

The Economic Depression and Public Health Memorandum Prepared by the Health Section

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UNEMPLOYMENT IS ONE OF

the most alarming symptoms of the present economic depression. . . . [T]he Director of the International Labor Office estimated at 20–25 millions the number of wholly unemployed in the world at the end of 1931. . . . [T]he countries most affected are the United States of America with 8–10 million unemployed and Germany with 5 860 000 (April 1932). Next come the United Kingdom with 2 200 000 unemployed (April 1932) and Italy with about 1 million. These figures are, however, far from providing an adequate idea of the social disturbances provoked by the depression. In the working class, the partially unemployed, and even those who are not unemployed often find their conditions of life affected in the same way as the wholly unemployed. . . .

In judging the state of health of a country, it is usual to consider its mortality rate. This, to a certain extent, is justified, since unfavorable conditions. . . affecting the health of individuals lead to the contraction of diseases, some of which have a fatal ending and thus influence the death rate. It should, however, be recognized that the use of the death rate to judge a country's state of health is only a makeshift and that it is only employed in the absence of a better criterion. It must be admitted that certain unfavorable conditions. . . may diminish the

degree of physical well-being, reduce weight, delay growth, etc., without immediately provoking well-defined diseases; in a more pronounced degree, such conditions might engender disease not necessarily causing death (rickets) or only causing it after a long interval (tuberculosis). . . .

In the last few years, the facts have been as follows: low mortality in 1928, a year of prosperity; higher mortality owing to an influenza epidemic in 1929; low-mortality in 1930, despite the beginning or development of the crisis. . . . In 1931, there was a fresh outbreak of influenza, raising the mortality rate, which was, however, far from reaching the 1929 level and remains below the levels of the previous years. . . . [T]hat the crisis had no appreciable effect on the aggregate mortality rates of the different countries in 1931. . . does not, however, allow us to conclude that there was no correlation between the economic crisis and mortality.

The phenomenon must be observed more closely, and not only the aggregate mortality rates but the mortality of the different ages and of the 2 sexes must be studied. We must consider whether the absence of an aggregate increase was not due simply to a decline in births brought about by the crisis and naturally followed by a decrease in infant mortality. We must then see

whether certain elements of the population did not feel the unfavorable influence of the crisis more severely than others.

In order that we might accurately study the correlation between the different phenomena, we chose towns for which we possessed both data with regard to mortality by age, sex and cause and data on local unemployment, the price of food, or failing this, the cost of living. . . . The towns chosen for our inquiry were Amsterdam, Budapest, Cologne, Milan, Paris, Prague and Warsaw. . . . [W]e propose to study each of the main groups of the population—infants, children, adolescents, young and old adults of the 2 sexes and, lastly, the aged. . . .

INFANT MORTALITY

Observations extending over nearly a hundred years show us that economic prosperity leads to an increase in the marriage rate and the latter in its turn to an increase in the birth rate; and conversely that an economic depression brings about a falling off in the number of marriages and births. The last crisis is no exception to this rule, and the year 1930 was, in general, a year of high birth rate following upon the prosperity of the first half of 1929. The year 1931 and the first few months of 1932 reflected, on the other hand, by

their reduced birth rate, the deteriorating economic conditions of 1930 and 1931. The decline in the number of births has no doubt led to a corresponding decline in the number of deaths among infants. . . .

MORTALITY AMONG YOUNG ADULTS

Young adults from 25 to 50 or 55 constitute the essential working element of the population and are thus directly affected by unemployment. The 2 sexes are not, however, affected to the same extent. In men, partial or total unemployment leads to a considerable decline or to the almost entire suspension of their physical activity. They therefore need less food and take rest which, in many cases, is not any less beneficial through being enforced. Their nonattendance at the workshop may also be advantageous by doing away with the risk of accidents and occupational diseases. . . . In the case of the worker's wife, on the other hand, her husband's unemployment does not bring with it any alleviation of her household or maternal task (pregnancy, lactation). . . . Moreover, as he has already been observed, during famines, when food is short, the wife is the first to go without. . . .

MORTALITY AMONG OLD ADULTS AND OLD PEOPLE

In 1931, mortality among persons from 50 to 60 and from 60 upwards remained more or less stationary, as compared with the previous years, in the various towns except Cologne and Budapest, where it rose fairly sharply. . . . Account should, be taken of the fact that, during the war, old



Children in bedroom of their home, Charleston, WV, September 1938. The photographer is Marion Post Wolcott. Courtesy of the Library of Congress, Prints & Photographs Division, FSA/OWI Collection, LC-USF34-050119-D [P&P].

people proved specially susceptible to privation; possibly, it is this same susceptibility which has again appeared in certain towns and has led to an increase in general mortality. The simultaneous increase in deaths from tuberculosis among the higher age-groups in certain towns also appears to confirm this view. . . .

