

## HEALTH PLAN FOR THE NATION

**I**F, as President Roosevelt has said, "the State's paramount concern should be the health of its people," then, in our magnificent planning for an improved social and economic order, we have neglected something essential in the very basis of our future security. For we have so far lamentably failed to establish any well considered plan of health conservation on a nation-wide scale.

The time has come when this failure should be faced frankly and honestly by leaders in medicine and public health to whom the government looks for constructive advice. The President and the Congress should have placed before them a real plan of public health, large in vision, comprehensive in scope, effective as scientific knowledge and administrative experience can make it, and worth a considerable expenditure of money. Such a program should include not merely the control of communicable diseases but the full use of all facilities for prevention of physical and mental impairments, medical and dental care, and social relief. These services—preventive and curative—should be made available to all classes of the population in all communities, not merely to the rich and the indigent nor only in some localities or some areas. By whatever means that are most effective and acceptable, the services of private physicians and medical institutions should be coordinated with those of public health and welfare agencies. The cost of medical care should be defrayed from public funds whenever adequate service cannot be furnished by private facilities and whenever it cannot be paid for by those who need it; and some method of distributing the cost should be devised for the great mass of the population. Physicians and others who render medical and related services should be adequately compensated. Effective integration of local, state, and federal health func-

tions is necessary. Federal aid to states on a considerable scale should be accepted at the very outset as essential. The program must be national in scope.

Is there a real need for this? Why, some may ask, all this bother and expense? Are we not getting along well enough?

Let us consider dispassionately a few of the important aspects of the situation:

(1) In spite of achievements in medicine and public health as manifested in a lowered mortality among infants, children, and younger adults, the death rate among adults of middle and old age has not appreciably diminished. By reason of restrictions upon immigration and the decline in the birth rate, we shall be an older aged people and can no longer afford to impair vitality as we have done in the past. Even the mortality among mothers and infants in a large class of the population of the United States is still far above that in some other countries. The incidence of illness from preventable and curable causes among persons of every age still is disconcertingly great. The high prevalence of preventable and remediable defects and impairments, physical and mental, in all classes, is a sad commentary on the failure to apply the results of medical science.

(2) The actual effects of the economic depression upon the health of the population have not yet been realized nor has their full extent been manifested. The favorable death rate in 1930-1932 is a gratifying indication that public health and curative medicine have been effective in some directions and that relief has prevented deaths, but it is not evidence that national health has attained its highest level. Signs are already accumulating that the American people are not going scot-free from damages to health in this depression. Increased mortality rates, especially from tuberculosis and among infants, and more malnutrition among school children are

appearing in some localities. In other pages of this *Bulletin* appears a preliminary report upon an investigation, undertaken by the United States Public Health Service and the Milbank Memorial Fund, which reveals not only a higher sickness rate among the poor as compared with those more favorably situated, but also to a higher rate among those who have suffered the most marked economic change during the past three or four years. We have been somewhat incredulous over reports of more malnutrition among school children; another report shows that in a sample area in New York City these indications are substantiated by careful physical examinations of children in families affected by the depression. Still another report indicates that deficiencies exist in the diet of unemployed families which were not fortunate enough to be adequately aided by relief agencies. Although it is too soon to appraise the full effects of the depression, a grave situation is gradually being revealed that calls for action.

To cope with conditions such as these, the existing facilities for medical service and health protection are grossly inadequate. Let us face the facts honestly. Briefly summarized without exaggeration, they are as follows:

(a) A very large proportion of the population, as the Committee on the Costs of Medical Care has so clearly shown, cannot receive any medical care whatsoever and an even larger proportion cannot obtain adequate medical care. Facilities for institutional care are lacking in many localities, and a pitifully small number of families have opportunities for diagnosis and preventive treatments. The great majority of American families are unable to meet the sudden costs of severe illness. Under the temporary system of relief, probably more of the poorer families are getting medical care than ever before—a fact which argues eloquently for some systematic handling of the entire problem. A large percent-

age of physicians and others who render medical services receive inadequate incomes even in times of prosperity and their plight is immeasurably worse now.

