American Journal of Public Health
and THE NATION'S HEALTH

Volume 39 November, 1949 Number 11

The Public Health of Tomorrow*

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IT is indeed a great satisfaction, in the midst of the bitterness and acrimony which engulf the world today, to meet as we do tonight in peace and in concord, and to assemble in universal accord on the importance of health as an individual and community asset. At a time in the history of civilization when hatred, engendered and stimulated by political, philosophical, and ideological differences results in serious unrest, we may well point with pride to the fact that in the onward march of human progress and in man's constant struggle for survival, and to improve the lot of humanity, nothing has contributed so much to changing the map of the world as those magnificent contributions which have played so great a part in the prolongation of life, the prevention of disease, and the promotion of health. Wars, with all of their bitter implications and tragic results, begin and end, have come and gone, and history is replete with much evidence of their failures as a solution. Yet, it is gratifying to find that the war on man's constant enemy, disease, is a continuing one with beneficent results reflected in longer and happier living and the reduction of many former scourges of mankind. Nowhere more than in this section of the world has this appreciation and emphasis been so continuing a one, and yielded more satisfying results.

Our recognition of the fact that there is still very much to be done does not lessen the joy and satisfaction occasioned by the progress which has taken place as a result of the untiring efforts and devotion of those who have participated in improving the health picture of the world. This message of improved conditions which falls on the receptive ears of those who labor in the vineyard of public health is in no small degree due to the increasing realization on the part of the American people of two inescapable facts—one, that health is a precious individual and community asset, and two, that it is in a marked degree attainable by the application, in sufficient measure and on a high level, of those activities which play an important part in the prevention of disease and in the treatment of illness.

In facing the future, and expressing our appreciation of those achievements which have played their part in making improved conditions possible, we may

* Presidential Address presented before the American Public Health Association at the Seventy-seventh Annual Meeting in New York, N. Y., October 27, 1949.

well pay tribute to the illustrious past. It is not my purpose to pose as a historian, and yet some of the milestones on the road of public health evolution are worthy of emphasis.

The period about a century ago, so well characterized by Professor Winslow as the "great sanitary awakening," may well be said to mark the beginning of man's increasing interest in that which has been defined as the modern public health movement. Here, and abroad in greater measure, many factors played an important part in giving impetus to public health improvement. Increasing social consciousness, progress in the sciences, the great industrial awakening, reactions to conditions under which people labored and dwelt, all have contributed to this aroused interest.

No attempt to paint a picture of public health progress would do justice, without tribute to the epochal influence of Chadwick and Simon who have been so deservedly credited with providing, about a century ago, the necessary impetus for furthering the movement so close to our hearts. To these men must be attributed the early vision, interest, and efforts upon which the foundation of the relationships between poverty, overcrowding and disease was clearly demonstrated.

Last year, at the 76th Annual Meeting of our Association in Boston, we justifiably paid tribute to Lemuel Shattuck, a great citizen of Massachusetts.

His perception and wisdom made possible that historic document, the *Shattuck Report,* embodying recommendations which have contributed much to the advancement of the cause of public health in this country and in the world.

I am sure that we could agree that if a true history of the world were to be written, no finer chapter would be found than that concerned with man's conquest of disease. Dramatic pages would be devoted to stories descriptive of the conquest of smallpox, yellow fever, cholera, typhus and typhoid fevers as well as the parts played by Jenner, Lister, Pasteur, Koch, Welch, Ehrlich, and many others.

