

Impact of the New Federalism on Resources of Schools of Public Health

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The New Federalism

As I understand the term "New Federalism" two basic aspects are involved, both related to the concept that the federal government ought not to assume any functions that can be well handled at a state or local level. The first is to restore to the states and local communities greater power in making decisions on how public monies raised by federal taxes should be spent, decisions previously centralized in Washington. The second is to make feasible such a change in the locus of decision making through the process of revenue sharing; that is, distributing a portion of federally collected tax funds to the states and localities for direct expenditure. A stated purpose of the New Federalism is to promote self-reliance, interpreted, as far as students in schools of public health are concerned, as asking them to assume themselves a larger share of the costs of their education.

Let me point out, at the outset, that for schools of public health this argument, articulated by Secretary Weinberger before the American Public Health Association, is actually turned on its head. Termination of flexible federal support would, in fact, severely lessen rather than enhance the possibility of local decision making at the schools. To illustrate this I should like to look at the resources of schools of public health on which the New Federalism is having an impact, under three major headings: first, institutional support, helping to underwrite the cost of the faculty and other personnel, the facilities, and the support services needed for an academic institution; second, the student body; third, the milieu in which the institution operates, i.e., its community relationships.

*The Major Resources—
Personnel, Facilities, Supporting Services*

First, as to personnel, I am not sure the Administration recognizes, as I think the Congress now does, the importance of the variety and multiplicity of factors that go to make up a school of public health. The inherently multiplex character of faculty and student body at such a school requires a variety of resources that is in itself expensive. Newer emphases on teaching methods have focused on the use of devices and technical aids, such as self-teaching equipment and closed circuit television. These are important and useful and have advantages in many parts of an educational institution's activities. Nevertheless, the basic need for truly effective educational interchange is the personal contact between a teacher and a student. To the extent that size or impersonality or techniques seriously limit this, the purpose of the educational institution is betrayed. The decision to cut out all aid to schools of public health, expressed in the budget message of January 29, 1973, struck at the heart of the educational goal. As planned and as announced it meant, very specifically, that schools of public health of this country would lose support for 35 percent of their faculty members on 30 June 1973, exactly five months later (U.S. House of Representatives, 1973:324). No school could come through an impact of such magnitude without being shaken to its core. Furthermore, for certain schools the projected loss was even more disastrous, in some as high as three-quarters of the faculty. The full impact of the proposed budgetary policies would be even greater over time; if they are adhered to, the loss in faculty in the schools of public health would increase to a total of over 45 percent.

A not so subtle aspect of the current crisis stems from the origins of the program of aid to schools of public health. When conceived in 1957, the program of formula grants had been planned to provide flexible funds so that major decisions could indeed be made at the school level, to help the school fulfill its purpose. We have tried to point out that this is precisely the goal that Mr. Weinberger is seeking with his decentralization program. The Congress has understood it, but I am afraid the message has not gotten through to the Secretary's office.

Although the funds currently earmarked for schools of public health do not specifically affect research, this is vitally related. We

believe that the teaching of students in a true academic institution should be designed to bring them knowledge and attitudes that will serve them throughout a professional career. Thus, an institution engaged solely in teaching students how to do something at the moment of graduation is, in my view, betraying its charge and doomed to failure. One must always consider how those students will be practicing twenty years later. If as students they are not in an atmosphere where inquiry is going on, where information is sought, and where methods of collecting and analyzing that information are accented, then their educational experience is not in a quality institution. Research in public health needs to involve more than the laboratory bench or the clinic; research must be equally or more concerned with the provision of health services. Secretary Weinberger has pointed out that an actual increase is proposed for research funds, but the direction and locus of that increase does not presage growth in the kinds of research that I consider vital in relating both school and health workers to the larger community they serve.

The Student Body

The impact of the January 1973 budgetary decision on the student body is perhaps even more complex. One could be reasonably sure from the first announcement of the policy reversal that, given the ingenuity and ability of students, there probably would not be a great decrease in the student body as such, for the immediate future at least. But there is another aspect to be considered. The change in character of support to students says to them, in effect, "You must support yourself through this educational program because our economists have figured out that once you get out into the working world you can make enough to repay all loans." This overlooks the fact that graduates of schools of public health primarily enter public service and have limited income possibilities. Our schools continue to be concerned very deeply with the goals and attitudes of the people they are selecting and educating.

Last summer I had the good fortune to visit China, and I was impressed as much as I have ever been anywhere by the basic and all-pervading goal of service to society set by Chairman Mao. "Serve the people" is probably as important a *leit-motif*, a goal, for schools of public health as any I can think of. Contrast that approach with telling students, "We cannot give you support but you ought to be

willing to borrow money at established interest rates because you can make it back." The argument advanced regarding the medical profession is that any physician ought to be willing to borrow money for his education at even exorbitant interest per year because his level of income later in private practice will more than compensate. Again I submit this is a retrograde approach to the public service goal that is characteristic of schools of public health.