TUBERCULOSIS MORTALITY AMONG OLD ADULTS AND OLD PEOPLE

Except in Amsterdam and Milan, where it declined, tuberculosis mortality among persons over 50 remained stationary or increased slightly in the towns studied (Budapest, Cologne, Paris). This applied to both sexes. . . .

In large German, English, and American towns as a whole, general mortality during the first half of 1932 was low: this also applied to the last 3 quarters of 1931, an influenza epidemic, which affected the figures, having occurred in the first quarter. For that

year as a whole, the mortality was equal to the average for the 6 preceding years in English towns and was distinctly lower in German and United States towns. . . .

Nevertheless, it would be unwise to draw from these various observations the conclusion that the crisis has had no harmful effect on health, since tuberculosis mortality is only a tardy symptom of this, and general mortality is an imperfect and somewhat insensitive criterion of the state of health of the population. Moreover, it is impossible to express any opinion as to the future movement of these statistics. It should also be remembered that the interpretation of statistics relating to tuberculosis morbidity is a very delicate matter. As regards statistics concerning general morbidity, these are practically nonexistent. . . .

Information obtained in recent years by laboratory and clinical research has made it clear that the health of a nation is closely bound up with the state of its

nutrition. It is therefore important to discover what kind of food the unemployed millions, with an income reduced to a very low level, are able to buy. While very few studies of the dietaries actually used by unemployed men and their families have been made during recent years, sufficient data exist to enable certain inferences to be drawn about their nutrition. . . .

Lehman offers a rough qualitative description of the dietaries of 2 unemployed families in Mannheim in 1931. At 3 meals out of 4, very little beyond coffee and bread with margarine or jam were eaten. The midday meal usually included a greater variety of foodstuffs—soup, potatoes, green vegetables, and sometimes meat. . . . Unemployed families, living at bare subsistence level, naturally tend to buy the cheapest qualities of meat, margarine, coffee, etc. The following facts were supplied by the director of a co-operative society in one of the largest cities in Germany. The society contains 36,000 members, of whom 50% are unemployed. During the last year, while the consumption of all kinds of provisions has fallen by about 20–30%, that of bread and potatoes has remained the same, so that a greater proportion of the diet now consists of these foods. . . .

Schemes for providing the unemployed with work without providing them with a working diet should be regarded with caution. The fact is well known that various food-deficiency diseases — scurvy, beriberi, hunger edema — are specially apt to occur in those who, while consuming a deficient diet, are forced to make severe physical efforts. It is among the wives of the unemployed,

whose duties are, if anything, increased when the breadwinner loses his job, that the effects of malnutrition are likely to be earliest in evidence. . . .

Although the mortality and morbidity statistics of the various countries have not hitherto supplied any indication that the crisis is now exercising an influence on the state of health of the populations which can be measured statistically, warning signals have nevertheless multiplied in the last few months, especially in Germany, indicating that, in many districts, underfeeding has taken a sufficiently grave form to constitute a danger to public health. . . .

Of all countries, the United States was the one most suddenly attacked by the depression. Circumstances in that country differ from those in Germany and the United Kingdom in that, as there is no system of social insurance, the enormous mass of unemployed depends entirely on public assistance. . . .

Welfare agencies and other organizations dealing with underprivileged people present alarming reports. “Two years of depression and unemployment have taken their toll in undernourishment of children and young mothers”, states a report of the National Organization for Public Health Nursing, based upon replies to a nation-wide questionnaire among nursing agencies. The report cited a health care center in New York City where the percentage of undernourished children had been carefully determined for 3 years and where malnutrition had increased from 18 to 60% since 1928. One State Board of Health stated that “physicians conducting pre-natal consultations reported that about half the

women coming to the clinic report unemployment and show evidence of insufficient essential foods, such as milk, meats, eggs and vegetables.” Many families are subsisting almost entirely on potatoes. The American Friends Service Committee of Philadelphia discovered that 99 out of 100 children in one school were under weight. . . .

The effect of the economic depression is not confined to the physical consequences we have just indicated. Observations made in Germany, the United States and the United Kingdom bring out the serious psychological disturbances observed among the unemployed and the members of their families as a consequence of the lack of work and of the resulting privations. The fear of losing his job, the disappointment of the vain search for a new one, the despair caused by his inability to find work within a reasonable time gradually undermine the mental balance of the unemployed: anxiety, fear, bitterness, discouragement, loss of self-confidence, profound despair — such are the symptoms of his state of mind.

The lack of occupation has a particularly bad effect on the adolescent who, just when the time comes to enter upon his career, finds his way barred by insurmountable obstacles. . . . A large number of these adolescent unemployed are seeking refuge in political organizations. “Is it then to be wondered at if in the hearts and minds of these millions of adolescents there grows up a political extremism which can conceive of an improvement only in the collapse and destruction of all that now exists and if instinctively they should regard this as their last hope?” (Chancellor Bruning’s speech on May 28th, 1932).