

## Introduction

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When the President delivered his budget message on January 29, 1973, he recommended the termination of most federal support to schools of public health and, thereby, threatened the continued existence of some of those schools and the quality of programs in all of them. The budget was a policy document reflecting two closely interrelated themes with both fiscal and ideological implications. One theme is a conservative approach to federal spending. The budget attempted to place a ceiling on expenditures that would match expected revenues. In order to stay under that ceiling and neither increase taxes nor decrease defense spending, cuts were made in domestic programs, and particularly in social programs and, therefore, in programs relating to health and schools of public health. The second theme is the dispersion of federal power. The President had repeatedly spoken against paternalism, the welfare ethic, unrestrained growth of big government in Washington, handouts, bureaucrats, income redistribution, and the alleged philosophy of liberals that problems could be solved by throwing federal dollars at them. (See Rivlin, 1973.)

The mechanisms chosen to implement this theme were: cutting out some programs, as already mentioned; consolidating others into special revenue sharing; and decentralizing certain areas of decision making to state, local, and individual levels. These two themes, conservatism in spending and the dispersion of federal power, form the basis for the New Federalism.

The ultimate impact of the New Federalism on schools of public health is more complicated and more interesting than simply that of a financial crunch with attendant scrambling for new sources of funding and moves to gain reinstatement of funding. To appreciate why that is so requires understanding the wider setting in which schools of public health have been functioning and also the events that have transpired in Washington since January, 1973.

The growing problems of health care in the United States have found most of our societal institutions groping for answers

and also asking questions about their own identity, and schools of public health have been no exception. The primary interest of the schools in the health of the public, the orientation of their research, educational, and service programs, and the rapid movement of their students and graduates from the health care system into the schools and back again have kept the schools closer to the problems than most other institutions. This closeness, unfortunately, has not guaranteed early and imaginative responses. Nonetheless, and speaking generally, the schools of public health have been more responsive to the health care problems of our country than other parts of universities.

For several years the schools of public health have been involved in a serious self-analysis, including at times a radical doubt about the reason for their existence. This searching has led each institution in its individual way closer to the mainstream of national need and institutional change. They have been identifying and experimenting with new missions and new programs, particularly those that carry them closer to the health care system, to new institutional structures that allow them to make better use of university resources, and new alliances for both programmatic and funding purposes.

In addition to this self-analysis, there are two major studies under way that include schools of public health in their purviews. One is the Commission on Higher Education in Health Administration chaired by Dr. James Dixon and sponsored by the Kellogg Foundation. A second is the Commission on Higher Education for Public Health chaired by Dr. Cecil Sheps and sponsored by the Milbank Memorial Fund. Finally, an international conference, entitled "Schools of Public Health: Present and Future," was held by the Josiah Macy Foundation in late 1973.

Thus, schools of public health have been moving through a period of self-renewal toward greater flexibility and innovativeness with respect to the health care needs of this country. It remains to be seen, of course, just how many constructive changes will follow from this position. There is, however, a growing understanding of schools of public health as a national resource and also as a special resource within their universities as those institutions try to develop more effective relationships to the health problems of our day.

Since the budget message of January, 1973, events have oc-

curred, some of them dramatic, that have highlighted or modified various aspects of the President's position. By mid-1973, a serious confrontation had developed between the Congress and the Administration. Through legislative action the Congress had authorized health-related programs and appropriated money to implement them only to have the legislation vetoed or the money impounded by the Administration. In response, there have been increasingly aggressive actions by Congress and by potential recipients of funds, some of whom have brought suit to overcome impoundments. The tension and turmoil over these issues is increased by the fact that authorization is expiring on a number of health programs that must be dealt with by mid-1974. The Administration, in turn, eased its position on some issues, such as the impoundment of funds, and emphasized the development of some major initiatives in health care, including a national health insurance program.

It is clear from these confrontation relationships that more is at issue than fighting for a reinstatement of funding. The development of new legislative programs that meet the health care needs of the American people and also take into account the potential problems of veto and impoundment will be substantially different from the legislative programs of the past. The implications for schools of public health are not clear in detail, but the challenge is strong. The papers that make up this symposium deal not only with the New Federalism as defined by the budget message of January, 1973, but also with the new forces that have come into play more recently.

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## Reference

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