We fittingly celebrate tonight more than three-quarters of a century of what may safely be considered progressive public health development and improvement. This harmonizes with the founding 77 years ago of The American Public Health Association. It is stimulating and intriguing indeed to dwell upon the progress which has taken place during the life of our Association and to realize what the application of changing knowledge from time to time in the field of health conservation has done for the people of America, yes—and of the world. When our organization was first founded, the expectancy of life at birth was less than 40 years. At the beginning of the present century, this expectation had been increased to somewhat less than 50 years. Today we are rapidly approaching the Biblical promise of three score years and ten. We may point with great pride to the part played in this progressive development by members of this Association. We are reminded of the influence of Hermann M. Biggs and William H. Welch, Walter Reed, Theobald Smith, Wade H. Frost, William Gorgas, Edgar Sydenstryker, Hans Zinsser, and others. As we scan the list of the former leaders who have served as Presidents of the American Public Health Association and who have been called to the great beyond, we think of the influence for public good of John S. Billings, Henry P. Walcott, Samuel H. Durgin, Carlos J. Finley, William T. Sedgwick, Mazÿck P. Ravenel, Charles V. Chapin, William H. Park, Milton J. Rosenau, and others. As we measure the great accomplishments of these leaders who have gone to their reward, we are reminded of our good fortune in having in our midst today men and women whose contributions to the public health field reflect great credit not

only upon them but also on our Association. Were it not for the hazard of unintentional omission, it would afford me much satisfaction to list the many in our ranks who are contributing constantly to our public health knowledge and techniques.

In a particular sense of gratitude we may well afford to pay tribute to one of our great leaders whose zeal for better health organization has been crystallized in his staunch championing of the development of local health units. This emphasis is bearing fruit and is reflected not only in an increasing interest but in the development in a greater measure of this type of community effort. We are equally grateful to another leader of our Association who has done so much in emphasizing the important need of better housing and its relationship to improved health. These are two great examples of the influence of our membership upon the progress in the field of public health.

The joy and satisfaction, therefore, which is justifiably ours tonight is due in no small measure to those who in varying ways have participated in the continuing effort for better health for the American people. For this great privilege, we owe much to that small group which met in 1872 and charted the needs for the development of a national organization of health workers. The wise leadership of Stephen Smith and his foresightedness is reflected in the present federation, 12,000 strong, concerned with the improvement of public health. We, as an Association, were of influence years ago when our membership totalled 500. The growth of our membership and the contribution of our leaders through the years command the respect of all who have a true understanding of the purposes and mission of the American Public Health Association. The studies and publications which our members have made possible, the standards which our committees have established, the principles we have stressed, the education we have fostered and encouraged have all played their part in the advancement of the cause of public health.

I deem it fitting at this moment to present very briefly as a pattern, a picture of a few of the activities in which the Association has engaged during the past year and which, I am content, not only reflect the desires of the membership of the organization but are in keeping with the ideals and objectives of those who saw value more than three-quarters of a century ago in the formation of the American Public Health Association.

I. The Executive Board during the past 12 months published a report on recommended salary levels for public health physicians. Those of us who face the everyday problems of seeking qualified personnel appreciate in its fullest measure the inadequacy of compensation received by those who hold responsible positions concerned with the adequate health protection of the communities in which they serve. May I at this moment lay stress on a serious and what I believe a most important thought, namely: the obligation the Association should assume for the extensive education of the public at large into a better understanding and appreciation of the importance of an adequate public health program to them as individuals as well as to their communities. In this field lies the opportunity for best demonstrating the pronouncement of Hermann M. Biggs to the effect that "public health is purchasable, and within natural limitations communities can determine their own death rates." The interpretation into everyday language of this great challenge to public health workers is worthy of the most serious endeavors of us all. The role that good training and experience play in maintaining adequate standards of health must be interpreted to the public so that they may become our very necessary and willing

allies in support of justifiable programs. Idealistic as we may be, satisfactory compensation by comparison with those received in the practice of medicine and other professions deserves the ready recognition of all who would be the beneficiaries of adequate public health services. Dignity will not be impaired by the emphasis placed on the principle that a complete public health program requires the expenditure of sufficient funds that health protective measures which science has placed at the disposal of organized society will be made available. High standards and adequate service are dependent upon qualified personnel. The public must be attuned not only to the acceptance of this philosophy but to a willingness to support it.

I trust that I may not fail in my most earnest desire to impress you with the importance of public opinion. Good health is desirable and we, as public health workers, believe, in a marked degree, attainable. Experience has taught us that many diseases are preventable. We must share this knowledge with the public and acquaint them with the techniques which make disease prevention and health protection possible. There is no sounder weapon than an aroused and well informed citizenry.