The Community Milieu

Local decision making certainly affects the milieu in which a school exists. One of the major responsibilities of schools of public health is service to the community, which may be at any level of government or community organization. It may include advice, surveys, evaluation, or actual participation by faculty members and students as officers of various voluntary groups. While I think the service role has been substantial, all of us agree that we have not developed our potential as well as we might; the service aspect is uneven in our school and I suspect it is uneven in other schools. The original concept behind the formula grant mechanism for schools of public health was that such support would increase possibilities for faculty to perform service as well as carry out educational functions. Unfortunately, the discrepancy between authorization and appropriation resulted in insufficient funds to develop properly the service activity. Withdrawing funds entirely would now further weaken this potentially effective way to help localities to help themselves—another example of how the new policy is actually working against a basic concept of the New Federalism.

Another consideration regarding milieu is the need to extend the contributions of the schools nationwide as well as locally. There are 35 states in this country without a school of public health. In general the needs of these states have been satisfied because they are able to get the help, service, and information they need through relationships with existing schools. If the programs of existing schools of public health have to be gauged exclusively to please their own state legislatures or supporting groups, national interests will suffer. Our own situation is an example for, if we have to turn to the State of Michigan for all of our support, there will be difficulty in satisfying them that our out-of-state students—a proportion varying from 55 to 70 percent per year as against not much over 20 percent for the rest of the University—are a sound investment. Pre-

paring students for all the states is a national function for our schools, a function clearly accepted by Congress as one of the main justifications for the legislation.

Other Aspects of the Impact

One or two other aspects of the impact may be gleaned from the record of the hearings on the one-year extension passed last year. When Dr. Bernard Greenberg and I testified on behalf of the schools of public health we were received cordially by the committee and asked many questions. Secretary Weinberger testified the following day, and Representative Kyros of Maine, which has no school of public health, said: "Mr. Secretary, yesterday there was considerable testimony about public health training. I did not know too much about it until yesterday. I learned about the 18 schools spread throughout the entire country. Each is a national school. If they do not get funding, it will be difficult for them to go to their states and say, finance our school. In the fields of epidemiology, venereal disease, and other diseases how important is it to have trained doctors in the public health service? You are cutting out all monies to these schools. I cannot possibly understand what made you decide this is not a valuable resource for America" (U.S. House of Representatives, 1973:352). The Secretary answered, "We have two basic ideas. One is the President's firm belief that federal resources available should go to student aid and not institutions." (I cannot quite equate this statement with cutting out student aid, but that is another story.) "We will get back to the point you opened with, but a substantial amount of the funds going to institutional aid are siphoned off. They are siphoned off into overhead and the costs of running the institutions. It provides a valuable additional source of revenue to the institution, and I can well understand the concern that they feel that this should be no longer forthcoming from the federal government" (U.S. House of Representatives, 1973:353).

Mr. Weinberger happens to be 100 percent wrong. The major federal grant we receive, the Hill-Rhodes grant, has been coming to schools of public health for over 15 years with the precise stipulation that it carry no overhead at all. This has put the institutions into a difficult position because, while they are happy to use the money for education and service and not for research, the overhead

expenses do exist and must come from some source. In essence, the university must take money which might be used for direct educational costs in another sector to provide essential overhead support for the expanded educational program in public health. Granted, if the Secretary used the term "overhead" to mean funds for a better educational program, if he means that is what the institutions want, I can think of no better goal for a school of public health. But in no sense can this be described as "siphoned off."

Finally, what concerns me most about the impact of the New Federalism is the timing with which this new policy was instituted. Over a period of 15 years that the Hill-Rhodes and other types of grants have been available, the schools of public health have responded directly to the challenge. The student body in the schools has more than tripled in this time; the number of graduates has more than doubled. The schools have been stimulated to advance in those areas directly related to community service and the character of the graduates has changed to achieve this goal. Now, without discussion or a chance to present our case, we are told that national interests dictate an immediate reversal of policy and that, on what amounted to five months' warning, we should dismantle the expansion, even though it would leave us with distorted institutions.

The major impact of the new policy, in contrast to the decentralization advocated by Secretary Weinberger, is, by reducing our resources, to force us closer to central decision making in Washington, preparing more limited types of personnel, to loss of the flexibility we now have to balance the student body and the educational program, so essential in as varied an institution as a school of public health. All these effects seem, in my view, to run directly counter to the stated goals of the New Federalism.

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Reference

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