This is, to put it mildly, an intolerable situation for a country such as ours.

(b) Such methods for developing public health functions in all parts of the nation as have been tried have failed ignominiously. They failed long before the present economic depression. It is only necessary to recall very briefly that in the beginning of the public health movement in the United States, each locality attempted to meet its own problems by such means as sanitation, purification of water supplies, and isolation of cases of communicable diseases. Then it became evident that state-wide measures were necessary and state health departments and boards of health were created. State care of the insane and the tuberculous was established and, in some instances, state aid to local units was provided. Yet a quarter of a century has passed and many states have almost entirely failed to afford even minimal facilities for the protection and promotion of health. The effort to get the federal government to do for public health what it has done for education, agriculture, and roads, so far has been unsuccessful; the niggardly appropriations that were made for rural sanitation and for maternal and infant hygiene have practically ceased, largely because of the opposition of private interests in the field of medicine. Even the limited health functions of the federal government are not integrated and have been subject to internal jealousies and bickerings. Such protection as has been afforded to the wage-earner against hazards of occupation and industrial employment has been achieved all too slowly.

The plain fact is that minimal public health activities were grossly inadequate in a very large part of the area of

the United States even in the heyday of our prosperity. Since 1931, even these facilities have been severely curtailed, especially in those states and areas where the need for health protection is greatest. In forty out of forty-eight states appropriations for public health have been cut. In some states this cut is one half. This has created an acute national public health problem. It is rapidly approaching the dimension of a national health emergency. It can no longer be neglected. The leaders in the public health movement have a responsibility and the President has a right to expect that they will present a health plan to be incorporated in the plan for national recovery.

In the prosecution of a national health program, it is not necessary for new expensive agencies to be created. The existing machinery in the federal and state governments can be utilized and developed if a comprehensive plan is formulated and reasonably adequate federal appropriations are made. Three steps suggest themselves for immediate action:

I. The integration and coordination of all federal health activities under a single head in one department. This could be accomplished at once under the President's direction with such advisers as he may choose. Later it might be advisable to group all social, education, and welfare activities of the federal government into one department with a cabinet member as its head and assistant secretaries for each of the principal fields of interest.

II. The formulation, by the federal head of public health activities, with the counsel of leaders in medicine, public health, and social welfare, of a national plan of public health and medical care, for consideration by the President and the Congress. Such a program should provide for:

1. Coordination of federal, state, and local functions and activities;

2. Training of necessary administrative and scientific personnel;
3. Setting up standards of efficient administration and evaluation of results; and
4. Efficient use of federal, state, and local funds according to needs as determined by health, not political, conditions.

III. Federal appropriations to supplement state and local funds for community health, for medical care of those unable to pay for it, for construction of necessary medical and health facilities where needed, and for education of personnel. The necessity for federal aid cannot be blinked at; it is essential to any effective program. Whatever amount may be estimated as immediately necessary after a careful survey by the federal and state authorities will be almost trifling in comparison with the billions of dollars now being expended for rehabilitation and relief.

No further great advance in the conservation of health can be accomplished unless and until the concept of public health is broad enough to include not merely a limited number of protective measures such as the control of communicable diseases, but all preventive and curative medicine and education in hygiene, as well as efforts to increase the economic security of the people. No real success in translating this concept into action for the country as a whole is likely unless a national health plan is formulated. No nation-wide plan can be effective without the leadership and the financial aid of the federal government.

“Nothing can be more important to a state than its public health,” said Franklin D. Roosevelt when he was Governor of a state. That this dictum was more than an eloquent phrase was amply proven by his leadership in formulating a broad program for the future development of public health in

New York. There can be no doubt that he will continue that leadership for the nation. The time is peculiarly opportune for sanitarians and physicians to give him full opportunity and aid.

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