II. The American people have been taught much and have read a great deal about public relations. The Association has developed during 1949 a program in this field which offers promise and which we hope will make available to our membership proven techniques to be used in their own localities, for the furtherance of sound public support. It behooves us, therefore, as a national organization, through the instrumentality of public education and public relations carried on at a national, state, and local level, to make the American public understand what can, may, and should be done to obtain and to maintain life's most treasured possession, namely, good health and freedom from disease. The significance of industrial hygiene, mental health, accident prevention, rehabilitation, and utilization of our handicapped are but some of the neglected links in the chain of public health community service. The economic importance of a comprehensive public health program cannot be challenged if properly presented, and the rich dividends such a program yields may be made to appeal to the imagination of all.

III. One of the notable landmarks during the past year was the final establishment and approval of the American Board of Preventive Medicine and Public Health in which the Association has had a long and sound interest.

IV. I beg to call attention to what has been described as the extraordinary progress made with the 7th edition of *The Control of Communicable Diseases*. This important contribution of the Association has been approved by a number of governments, by many of the states and municipalities in North America, and we hope will become in time an official document of the World Health Organization.

V. It is with a mindfulness of the fact that we are indeed, in view of the progress which has taken place during the past 50 years, living in "The Century of the Child," that we call attention to the new Association Committee on Child Health. This group will concern itself with varied matters affecting the health and medical care of children.

VI. During the past year, the Association has played a most important part in coöperation with the American Hospital Association, the American Medical Association, and the American Public Welfare Association in the study of chronic illness. This is an example of integrated effort and relationship in a common cause.

VII. In July of this year, there was published in the *Journal* a statement by the Subcommittee on Medical Care on

the quality of medical care. This report represents a most valuable analysis of the issues involved in plans for public medical services.

VIII. It is pleasing to point out that the past year may well be regarded as the best in the Association's history, reflecting a higher income, a balanced budget, and a sound net asset picture. The varied activities of the Association were made possible not only by the earnest efforts of ably led councils and standing committees, but also, particularly, because of the tireless efforts of our most efficient Executive Secretary and his able staff, to whom we owe much.

In paying tribute to the past, I deem it pertinent to inquire: What of tomorrow?

An attempt has been made to enumerate some of the activities which have contributed to the advancement of the public health, and to pay tribute to those who have played active parts in the field of public health progress. One may safely predict, however, newer discoveries which will emanate from the stimulating, energetic, and constant efforts of those who concern themselves with health protection in all of its varied forms. As we apply ourselves to the newer techniques and responsibilities, we will be as vigilant as we have been in the past in our appreciation of the importance of environmental sanitation. We will recognize, as we should in increasing measure, the relationship of housing and overcrowding as factors in the spread of illness. We shall continue to be watchful in the application of our knowledge for the control of the communicable diseases. We will, even in a greater measure, accept our responsibilities for the promotion of personal hygiene. We will be concerned as never before with the importance of health education as we recognize the need for the dissemination of necessary knowledge in this field.

We will be obliged particularly to concern ourselves in a greater measure with those problems which have been created by the increase in the expectancy of life and which we must recognize as additional responsibilities of the vigilant health officer. The challenges of yesterday have become the needs and realities of today. The protection of maternal health, the better care of the growing infant, the pasteurization of milk, immunization procedures, an appreciation of the importance of isolating the infected person, a knowledge of the importance of nutrition, the protection of our water supplies—all have played their part in the prevention of unnecessary deaths with consequent increase in the expectancy of life. From the application of this knowledge have developed present responsibilities with their challenge to the public health worker of today and tomorrow. Heart disease, cancer, arteriovascular lesions, and diabetes have replaced and displaced our former leading causes of death. These illnesses require the combined efforts of the public health worker, members of the medical profession, the hospital, the clinic, and the health center. Medical schools are recognizing their educational responsibilities in this field by the creation and maintenance of departments of preventive medicine, thereby furnishing the graduate of medicine with the combined armamentarium for the practice of both preventive and therapeutic medicine.

