough study has been made in mouth health.) There was no effort to measure the neuroses or inferiority complexes of people living in such housing. Nor did it show that public health nurses have difficulty in giving adequate care in such substandard houses, but the total is sufficient to warrant careful attention of such lack of health conditions in our midst. You may have noticed in a recent issue of a local paper that the "sickness rate in Wilshire district is shown as lowest in the City . . . while," the same article continues, "there have been 136 cases and 24 deaths of epidemic meningitis in Los Angeles since January 1, the highest rates occurring in those areas having the most crowded living conditions."

Of the other available facts on people in Los Angeles, one of particular interest is the age composition of the population. In comparison with other major cities, "the percentage of school age children is singularly low . . . It also has far more than its proportionate share of persons over 44. Los Angeles is as notably over-supplied with oldsters as it is under-supplied with youngsters. With 8.5 per cent of its population 65 years of age or older, it leads all of the other major cities save Philadelphia by a wide margin as a haven for the elderly."²⁶

"That the peculiar age distribution of the population of Los Angeles has tremendous implications is obvious. The effects of the age pattern are evident in every field, social, political, and economic. One of the most important and widely publicized of these effects has been an old-age care problem of incomparable magnitude and complexity. On the political side, this problem has flowered into the radical old-age pension proposals for which the city is notorious. The city's age composition has countless other less obvious effects. The present and the potential labor supply, for example; the present and the future programs of such agencies as the schools, the Council of Social Agencies, the Commu-

²²Rollo H. Britten, "New Light on the Relation of Housing to Health," *American Journal of Public Health*, Vol. 32, No. 2 February 1942.

²³The Haynes Foundation, op. cit., p. 6.

²⁴The Haynes Foundation, op. cit., p. 21.

²⁵Housing Authority of the City of Los Angeles, op. cit.

²⁶The Haynes Foundation, op. cit., p. 20.

²⁷Ibid., p. 21.

ity Chest, and governmental welfare agencies; the platforms of aspiring politicians; all these and many other aspects of the city's life are geared to the age factor in some degree . . . It is not beyond the realm of possibility that one of the most important effects of the war upon Los Angeles will be a substantial change in the age composition of its population."²⁷

As the Haynes Foundation study indicates, the exact age change due to war will depend on a number of factors and cannot be determined accurately until the 1950 census. A comparison of the 1940 figures with those released by the Census Bureau as of April, 1944,²⁸ shows a marked increase in the ages under 5 years, a decrease of the ages 15 to 35, which include those ages most heavily drawn upon by the draft, and a very slight variation in the other age groups.

"Of the five largest cities, Los Angeles has by far the most educated population. The median educational level of the residents of Los Angeles is higher by at least two years than the educational median of any of the other four cities . . . Los Angeles is unique among the five urban centers in that more than one-half of its inhabitants have had the benefit of some high school or college training. Approximately 60 per cent of the citizens of Los Angeles report completion of at least one year of schooling beyond the eighth grade; 16.6 per cent report at least one year of college."²⁹

While the Haynes Foundation study does not attempt a full explanation of the disparity between the educational level prevailing in Los Angeles and the levels of the other cities, it suggests that it may be in part due to the movement of population into Southern California during the past several decades, particularly prior to the nineteen-thirties, when "an extraordinarily large proportion of the never-ending flood of newcomers came from one particular section of the United States, commonly designated as the "North Central,"³⁰ where on the whole the educational standards are relatively high. It should perhaps be emphasized that the people of Los Angeles are not low grade, as has been rumored. To the contrary, they are the "pick of the crop" and may justify George Ade's comment that the best people leave home. "Not only did the main stream of new population flow from a particular geographical area, but it also showed a tendency to carry with it only certain types of individuals";³¹ the great army of the retired and the army of the white collar, attracted to what was largely a non-

²⁸Ibid., p. 7.

²⁹Not as accurate as 1940 figures.

³⁰The Haynes Foundation, op. cit., pp. 7-8.

³¹Ibid., p. 8.

³²Ibid., p. 8.

industrial city: the proprietors, the business men, the salesmen, the professional men, and the clerical workers. "As the heart of one of the richest agricultural areas, Los Angeles has attracted more than its share of mid-western farmers. As the nation's fastest growing metropolis it has naturally exerted a magnetic influence upon the skilled construction worker. And finally, there must be included in any analysis of the elements which have contributed to the city's growth the numberless throng which has been drawn here by the lodestone Hollywood, and by the self advertisement for which Los Angeles is notorious . . . Not only the source but the composition of in-migration into Southern California has had an important bearing upon the educational level of Los Angeles . . . Another factor which has probably contributed somewhat to a high educational level is the relatively low percentage of foreign born population . . . Like the age distribution of the Los Angeles population, the educational pattern may be substantially affected by the current impact of the war upon the Los Angeles area"³² and the depression in-migrants of the late thirties.

Another factor that we need in evaluating population in Los Angeles is the number of people in the various racial groups. Of the total city population in 1940, 1,504,277, 93.5 per cent were white, 4.2 per cent were Negro, and 2.3 per cent represented other races.³³ The war has materially changed the situation, the Orientals having been reduced by the evacuation of the Japanese population and the Negro population in the city having increased, according to the governmental census, from 63,774 in 1940 to 118,888 in 1944, or about 87 per cent, and other races having dropped from 34,073 to 10,010 or approximately 29 per cent. For the Los Angeles area the percentage of increase in Negro population is almost 10 per cent less, 78 per cent as against 87 per cent in the city, but the numbers are appreciably larger, the area figures of 1940 being 75,496, and those of 1944 being 134,519, showing an increase of 59,023.³⁴ With housing difficulties such as they are for this group, and with employment becoming more difficult, as it does for minority groups in times of crisis, a potential reconversion and postwar problem should receive immediate attention in order to prevent racial tensions becoming more acute than they now are.

With reference to the foreign born, Los Angeles has the lowest percentage of the five major urban areas, "Los Angeles has attracted far more than its proportionate share of the English, Mexicans, and the Canadians; far less than its proportionate share

³³Ibid., pp. 8-9.

³⁴Ibid., pp. 10-11.

³⁵U.S. Department of Commerce, Bureau of the Census.