

At the 95th Annual Meeting of the American Public Health Association the first General Session was devoted to comprehensive health planning. The four substantive papers presented at the session dealt with the relations between the federal government and other official and private agencies and groups, with the new programs and resources, and with the effects of these actions on the delivery, quality, and cost of services.

COMPREHENSIVE HEALTH PLANNING

I. CREATIVE FEDERALISM

Douglass Cater

ONE commentator on the social scene has written, "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair; we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way." That was Charles Dickens, one of the early warriors against poverty and injustice. He was portraying a period nearly 200 years ago. And he added, "The period was . . . much like the present period. . . ." He wrote in 1859.

Many would find in this description similarities with today, for we look out on a scene of contrast in America. As a people, we have never been more prosperous. Our Gross National Product has risen to \$790 billion—and the median family income in America is nearly \$7,500 per year. Yet we have never been more conscious of poverty in our midst.

New National Health Standards

More Americans than ever before are in school today—one-third of the nation's population. More people are going to college—more to adult education classes, more to job training and all the other forms of education from preschool to postgraduate schooling.

Yet never have we been more restless about the condition of our schooling; never have we been more eager to extend the opportunity for education to those who have been neglected.

Our nation's health standards are at an all-time high, measured by any index we can devise: life expectancy, infant mortality, incidence of disease, delivery of health services. Yet never have we as a people been more anxious—and more eager—to extend the quality and the reach of health care.

There are some despairing critics who look at this gap between achievement and expectation and claim to discern a sickness in our society. To me, the fact that we recognize a gap represents a

symptom of health. It is a sign of self-renewal. It is a sign that a prosperous nation has not yielded to the fatal tendency toward complacency and self-indulgence. It shows that our future can be even brighter than our past.

The ills that agitate every community throughout our land did not arrive suddenly on the scene. The awful burden of poverty was always there. The trouble was that too many of us failed to see it. Bad schools, inadequate health facilities, pollution of air and water, the decay of our cities, the uglification of our countryside—all have had an ancient ancestry, but nobody really tried to do anything about them. The difference now is that the right people are worrying about the right problems—and working to find the right solutions. Today, after too many years of debate and delay, we are on the move.

Education and Health

In the areas of my own particular interest at the White House—education and health—the statistics tell a dramatic story. Over the past three-and-one-half years, the President has proposed and Congress has passed over 40 major measures for federal aid to education and health. In the past three-and-one-half years, the President has recommended and Congress has allocated more funds for education and health than in the previous history of American government. Today, more manpower—and more brain power—than ever before have been mobilized for the effort in these two vital areas of activity.

But new laws and money and manpower, by themselves, can hardly measure the scope of our nation's effort. Even more important is a new concept underlying the initiatives in these fields—the concept of partnership. President Johnson described it quite early in his Administration as “Creative Federalism.”

The President declared that, “The so-

lution to our problems does not rest on a massive program in Washington, nor can it rely solely on the strained resources of local authority. It requires us to create new concepts of cooperation—a Creative Federalism—between the National Capital and the leaders of local communities.”

Those words gave a new meaning to an old Constitutional understanding. Our Founding Fathers wisely understood that freedom could be buttressed by separating the institutions which exercise power: federal, state, and local—public and private—state and church. No one appreciates more deeply than the President who leads this nation today the strength which federalism has imported to our system of government.

But President Johnson has also recognized what was also basic to our Constitution. James Madison, an author of the *Federalist Papers*, was one of the first to dispel the notion that federalism must mean a sterile system of separations—designed to frustrate rather than to fulfill the public interest. And his co-author, Alexander Hamilton, first described the duty of the nation's Chief Executive to play an energizing role in supplying purpose to the federal system.

Creative federalism, as President Johnson has given meaning to that term, seeks to build a working relationship among the many separate institutions that share a capacity to affect the public good. Creative federalism seeks to stimulate new arrangements among old institutions and to build new institutions when they are needed.

It does not intend to supplant state and local and private agencies. Quite the contrary. The purpose of creative federalism, as the President defines it, is to strengthen the capacity of these agencies to respond to the challenges confronting them today. By promoting partnership, it prevents the growth of monolithic institutions.

Nowhere is this new partnership more

evident than in the field of health. I would like to mention two of the major health programs passed by the 89th Congress and now moving into the program stage. Each adds a dimension to creative federalism.