In emphasizing the necessary interest of the health officer in the curative field it appears timely to point out that, irrespective of views on the methods employed for financing medical care, we may well agree on the importance of adequate medical service for all.

Our vision has broadened sufficiently to realize that the welfare of the sick, the care of the crippled child, the treatment of cancer and heart disease, the control of venereal diseases call upon the combined functions of prevention and treatment, and we have become

increasingly aware that the hospital occupies a most important place in the field of public health effort.

Certain patterns of responsibility for medical care are being developed, and I offer as an example the Baltimore plan under the able leadership of our colleague, Dr. Huntington Williams, where the combined efforts of the Health Department, The Johns Hopkins Hospital, and the medical profession have been integrated, with the resulting creation of adequate facilities for those in need of the same.

The necessary expanding needs for hospital beds are in a degree being made possible in the United States by financial support from federal sources under Public Law No. 725, and provision under that Act for aid in the development, not only of hospital expansion but of health centers, focuses attention upon the possibilities for the inclusion, particularly in our smaller communities, of health center activities within the wisely planned combination of hospital and health center.

We speak of "Healthy minds in healthy bodies," and we are familiar with the statistical picture of the enormous proportion of hospital beds devoted to the care of the mentally sick. We are tragically confronted with the lack of adequate facilities for the prevention and treatment of mental disease. We may draw some comfort, however, from the increasing realization of the potentials which exist for salvaging those so afflicted and which should stimulate the concern of those charged with the responsibility for community health organization.

These are but some of the important facets in the whole structural obligation of the health officer of today and tomorrow. In addition, I envision him in a desirable sense, as not only concerned with those practices in the field of public health which you and I accept as basic, and as influencing the promotion of health and the prevention of disease. I envision him as also interested in the broad field of social welfare, with all of its implications. The relationship of poverty to disease is an intimate one and the vigilant health officer cannot divorce himself from this problem, or fail to work and plan in accord with those concerned with their solution. His responsibilities, as I see them, include a concern for the existence in his community of good outpatient and hospital facilities. The problem of slum clearance and adequate housing must receive his earnest coöperation. He must have an understanding and interest in the relationship between a decent wage and adequate nutrition. He must be interested in the avoidance of duplication of health services, which always spells waste, and must be concerned with the filling of existing gaps so that there may be a more complete program to benefit the health of the people.

As I look optimistically to the future, I gaze reflectively upon the past. I beg in a reminiscent sense your indulgence in presenting a few statistical figures from my own City of Boston and presenting a picture of certain improvement which has taken place during the almost 40 years of my affiliation with our Department of Health. This is not offered as an example of maximum obtainable results during this period, but represents rather what I believe to be reasonably typical of the improvement which has taken place on a nation-wide level. These figures are the results of the application of fundamental public health knowledge and experience made available to public health workers in my and other communities.

In 1910 there were 2,250 infant deaths in Boston; in 1948, the most recent year for which we have complete statistics and with many more births taking place, there were but a fourth of this number. In 1910 we had 65 maternal deaths; this year 3. In 1910 we had 158 deaths from

diphtheria, in 1948, 14. In 1910 there were 78 deaths from typhoid fever; in 1948, 1. Thirty-eight years ago, we had 59 deaths from scarlet fever; last year, none; 96 deaths from measles, last year, none. In 1910 we had 1,120 deaths from tuberculosis; in 1948, in spite of a local picture which is far from pleasing, we had approximately one-fourth this number of deaths.

In contrast to this improvement in the above areas, in 1910 we had 693 deaths from cancer, and in 1948, 1,505. Our deaths from all forms of heart disease totalled 1,424 in 1910, and almost three times this number in 1948.

It is readily evident that the above figures not only represent improved conditions but also point the way to the additional and changing responsibilities of the health officer and to the interest which he must display in a field which would have been considered foreign to his normal duties at a time when the line of demarcation between preventive and curative medicine was sharply defined. We may well remember the opinions of many not so long ago that the responsibility of the public health worker was purely in the field of prevention, the area of concern of the medical profession and the hospital, curative medicine. The change in this thinking spells progress.

