PUBLIC HEALTH IN THE PROGRAM FOR ECONOMIC SECURITY

INCLUDED in the program of the Committee on Economic Security appointed by President Roosevelt, and in his recommendations in a message to the Congress on January 17th, 1935, are proposals for greatly increasing the scope and activities of the United States Public Health Service and for financial and technical assistance to State and local health departments. These are now pending in the so-called Wagner Economic Security Bill.

It is a significant fact that so far no important opposition to these proposals has developed in the Senate Finance Committee and in the House Ways and Means Committee to which the Bill was assigned. If the proposals are enacted into law, the country can be assured that the foundation of a national health program will have been greatly broadened. Sanitarians should feel greatly encouraged that for the first time in recent history of the country, the President of the United States has included more adequate provisions for the prevention of disease and the promotion of health as an essential part of a broad and comprehensive plan of economic security. In addition, the President proposed substantial increases in appropriations to the United States Children's Bureau for maternity and infant health.

From the report of the Committee on Economic Security to the President on January 15th, 1935, the following excerpts are made:

> "In this situation there is great need for a nation-wide program for the extension of preventive public-health services. As was well stated by the medical advisory board:
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> " 'At the present time appropriations for public-health work are insufficient in many communities, whereas a fuller application of modern preventive medicine, made possible by larger public appropriations, would not only relieve such suffering but would also prove an actual financial economy. Federal funds, expended through the several States, in asso-

ciation with their own State and local public-health expenditures, are, in our opinion, necessary to accomplish these purposes and we recommend that substantial grants be made.'

"In accord with these principles and following the specific suggestions of the Advisory Committee on Public Health, we recommend: (1) Grants-in-aid to local areas unable to finance public-health programs with State and local resources, to be allocated through State departments of health; (2) direct aid to States in the development of State health services and the training of personnel for State and local health work; (3) additional personnel within the United States Public Health Service for the investigation of disease and sanitary problems which are of interstate or national interest and the detailing of personnel to other Federal bureaus and to States and localities. The Advisory Committee on Public Health suggested that in order to carry out these policies the total appropriation to the Public Health Service be increased by $10,000,000 per year, in contrast with $5,000,000—4 cents per capita—now spent by the Federal Government in all its departments for human health services. The advisory committee also reported that the needs of the country are considerably in excess of the additional expenditures suggested but expressed the view that a larger amount cannot be efficiently spent until necessary additional personnel has been trained and further tests of practical procedures have been made through which certain diseases can be more effectively controlled. It is not within our province to say whether the precise amount suggested should be appropriated, but we strongly endorse the recommendation for increased Federal participation in the prevention of ill health.

"It has long been recognized that the Federal, State, and local Governments all have responsibilities for the protection of all of the population against disease. The Federal Government has recognized its responsibility in this respect in the public-health activities of several of its departments. There also are well-established precedents for Federal aid

> for State health administration and for local public facilities, and for the loan of technical personnel to States and localities. What we recommend involves no departure from previous practices, but an extension of policies that have long been followed and are of proven worth. What is contemplated is a nation-wide public-health program, financially and technically aided by the Federal Government, but supported and administered by the State and local health departments."

The Committee's report also included the following recommendation for further Federal aid to the Children's Bureau to be used for its own activities and for grants-in-aid to States:

> "We recommend that the Federal Government through the agency of the Children's Bureau should again assume leadership in a nation-wide child and maternal health program. Such a program should provide for an extension of maternal and child health services, especially in rural areas. It should include (a) education of parents and professional groups in maternal and child care; supervision of the health of expectant mothers, infants, pre-school and school children, and children leaving school for work; (b) provision for transportation, hospitalization, and convalescent care of crippled children in areas of less than 100,000 population. This program should be developed in the States under the leadership of the State departments of health in cooperation with medical and public-welfare agencies and groups concerned with these problems. Federal participation is vital to its success. It should take the form of both grants-in-aid, and of consultative, educational, and promotional work by the Children's Bureau in cooperation with the State health departments.
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> "The appropriation suggested by our Advisory Committee on Security for Children of $7,000,000 per year is large in proportion to the $41,139 now appropriated to the Children's Bureau for child and maternal health work. But its cost is small when it is compared with the expenditures for many purposes having far less direct relation to human wel-

> fare. Whether the precise amount suggested should be appropriated is a matter for the determination of other agencies. But we cannot too strongly recommend that the Federal Government again recognize its obligation to participate in a nation-wide program saving the children from the forces of attrition and decay which the depression turned upon them above all others."