The first stems from the Heart Disease, Cancer, and Stroke Amendments of 1965. It was a direct outgrowth of the brilliant work of the Presidential Commission headed by Dr. Michael DeBakey. Under its auspices, alliances have been formed in 49 regions of the country covering 91 per cent of the nation's population. Federal planning money is already supporting these alliances. Program grants have already been made to five of the regions.

The key to this program is cooperation—cooperation among the diverse institutions for research, training, and demonstration in the field of patient care—to bring the latest advances in diagnosis and treatment of disease to the greatest number of citizens in the shortest possible time. No one in Washington dictates the terms for this cooperation. It must depend on the imagination and energy of health leaders in the communities. The federal role is to support this enterprise in institution building.

Partnership at Work

The second program, of even more direct interest to this meeting, is based on the Comprehensive Health Planning and Public Health Services Amendments of 1966. This is the Partnership for Health Program.

It represents a major effort to shift program responsibility away from Washington. It provides direct support to state and local leaders as they make plans, set priorities, and carry out comprehensive health programs.

The evolution of this program in the year since its enactment gives good evidence of partnership at work. Eleven

days after enactment the Surgeon General set up a Task Force to draft regulations. Meetings were held with hundreds of groups representing government at every level, the universities, professional organizations, including the American Public Health Association, and a great number of voluntary organizations.

Since January every governor has been visited personally to consult on this program. To emphasize its importance, the Surgeon General has located the program in his own office, under the direction of a man of great ability, Dr. James Cavanaugh. Correspondingly, most of the governors have placed the program planning functions within their offices or at a high level of state government.

As an added effort to decentralize decision-making, authority to review and approve grants has been transferred to nine regional offices of the Public Health Service.

President Johnson in his health message to Congress called this a program "designed to strengthen state and local programs and to encourage broad gauge planning in health. It gives the states new flexibility to use federal funds by freeing them from tightly compartmentalized grant programs. It also allows the states to attack special health problems which have special regional or local impact."

I believe Partnership for Health represents a great promise. If it can be made to work successfully, it will have enormous impact on programs in other areas where the federal government is being called on to make a growing contribution. It represents the rational way to develop an effective partnership—to maintain our system of federalism.

We should be wary of those who offer easy alternatives. Some claim that at long last they support federal assistance in health and education. Only they would do it differently. They propose to abolish existing programs on the vague promise of substituting aid with "no strings attached."

As a long-time observer both inside and outside government, I have strong doubts that any Congress or any President would long be satisfied with such an approach. Simply to put the federal money on the stump in the dead of night is not the answer. Congress has a real and abiding interest in helping to shape national priorities. To abdicate that role would be a sure formula for arresting the growth of support programs. Those of us who are strongly committed to this support must not be misled.

Future Plans

A recent issue of *Daedalus* devoted to the year 2000 reported, "The only prediction about the future that one can make with certainty is that public authorities will face more problems than they have at any previous time in history. . . . The problem of the future consists in defining one's priorities and making the necessary commitments."

How to develop effective plans? How to schedule priorities? How to commit the necessary resources? This calls for skills of a sort which are in extremely short supply. More important, it calls for wisdom—and that is always in short supply.

As we consider the future, we must

look beyond the experience of Charlie Brown, the youthful philosopher of the comic strip, Peanuts. You may recall Charlie Brown's admonition to his baseball team. "You know what our team lacked last year? It lacked organization! Well, this year it's going to be different! I have written down the name of each player and what position he plays and I've attached the paper to a clip board . . . and if that isn't organization, I don't know what is!"

Creative federalism must take us farther than that. More than simply identifying the players and positions, we seek to build a sturdy partnership, designed to get the job done, not to prevent the job from being done.

We must face the future with the spirit attributed to Winston Churchill in a story which is surely apocryphal. It seems that the prime minister was visited by a delegation of Temperance ladies who came to complain about his consumption of brandy. One little lady addressed Mr. Churchill and declared, "Why Mr. Prime Minister, if all the brandy you drank in a year was poured into a room it would come up to here." Mr. Churchill solemnly looked at the floor and the ceiling and the little lady's hand somewhere near the midway mark. Then he muttered, "So little done and so much to do."

Mr. Cater is Special Assistant to the President (the White House), Washington, D. C.

This paper was presented before the First General Session at the Ninety-Fifth Annual Meeting of the American Public Health Association in Miami Beach, Fla., October 23, 1967.