We may well share in the established opinion that disease is no respecter of persons or distances. Our present speed of travel increases the rapidity of the spread of disease from one end of the world to the other. We are familiar with the fact that disease follows the lines of communication, and that waves of illness which may strike California today may reach the Atlantic coast or Honolulu within the space of a few hours. Certainly, therefore, from the point of view of personal and community safety or from a willingness to share in the responsibility for the health of the people of the world, we gladly support the laudable objectives of the World Health Organization. In this spirit of self protection as well as in the willingness to foster the gospel of better health for all, we should be united in the exercise of this principle. It is not in the spirit of presenting a Utopian picture of complete freedom from political interference or claiming the existence of ideal conditions that I express the conviction that, in a national and international sense, the political clouds affecting the public health are lifting. The taxpayer in many areas has been made more conscious of the importance of health with resulting favorable influence on our governing fathers.

Let us, then, be of reasonably good cheer and optimistic about the future. Let us be grateful for a past in which there has been developed, fortunately, a growing consciousness of our responsibility for the care of the underprivileged, and let us look hopefully to the future in charting our journey in the direction of better health. To make our travel more manageable and smoother, we must stimulate growing public opinion to an appreciation not only of the gains which have taken place, but also to the many unsatisfactory conditions which confront many in this country who are not as yet the beneficiaries of the tools of better health, and of the rich opportunities for betterment. There is much to be done which can be done, but we must substitute for the words "It can be done" the positive phrase, "It will be done."

In the hope of better health for tomorrow, no prophetic vision is required to furnish assurance that the present great leaders of this Association, as well as those who will follow, will continue to play a leading part in the promotion of better health for the men, women, and children of America and, we hope, of the world.

In conclusion, I should like to stress that I share with others in the earnest belief that gratitude is an essential

human trait, and in a spirit of heartfelt gratitude I desire in humbleness and humility to express my deep appreciation to all for the great honor of having been privileged to serve as President of this Association during the past year. To be counted among the 12,000 engaged in a field of human endeavor concerned with the improvement of the health of the people is a privilege indeed. To be listed in the future with my distinguished predecessors who have served as titular leaders of this great organization places me under deep obligation to my colleagues who have made this possible.

Longer Years

"A sociological development that has had little public notice, perhaps because it has come about gradually rather than overnight, is the increase in longevity in the United States. There may be general awareness that people are living longer but ignorance of the phenomenal rate of the increase. In the short time between the end of the Second World War and the end of 1948, according to the Metropolitan Life Insurance Company, the average length of life (the expectation of life at birth) of the industrial population of the United States rose about two years, to an all-time high record of 67.16 years. The company's experience with industrial policy holders last year is analyzed in its Statistical Bulletin for last month.

"What seems even more remarkable than the post-war longevity jump of two years, considering the relaxation from the 1941–45 tension and anxiety, is the finding that in less than two decades the improvement has amounted to ten years. Moreover, since 1911–12, when the Metropolitan started its statistical series on the longevity of the industrial population, twenty and a half years have been added to the expectation of life at birth. Noteworthy, too, is the finding that in the last few decades the average length of life among wage-earners and their families has been increasing more rapidly than in the general population. Whereas in 1911–12 the industrial policy holders showed a disadvantage of six and a half years in longevity, by 1948 they had practically reached the level of the population as a whole. This progress may be attributed largely to advances in the medical sciences, to public health measures, and to the rapid rise made in the standard of living as the nation's work has become more equitably distributed.

"Encouraging though these figures are, there is still room for improvement. To use the Statistical Bulletin's own term, 'colored policy holders,' although now relatively high in average length of life, still lag considerably behind white policy holders. The mortality of colored males at age 20 is as high as that of white males at 34; the rate for colored females at age 20 is the same as that for white females at 38.

"Much remains to be done to raise the level of health and longevity among the colored people."

Editorial
New York Times, Sept. 20, 1949