These proposals grew out of a study of the "risks to economic security arising out of ill health" which was authorized by the President's Committee on Economic Security. This Committee[1] was appointed last June to make recommendations to the President on safeguards — to quote President Roosevelt's words — "against misfortunes which cannot be wholly eliminated in this man-made world of ours." The risks arising from ill health were the subject assigned to a special staff headed by Edgar Sydenstricker and I. S. Falk whose services were loaned by the Milbank Memorial Fund at the request of Edwin E. Witte, executive director and secretary of the President's Committee. On the subject of the extension of public health services they were assisted by Dr. W. Frank Walker and Professor Ira V. Hiscock. This staff worked in close collaboration with representatives of the United States Public Health Service and the Children's Bureau. The proposals which they suggested as a result of their study were submitted to the Public Health Advisory Committee appointed by Secretary Perkins composed of the following: Eugene L. Bishop, M.D., president, American Public Health Association; A. J. Chesley, M.D., secretary and executive officer, Minnesota State Board of Health; Louis I. Dublin, M. D., third vice-president and statistician, Metropolitan Life Insurance Company; Homer Folks, secretary, State Charities Aid Association; Allen W. Freeman, M.D., dean, School of Hygiene and Public Health, The Johns

[1]Composed of: Frances Perkins, Secretary of Labor, chairman; Henry Morgenthau, Jr., Secretary of the Treasury; Homer S. Cummings, Attorney General; Henry A. Wallace, Secretary of Agriculture, and Harry L. Hopkins, Federal Emergency Relief Administrator.

Hopkins University; Clarence Hincks, M.D., general director, The National Committee for Mental Hygiene; Thomas Parran, Jr., M.D., New York State Commissioner of Health; Milton J. Rosenau, M.D., professor preventive medicine and hygiene, Harvard Medical School; John J. Sippy, M.D., health officer, San Joaquin Health District, Stockton, California; Katharine Tucker, R. N., general director, National Organization for Public Health Nursing; C.-E. A. Winslow, D.P.H., professor of public health, Yale School of Medicine; Abel Wolman, chief, Bureau of Sanitary Engineering, Baltimore, Maryland; Felix J. Underwood, M.D., State Board of Health, Jackson, Mississippi. This group met in Washington on November 22, 1934, and the staff report, after having been approved with some revisions, was presented to the Committee on Economic Security on December 15, 1934.

In addition to measures for preventing risks to economic security arising out of ill health, Mr. Sydenstricker's staff took into consideration various proposals for federal aid for providing and stimulating public (tax-supported) medical services and facilities. Among such proposals considered were more extensive medical care among persons for whom the federal government has assumed some responsibility; the building of additional institutions or additions to existing institutions for the care of the mentally diseased, and of tuberculosis sanatoria in areas where these facilities are inadequate; the building and maintenance of rural hospitals and health and medical centers; provision of clinics for syphilis; provision of dental services either as a part of medical services paid through insurance against the costs of medical care, or as public dental services for certain fractions of the population; and the payment of physicians now serving without pay in clinics. Insurance against loss of wages resulting from illness and insurance against the costs of medical care were among the most important subjects studied by Mr. Sydenstricker's staff. In these studies of medical services and of insurance, Mr. Sydenstricker

was aided chiefly by Dr. Falk. He had the assistance also of Michael M. Davis, Ph.D., Nathan Sinai, Dr. P.H., and, on the technical phases of health insurance, he invited and had the technical assistance of Robert G. Leland, M.D., and A. M. Simons, Ph.D., of the staff of the Bureau of Medical Economics of the American Medical Association. Upon Mr. Sydenstricker's recommendation, Secretary Perkins formed a Medical Advisory Board as well as advisory committees on dentistry, hospital management, and nursing. The various proposals which were made to the Committee on Economic Security have been discussed at considerable length in one or more meetings of these advisory boards and committees. The staff report on the entire subject of "Risks to Economic Security Arising Out of Ill Health," which was prepared by Mr. Sydenstricker and Dr. Falk, was presented to the Committee on Economic Security prior to March 1, 1935.